STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165607	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cottages	1742 Main Street Pella, IA 50219

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441 Based on clinical record review, resident and staff interviews, the facility failed to ensure a resident had at least 2 baths/showers per week for 1 of 3 residents reviewed (Resident #1). The facility reported a census of 95 residents. Findings include: The Admission Minimum Data Set (MDS) dated [DATE] for Resident #1 documented a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The MDS further revealed the resident had diagnosis including stroke, osteoporosis and anxiety and required physical assistance with bathing. The Care Plan revised 8/29/23 revealed Resident #1 had a self-care performance deficit related to activity intolerance, impaired balance and stroke, and directed staff to provide assistance with bathing twice a week. Review of the electronic health record (EHR) for Resident #1 revealed showers/baths were offered and provided 3 times between 8/23/23-9/22/23. During an interview 5/16/24 at 9:16 AM, the Clinical Quality Specialist acknowledged showers/baths were documented 3 times during Resident #1's stay. She confirmed it is an expectation residents receive a bath or shower a minimum of 2 times a week or follow the care plan if different and document any refusals. The Clinical Quality Specialist further reported the facility does not have a specific policy related to baths/showers as they follow standards of care.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE