

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Newton Village Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  114 N 5th Avenue W Newton, IA 50208	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46513</p> <p>Based on clinical record review, observation, family interview, staff interview and policy review the facility failed to provide appropriate services to maintain or improve resident abilities with ambulation for 1 of 1 residents reviewed for rehab/restorative. (Resident #29).</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #29 admission to the nursing facility from assisted living dated 02/27/25 listed diagnoses included non-Alzheimer's dementia, peripheral vascular disease, osteoarthritis, muscle weakness, unsteadiness on feet and fibromyalgia. Functional abilities section of the MDS coded partial, moderate assistance for transferring and supervision or touching assist to walk 10-150 feet once standing. The Brief Interview for Mental Status (BIMS) exam scored 6 out of 15 indicated severe cognitive impairment.</p> <p>The Care Plan last revised 3/10/25 documented goal, functional maintenance plan established per occupational, physical therapy recommendations and directed encourage exercise group five times weekly. Resident has limited mobility in her right ankle and requires the use of an Ankle Foot Orthosis (AFO) for extra support with walking. Goal will safely transfer and walk with assistance of one and her walker using the AFO.</p> <p>A Physician Order 2/19/25 for Resident #29 move from assisted living memory care to the nursing facility included standby physical assist, to and from meals and activities, required direction with walker.</p> <p>The Base Line Care Plan dated 2/20/25 directed to maintain current functional status, activities of daily living included transfer assist of one person, walking assist of one person, used four wheeled walker.</p> <p>An Observation Detail List Report, Admission Functional Abilities assessment dated [DATE] for Resident #29 documented supervision or touching assistance for ambulation 10-150 feet.</p> <p>A Functional Maintenance Plan (FMP) dated 2/21/25 directed group exercise (seated) five times weekly.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 165609
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Progress Note dated 3/6/25 at 1:17 PM documented during care conference discussion included Resident #29 family reported resident was walking with supervision from her room to dining and activities nearly daily at the assisted living. A response documented Certified Nursing Assistants (CNA's) will attempt and if Resident #29 is too weak will request and order for therapy consult.</p> <p>The Point of Care History documented activity for Resident #29, look back 3/2/25 to 3/13/25.</p> <p>a. Section Titled: How did resident walk in room was unanswered or activity did not occur for the following dates: 3/2/25; 3/4/25; 3/6/25; 3/8/25; 3/10/25; 3/12/25; 3/13/25.</p> <p>b. Section Titled: How did resident walk in the corridor was unanswered or activity did not occur for the following dates: 3/2/25; 3/3/25; 3/4/25; 3/6/25; 3/8/25; 3/9/25; 3/10/25; 3/11/25; 3/12/25; 3/13/25</p> <p>During an observation on 3/13/25 at 10:15 AM Resident # 29 sitting in the common area, Director of Nursing (DON) confirmed after inquiry that resident was not wearing the AFO had socks, no shoes.</p> <p>In an interview on 3/10/25 at 2:42 PM family relayed Resident #29 wears an AFO for right ankle support when up, reported therapy was mentioned at a care plan meeting and was not certain of any decisions regarding therapy.</p> <p>In an interview on 3/13/25 at 10:18 AM the Director of Nursing (DON) relayed Resident #29 is not wearing shoes so did not need the AFO on. The DON relayed the resident can stand and pivot to transfer, does not walk. Queried about Resident #29 restorative or exercise program, the DON referred to the FMP order in the therapy book that directed seated group exercises only, five days a week. The DON stated Resident #29 is new to the facility and would be evaluated for therapy if not transferring well. DON relayed understanding that Resident #29 admitted not walking. The DON said was aware family did say resident was walking but, is not sure of that.</p> <p>In an interview on 03/13/25 at 10:36 AM with the Director of Assisted Living Facility (ALF) Registered Nurse (RN) Staff A relayed Resident # 29 had increased urinary, fecal incontinence with advancing dementia, cognitive changes led to more care needs. Staff A relayed Resident #29 did walk while at the ALF, usually 50-75 feet daily to all meals and activities and wore an AFO daily for ankle support.</p> <p>In an interview on 03/13/25 at 11:49 AM Therapy Staff B relayed did evaluate Resident #29 at admit to the facility, recommended group exercises five days a week, further explained the group exercises are done while residents are seated, may use hand weights and balls, relayed walk to dine may be appropriate for residents that walk. Staff B relayed the nursing staff will come to therapy for a plan and consideration is taken for such things as resident willingness and abilities to do things in the past. Relayed the facility does not have restorative aides. Staff B did not believe Resident #29 was walking and did not see any doctor's orders stating otherwise.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/13/25 at 1:10 PM with the DON and the Administrator, both acknowledged understanding of benefits of residents maintaining abilities. The DON voiced the family was aware Resident #29 was not wanting to walk. The Administrator and DON relayed had impression that Resident #29 was not walking prior to admit. The DON stated there was obviously lack of communication, had thought family was aware resident was not walking at the nursing facility. The DON confirmed therapy was not recommended other than the seated exercises.</p> <p>Facility Policy Subject: Restorative Nursing/Functional Maintenance Program Review, date reviewed 3/8/24 documented, It is the policy to provide residents with appropriate programs to achieve skills enabling their highest level of function.</p>		