STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165546	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tabor Manor Care Center	209 Main Street Tabor, IA 51653

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on personnel file review, staff interview and policy and procedure reviews the facility failed to complete the Iowa Criminal History, Iowa Sex Offender Registry, and Iowa Central Abuse Registry prior to employment for 1 of 1 employees reviewed (Staff E). The facility census was 40. Findings include:The personnel file for Staff E, Licensed Practical Nurse (LPN), reflected a hire date of 6/9/25. The file contained a Single Contact License and Background Check (SING) dated 5/20/25. The document revealed the Criminal History required further research with record found results to be faxed. The personnel file did not contain the confirmation of approval to work statement indicating the background check process was completed and the employee was able to work at the facility. On 8/19/25 at 3:00 PM the Administrator stated the facility was looking for the response for the approval to work email. On 8/20/25 at 10:35 AM the Administrator stated at this time the facility had not found the email response in printed or electronic format for approval to work. The Administrator confirmed the facility was required to have the approval to work upon receiving a notification that further research was required. The Administrator acknowledged this had been a problem in the recent past and the facility continued to work on an improved process for submitting and tracking documentation for background checks. The Facility Hiring Process Policy undated revealed the SING must be completed, submitted, and cleared before the employee starts on the floor. The Abuse Prevention, Identification, Investigation, and Reporting Policy undated disclosed the facility will maintain documentation of the conduction of an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employee and other individuals engaged to provide services to residents prior to hire.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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	165546	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on record reviews, resident interviews, staff interviews, and policy review the facility failed to provide the needed services in accordance with professional standards by not following physician orders for 4 of 4 residents (Resident #1, #2, #4, #5) reviewed. The facility reported a census of 40 residents. Findings include:1. The Minimum Data Set (MDS) for Resident #1 dated 7/17/25 provided a Brief Interview for Mental Status (BIMS) score of 15/15 indicating normal cognition. The document revealed the resident had diagnoses of anxiety disorder, depression, unspecified asthma with acute exacerbation, thyrotoxicosis, unspecified without thyrotoxic crisis or storm, insomnia, Myasthenia Gravis without acute exacerbation, Myasthenia Gravis with acute exacerbation, and paroxysmal atrial fibrillation. The document disclosed the resident's medications included antidepressant, hypnotic, anticoagulant, and anticonvulsant.The Care Plan updated 7/3/25 provided focus areas of alteration in hematological status related to long term use of anticoagulant therapy, alteration in gastrointestinal status related to gastroenteritis and colitis, and the use of oxygen therapy related to respiratory failure, shortness of breath and asthma all dated 1/15/25 had an intervention of providing medications as ordered and to monitor/document side effects and effectiveness dated 1/15/25. The document's focus areas of use antidepressant medications related anxiety, anticoagulant medications related to atrial fibrillation, and antidepressant medications dated 4/16/25 had intervention for provision of medications as ordered by the physician and monitoring for side effects and effectiveness every shift with a date of 4/16/25. The document's Myasthenia Gravis focus area initiated 4/16/25 contained interventions of administration of prescribed medications, such as acetylcholinesterase inhibitors (e.g., Pyridostigmine) and immunosuppressants (e.g., corticosteroids or other immunomodulating drugs), as per the physician's orders and strict adherence to the medication schedule with an initiation date of 04/16/2025. Resident #1's Medication Administration Record - Treatment Administration Record (MAR-TAR) 7/25 revealed the following entries of NA, per the chart codes indicating not available, pharmacy notified: 7/11/25 morning Arformoterol Tartrate Inhalation Nebulization Solution 15 MCG/2ML (Arformoterol Tartrate) 1 vial inhale orally via nebulizer two times a day related to acute respiratory failure with hypoxia -start date 6/24/25, stop date 7/21/25.7/27/25 day Mupirocin Calcium External Cream 2 % (Mupirocin Calcium (Topical) Apply to face rash topically every day and night shift for rash to face - start date 4/29/2025. 7/31/25 morning, noon, and evening Lactobacillus oral capsule 1 capsule by mouth with meals related to cholecystitis - start date 1/16/25. The document revealed no entries for the following dates:7/5-7/7/25 night antianxiety medication side effects document every day and night shift - start date 1/14/25. 7/5-7/7/25 night anticoagulant medication side effects document every day and night shift - start date 1/14/25. 7/5-7/7/25 behavior monitoring - start date 1/14/25. 7/7, 7/21, 7/23, 7/24/25 evening shift antidepressant medication side effects document every shift (TID) - start date 7/7/25.7/10, 7/16, 7/21, 7/24/25 night shift antidepressant medication side effects document every shift (TID) - start date 7/7/25.7/7, 7/21, 7/23, 7/24/25 evening shift sedative/hypnotic medication side effects - start date 7/7/25.7/10, 7/16, 7/21, 7/24/25 night shift sedative/hypnotic medication side effects - start date 7/7/25.7/7/25 night Arformoterol Tartrate Inhalation Nebulization Solution 15 MCG/2ML 1 vial inhale orally via nebulizer two times a day related to acute respiratory failure with hypoxia - start date 6/24/25, stop date 7/21/25.7/7/25 night Budesonide Inhalation Suspension 0.5 MG/2ML (Budesonide (Inhalation)) 1 vial inhaled orally two times a day related to acute respiratory failure with hypoxia. 7/7/25 night Pyridostigmine Bromide 60 mg 4 times/day. Start date 5/9/25. 7/21, 7/23-7/25/25 night antianxiety medication side effects document every day and night shift - start date 1/14/25.7/21, 7/23-7/25/25 night anticoagulant medication side effects document every day and night shift - start date 1/14/25. 7//21, 7//23-7/25/25 night behavior monitoring - start date 1/14/25.7/30/25 Formoterol Fumarate Inhalation Nebulization Solution 20 MCG/2ML (Formoterol Fumarate) 1 vial inhale orally via nebulizer two times a day related to acute respiratory failure with hypoxia - start date 07/22/2025. 7/30/25 evening Lactobacillus oral capsule 1 capsule by mouth with meals related to cholecystitis - start date 1/16/25. 7/30/25 evening Midodrine HCl Oral Tablet 5 MG (Midodrine HCl) Give 1 tablet by mouth three times a day related to paroxysmal atrial fibrillation - start date 1/14/25, end date 8/13/25.7/30/25 evening Pyridostigmine Bromide 60 mg 4 times/day - start date 5/9/25. 7/30/25 Warfarin Sodium Oral Tablet 2.5 mg - start date 7/16/25. Resident #1's MAR-TAR 7/25 revealed the following entries of medications provided 3 times/day (TID) or 4 times/day (QID) outside of the prescribed time frame and within 3 hours of the next dosage: 7/2/25 Buspirone 5 mg TID ordered 8:00 AM, provided 10:08 AMOrdered 12:00 PM, provided 12:15