

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2024
NAME OF PROVIDER OR SUPPLIER Adel Acres		STREET ADDRESS, CITY, STATE, ZIP CODE 1919 Greene Street Adel, IA 50003	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50471</p> <p>Based on the clinical record review, observation, staff interview, and facility policy review, the facility failed to follow physician orders for 1 of 3 residents reviewed for medication orders (Resident #1). The facility reported a census of 45 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview of Mental Status (BIMS) score of 2 which indicated severe cognitive impairment. The MDS revealed the Resident Mood Interview score of 14 which indicated moderate depression. The MDS revealed the resident did not have any behaviors. The MDS revealed the resident is maximal assist for eating and dependent level of care for oral hygiene, toileting hygiene, bathing, upper and lower body dressing, putting on and taking off footwear, personal hygiene, roll left and right, and transfers. The MDS reflected the resident always incontinent of bowel and bladder. The MDS documented diagnoses that included: Heart Failure, Hypertension, End-Stage Renal Disease, Pneumonia, Cerebrovascular Accident, Non-Alzheimer's Dementia, Malnutrition, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, Unspecified severe protein-calorie malnutrition, Muscle weakness, Dysphagia, Other Pulmonary embolism without Acute Cor Pulmonale, Pulmonary Hypertension, Onychogryphosis, and Muscle wasting and Atrophy. The MDS recorded Antianxiety, Antidepressant, Anticoagulant, Antibiotic, and Opioid use within the last seven days of the assessment.</p> <p>The Care Plan revised 6/17/24 included the following interventions: Oxygen settings-O2 via Nasal Canula (NC) at 3 Liters continuously. Resident is non compliant with oxygen and takes off frequently, Oxygen settings-O2 via NC at 2 Liters as needed, Monitor for signs and symptoms of acute respiratory insufficiency: Anxiety, Confusion, Restlessness, Shortness of Breath at rest, Cyanosis, Somnolence, Head of Bed elevated to 30 degrees or out of bed upright in a chair during episodes of difficulty breathing, and check breath sounds and monitor/document for labored breathing. Monitor/document for the use of accessory muscles while breathing. The Care Plan revealed no intervention for pulse ox monitoring.</p> <p>The Treatment Administration Record (TAR) dated 6/1/24-6/30/24 indicated Oxygen at 3 Liters via NC to maintain SPO2 > 90% as needed. The TAR revealed no documentation of pulse ox results or as needed oxygen used for 6/1/24-6/30/24. The TAR dated for 7/1/24-7/31/24 indicated Oxygen at 3 Liters via NC to maintain SPO2 > 90% as needed and Monitor pulse oximetry every shift to start 7/9/24 1800. The TAR revealed no documentation of as needed oxygen used and documentation started 7/10/24 for monitored pulse oximetry every shift.</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
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Physician Progress Note dated 1/8/24 revealed the Nurse Practitioner ordered supplemental oxygen as needed to maintain sat >90%, and stated can not maintain oxygen sats without supplemental oxygen. The Nurse Practitioner progress notes from 2/14/24 to 7/15/24 revealed the resident Requiring supplemental oxygen to maintain oxygen sats.</p> <p>Physician Progress Noted dated 6/14/24 documented that the resident required supplemental oxygen to maintain oxygen saturation level, the resident appeared lethargic, but arousable.</p> <p>The Progress Note dated 6/24/24 to 7/9/24 revealed no documentation on the resident.</p> <p>On 8/2/24 at 12:24 PM The Resident in the Dining Room with oxygen therapy in place, staff assisted with the meal.</p> <p>On 8/2/24 at 4:07 PM The MDS Coordinator stated the Staff chart when the residents are unstable, new medication, behaviors, etc. Resident #1 did not have any concerns 6/24/24 to 7/9/24, resulting in no documentation.</p> <p>On 8/3/24 at 12:06 PM the resident was observed lying flat in the bed with no oxygen therapy on, the oxygen concentrator noted off and placed away from bed, oxygen tubing noted in plastic bag connected to the oxygen concentrator, no water in humidifier container on the oxygen concentrator.</p> <p>On 8/3/24 at 12:10 PM The MDS Coordinator checked the resident's oxygen saturation (SPO2) at 88% on room air. She elevated the head of the bed while monitoring the pulse ox, the resident awoke, and her oxygen saturation raised to 93% on room air. No oxygen therapy applied.</p> <p>On 8/3/24 at 12:35 PM The Staff A, CNA took the resident to the Dining Room, placed the resident at the table and obtained the oxygen concentrator. The MDS coordinator stated the resident will state I need my air.</p> <p>On 8/3/24 at 2:28 PM The MDS Coordinator stated the TAR will not if the resident is on oxygen or if the oxygen is as needed. The residents on oxygen as needed the TAR will state as needed oxygen should have a pulse ox check order and an order for the oxygen to be administered, therefore the resident should have two orders. The Staff stated the resident was not assessed during 6/1/24 to 7/10/24 for pulse ox monitoring. The Staff stated the Resident #1 oxygen is as needed to maintain SPO2 > 90%.</p> <p>The facility policy titled Physician Orders, revised 9/28/22, directed staff to provide guidance and ensure Physician Orders are transcribed and implemented in accordance with Professional Standards, State and Federal Guidelines.</p>		