

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Northbrook Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6420 Council Street NE Cedar Rapids, IA 52402	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and resident interviews the facility failed to consistently answer call lights in a timely manner for 3 of 3 residents reviewed, (Residents #4, #5 and #6). The facility reported a census of 77 residents. Findings include:1.The MDS (Minimum Data Set) dated 2/3/2026 revealed Resident #4 had an intact cognitive status. Observation on 3/10/2026 at 2:35 p.m. revealed the resident seated at the dining room table with her walker nearby. During an interview, the resident reported call light response times takes awhile, greater than fifteen minutes. The resident also puts her call light on for her roommate who is not capable of calling for assistance. 2.The MDS dated [DATE] revealed Resident #5 had intact cognitive status.Observation on 3/10/2026 at 2:40 p.m. revealed the resident in bed, alert and watching television. The resident reported he required assistance of two staff to transfer in and out of bed and use the bathroom. He stated staff failed to answer his call light in a timely manner at least once a day, on any shift. The resident has timed the response time and it has taken up to an hour. This delay has caused him to have incontinence.3.The MDS dated [DATE] revealed Resident #6 had intact cognitive status.Observation on 3/10/2026 at 2:45 p.m. revealed the resident in his recliner with oxygen on per nasal canula and his walker nearby. The resident reported staff are slow to respond to his call light. Response time can take over a half hour, and he has timed it to take up to an hour. At times staff respond to his call light, turn it off, leave his room without assisting him, and fail to return. The resident required assistance of staff to ambulate when he is feeling unsteady. The Resident Council Meeting notes dated 3/3/26 included under Old Business - call lights too long.On 3/10/2026 at 3:25 p.m., the DON (Director of Nursing) and Administrator reported when Resident Council reports reveal a call light concern, the facility follows up with audits and staff education. The concern is reviewed at the next resident council meeting.</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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