

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Terrace Glen Village		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 Alburnett Road Marion, IA 52302	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>48452</p> <p>Based on clinical record review, facility documentation, and staff interview the facility failed to notify the ombudsman of a hospital transfer for 1 of 1 residents reviewed for transfers (Resident #13). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>Resident #13's clinical record documented he was admitted to the hospital on 7/12/24 with tremors, elevated blood sugar, and a fever. The record documented he returned to the facility 7/17/24 after a stay for CHF (congestive heart failure) and UTI (urinary tract infection) with MI (myocardial infarction or heart attack).</p> <p>Documents titled Notice of Transfer Form to Long Term Care Ombudsman included resident transfers for the preceding month to the hospital, home, other facilities, for therapeutic leave, or to another location. The form for July 2024 lacked documentation for Resident #13's transfer to the hospital. The documents for June 2024, July 2024, and August 2024 did not include any hospital transfers.</p> <p>An email from the Director of Nursing dated 10/2/24 at 1:57 PM confirmed the facility did not report the resident's hospitalization to the ombudsman. The admissions/social services nurse required additional education on the process going forward.</p> <p>At 10:29 AM on 10/3/24, when asked why the information regarding hospital transfers hadn't been reported to the Ombudsman's office, the Administrator stated he had provided this information to the ombudsman in the past. Somewhere during the time there was a change in the process for reporting and when the task was handed off to the Admission's Coordinator this step was lost. They were now in the process of updating the procedure.</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
---	-------	-----------