

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Spurgeon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1204 Linden Street Dallas Center, IA 50063	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>48004</p> <p>Based on observation, family interview, staff interview, and policy review the facility failed to properly post past survey results and ombudsman information in a readily accessible area for residents, family members of residents, and legal representatives. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>During an interview 8/5/23 at 10:07 AM Resident #1's family member revealed that the facility does not have the survey results or ombudsman notification information in the facility. The family member further revealed that the only place where an ombudsman information sheet was located was by the locked unit and it was outdated.</p> <p>During an observation 8/5/24 from 11:25 AM until 11:40 AM only one copy of ombudsman information was noted on an easel by the southeast entrance of the facility. This ombudsman information was covered by another document and was not readable. During this observation no past survey results were located.</p> <p>During an observation 8/5/24 at 1:05 PM with the Administrator revealed past survey results were in a binder in a hallway across from the kitchen. This binder was noted to have a faded label that was barely legible.</p> <p>During an interview 8/5/24 at 1:05 PM with the Administrator revealed her expectation would be for survey results, and ombudsman information to be easily accessible for residents, family of residents, and legal representatives to obtain without asking.</p> <p>Review of a facility policy revealed that there was no policy to review for having past survey results and ombudsman information in an accessible area in the facility.</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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