

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Clarence Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 402 2nd Avenue Clarence, IA 52216	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, and staff interviews, the facility failed to complete and sign admission, quarterly, and discharge resident assessments within the required time frames for 3 of 3 residents reviewed (Residents #27, #42, and #197). The facility reported a census of 42 residents. Findings include: 1. Review of the Admission/Medicare - 5 Day Minimum Data Set (MDS) for Resident #197 dated 6/24/25 revealed an admission date of 6/17/25. Section Z, Assessment Administration, indicated all sections of the MDS were signed except Sections GG and V. The MDS section of the resident's electronic health record documented the Admission/Medicare - 5 Day assessment was in progress. A red box titled Complete MDS listed a date of 6/30/25. A yellow box titled Sign indicated 98 items were unsigned. A grey box titled Care Plan Decisions listed a complete by date of 7/7/25. During an interview on 7/9/25 at 9:34 AM, the MDS Coordinator confirmed she was responsible for completing and submitting MDS data. She stated she would have to look at the Resident Assessment Instrument (RAI) Manual to determine due dates for admission and discharge MDS. She stated she had always gone 14 days from the Care Plan date for submission and acknowledged the Complete MDS date in the red box was past due. She stated she still needed to complete Section GG. 2. Review of the Discharge, Return Not Anticipated MDS for Resident #27 dated 6/20/25 revealed an admission date of 5/28/25 and a discharge date of 6/20/25. Section Z included signed sections C, D, and E by the social worker. The MDS section of the resident's electronic health record documented the Discharge MDS was in progress. Sections A, B, GG, H, I, J, K, M, N, O, P, and Q were in red or yellow and listed as In Progress. A red box titled Complete MDS had a complete by date of 7/4/25. A yellow box titled Sign listed 284 items as unsigned. During the interview on 7/9/25 at 9:34 AM, the MDS Coordinator confirmed the red box in Resident #27 electronic record meant the completion was past the expected date.</p> <p>An email from the Administrator on 7/9/25 at 9:59 AM communicated the facility did not have an MDS policy and included a document titled Scheduling MDS Assessments as the closest thing the facility had.</p> <p>Review of the Scheduling MDS Assessment document revealed, in part: 2. OBRA (Omnibus Budget Reconciliation Act) Assessments: to be completed on ALL residents in the facility. A. admission assessment: This is a comprehensive item set (assessment), including CAAS (Care Area Assessments). To be completed by day 14 of the stay. 3. PPS (Prospective Payment System) (Medicare) assessments- particularly important that these assessments are completed on time, or facility is at risk of receiving the default Medicare rate for days unaccounted for.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Medicare 5-day: To be completed by day 8 of the stay (5 days plus three grace days). May be combined with an admission or significant change in status assessment.D. PPS discharge assessment: Required to prove that Medicare part A services have ceased. To be completed with an ARD (Assessment Reference Date) on the last day the resident receives Medicare Part A services.</p> <p>3. Review of the Clinical-MDS list of assessments, dated 7/9/25, revealed a Quarterly MDS for Resident #42 dated 6/12/25. The Clinical-MDS list indicated a status of In Progress.</p> <p>Review of the MDS revealed sections A, B, GG, H, I, J, K, L, M, N, O, P, Q were not completed in the required timeframe.</p> <p>The MDS Summary screen undated, showed 222 errors on the MDS dated [DATE].During an interview on 7/09/25 at 11:30 AM, the MDS nurse confirmed the MDS for Resident # 42 is late.During an interview on 7/09/25 at 11:32 PM, the Director of Nursing (DON) reported the facility kept the MDS Coordinator busy.</p> <p>Review of the RAI Manual, dated October 2023, page 2-17 revealed in part:</p> <p>a. admission Assessment due no later than the 14th calendar day of the resident's admission (admission date plus 13 calendar days).b. Discharge Assessments-return not anticipated must be completed no later than the discharge date plus 14 days.</p>		