

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Cedar Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Mulberry Street Tipton, IA 52772	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34821</p> <p>Based on clinical record review, staff interview and facility policy review the facility failed to provide the Centers for Medicare and Medicaid Services (CMS) Notice of Medicare Non-Coverage (NOMNC) to one out of three resident in a timely fashion (Resident#16). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>The Clinical Census sheet for Resident #16 identified the start of the Skilled Nursing Facility (SNF) services on 5/10/24 and ended on 5/28/24.</p> <p>A Progress Note dated 5/28/24 at 10:59 AM revealed Resident#16 on SNF level of care until 5/29/24.</p> <p>The Progress Notes dated 5/27/24 and 5/26/24 did not include documentation regarding communication with the resident or her responsible party regarding the discharge from SnF services and the right to appeal.</p> <p>The CMS 10123 (Notice of Medicare Non-Coverage or NOMNC) form signed by Resident#16 responsible party reflected a dated of 5/29/24.</p> <p>The CMS 10055 (SNFABN) form signed by Resident#16 responsible party reflected a dated of 5/29/24.</p> <p>On 10/2/14 at 3:50 PM the Administrator reported she expected the Advanced Beneficiary Notice (ABN) provided to the resident or resident representative before the 48 hours notice requirement.</p> <p>10/03/24 08:26 AM the Administrator reported the facility failed to have a policy for ABN.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45775</p> <p>Based on observation, record review and staff interview, the facility failed to ensure an indwelling catheter collection bag placed in a dignity cover, with the bag and bag remained off the floor to prevent urinary tract infections for one of one resident (Resident #39) reviewed with an indwelling catheter. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], list of diagnoses included: congestive heart failure, dementia and sacral pressure ulcer. A Brief Interview for Mental Status score of 10 out of 15 indicated a moderate cognitive impairment. The MDS identified Resident #39 used an indwelling catheter (for urine collection).</p> <p>Review of Admission Orders, dated 9/23/24, revealed an order admission for hospice. The orders also included an Indwelling Foley catheter for comfort.</p> <p>The Care Plan, dated 9/30/24, included a Focus area to address Indwelling Foley Catheter: 16F (French - catheter size) for comfort r/t Terminal condition. Interventions included: Check tubing for kinks each shift, and Monitor/record/report to MD (medical doctor) for s/sx (signs and symptoms) of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, Increased pulse, increased temp (temperature), Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns.</p> <p>During an observation on 10/1/24 at 7:25 AM, Resident #39 in her room, asleep. The indwelling urinary collection bag and catheter tubing rested on the bedroom floor. The collection bag lacked a dignity cover.</p> <p>During an observation on 10/1/24 at 8:56 AM, Resident #39 awake and sitting up in recliner. The indwelling urinary collection bag and tubing rested on the bedroom floor. The collection bag lacked a dignity cover.</p> <p>A Health Status Note, dated 10/1/24 at 6:47 PM, documented, in part, Foley catheter present with blood tinged urine, order given to obtain urine with catheter change.</p> <p>A Health Status Note, dated 10/2/24 at 5:24 AM, documented, in part, change in cath (indwelling catheter) and UA (urinary analysis) taken. Waiting on results but no blood in foley bag on this shift.</p> <p>A laboratory provider document, dated 10/3/24, indicated the Urine Culture collected on 10/1/24 at 3:30 PM result: Culture 10,000-100,000 CFU/mL (colony-forming units per milliliter) Yeast. Further information to follow.</p> <p>During an interview on 10/2/24 at 10:20 AM, Staff A, Registered Nurse stated when a resident has a Foley catheter, to prevent a UTI (Urinary Tract Infection) staff should place the bag in a dignity bag and ensure both bag and tubing are kept off the floor.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/2/24 at 2:45 PM, the ADON (Assistant Director of Nursing) reported when a resident has a Foley catheter, she would expect staff place the bag in a dignity bag and ensure both bag and tubing are kept off the floor.</p> <p>A review of the undated policy titled: Catheter Care failed to direct staff to ensure the indwelling catheter bags are kept in a dignity bag and to keep both bag and tubing off the floor.</p>		