STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165592	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Savannah Heights	601 S Prairie Street Mount Pleasant, IA 52641

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and the facility policy, the facility failed to care for a resident in a dignified manner by not emptying her bedside commode after providing toileting assistance for 1 of 3 residents reviewed for dignity. The facility reported a census of 34 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #40 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS indicated Resident #40 dependent with toileting hygiene and chair/bed to chair transfer. The MDS revealed Resident #40 occasionally incontinent of bladder and always continent of bowel. Review of the Care Plan revealed a Focus area dated 11/7/24 for needed assistance with Activities of Daily Living (ADL's) related to Chronic Obstructive Pulmonary Disease (COPD) which places me at risk for falls/injury. The Interventions dated 10/23/24 included Resident #40 used a mechanical lift with a 2 assist with all transfers and dependent with assist x 1 with wheelchair mobility . During an interview on 8/21/25 at 10:46 AM, Staff A, Certified Nurse Aide (CNA) queried if she ever noticed the bedside commode in Resident #40 room not emptied after use and she stated sometimes she noticed it in the mornings. Staff A explained she would empty it after third shift. Staff A stated she didn't know if the Director of Nursing (DON) or the Administrator knew about it. During an interview on 8/21/25 at 10:59 AM, Staff B, CNA queried if she ever noticed the bedside commode in Resident #40's room not emptied after use and she stated at least one time when she came into work in the morning. Staff B stated Resident #40 had the call light on and when Staff B walked in the room and noticed. Staff B stated Resident #40 aware of the bedside commode not been emptied and commented about it, so Staff B made sure to take care of it. During an interview on 8/21/25 at 2:23 PM, Staff C, CNA queried about Resident #40 bedside commode not being emptied and she stated when she came into work, the bedside commode would still have urine and bowel in it. Staff C stated she told the nurses at least 3 times, but didn't remember which ones. During an interview on 8/25/25 at 9:36 AM, the DON queried if she knew about Resident #40 bedside commode not being emptied and the she stated she had never been told it was an issue. The DON stated she didn't see it happening because the DON and Administrator made frequent trips in the hall and they would smell it. The DON stated it is the expectation that after a bedside commode is used, it is removed and immediately cleaned. During an interview on 8/25/25 at 10:10 AM, Staff D, CNA queried on Resident #40 bedside commode not being emptied and she stated yes. Staff D explained the bedside commode had been used and not cleaned multiple times by different staff members. She stated she did not tell a nurse as in the past when she told a nurse of a concern nothing was done. Staff D stated two out of the three days in a week Staff D worked, she noticed the bedside commode not being emptied when she worked Resident #40 hall. Staff D stated she never told the DON or Administrator. During an interview on 8/25/25 at 11:04 AM, the Administrator informed of the interviews concerning the bedside commode and the Administrator stated she didn't remember anyone telling her about the issue. The Administrator stated if it happened, she didn't understand why the staff didn't report it to her so she could address the issue. The Facility Resident Rights Policy dated 12/12/16 revealed: a. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.