

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER The Vinton Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Second Avenue South Vinton, IA 52349	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and facility policy review the facility failed to keep a resident's care plan updated for falls for 1 of 3 residents reviewed. The facility reported a census of 47 residents. Findings include: According to the Minimum Data Set (MDS) dated [DATE], Resident #1 admitted to the facility on [DATE]. The MDS identified the resident with diagnoses which included fractured right pubis (pelvis bone), diabetes, obesity and kidney failure. The resident required substantial assistance from staff to complete activities of daily living. He required substantial assistance for showering, standing and toileting, and used a walker or wheelchair to move about. The resident had a Brief Interview for Mental Status score of 12/15 which indicated the resident had moderate cognitive impairment, and had a fall in the last month prior to admission, entry, or reentry. Review of the resident's progress notes revealed the following falls: a. On 11/15/25 at 6:30 am, the staff found the resident sitting on the floor next to bed. The staff assessed him and assisted him up from the floor and reminded him to use his call light. b. On 11/17/25 at 9:43pm, the staff found the resident on his knees in front of his commode. The resident sustained a skin tear to his left elbow. c. On 11/20/25 at 2:00 pm the staff found the resident on the floor. After they assessed him they assisted him off the floor at that time. Later the resident was painful and could not stand as per normal. The nurse called and received an order for a portable x-ray. The portable x-ray company could not get to the resident timely so he was sent to a local emergency room. The resident found to have a re-fracture of the right pelvis and did not return to the facility. Review of the Care Plan dated 11/3/25 revealed the resident had a fall risk score of 5 upon admission, which revealed he had a low risk for falls. The staff were to encourage a slow transition from lying to sitting and from sitting to standing every day as needed. The Care Plan directed staff in an event of a fall give first aide, assess for causes and remedy as needed and report to the primary care physician as needed. The Care Plan directed the staff to keep the resident's call light within reach while in his room and could use half upper siderails on his bed. The Care Plan failed to include interventions for the falls on 11/15/25 and 11/17/25. Review of Resident #1's Mini Care Plan revealed at an unidentified date the staff determined the resident should have his bed in low position and an intervention dated 11/14/25 informed the staff the resident should not be left on the commode alone. During an interview with Staff A-RN (Registered Nurse)/Care plan coordinator on 1/6/25 at 10:45 revealed upon reviewing the care plan for Resident #1, she did not put any new interventions in place after his falls on 11/15/25 and 11/17/25. She did state they did put him in a low bed but stated she did not put it on the care plan and was unable to say when this was implemented. Review of the Fall Assessment and Management Policy and Protocol implemented on 11/16/2000 and last reviewed on 2/13/2025 revealed interventions/safety measures will be communicated to on duty care staff and added to the mini care plan immediately following fall. Interventions for reducing the residents' fall</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 165552	Facility ID: 165552 If continuation sheet Page 1 of 2

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>risk shall be resident specific and based on the fall in attempt to prevent the all from happening again Communicate safety measures to staff including care plan team to appropriate care plan interventions used for falls.</p>		