STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165796	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Senior Services	406 East Anthony Street Carroll, IA 51401

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interviews, the facility failed to submit a Level 2 Preadmission Screening and Resident Review (PASRR) evaluation for 1 of 2 residents reviewed (Resident #12). The facility reported a census of 75 residents.Findings include: The Minimum Data Set (MDS) dated [DATE] documented Resident #12 had a Brief Interview for Mental Status (BIMS) of 03 indicating severely impaired cognition. The MDS revealed Resident #12 had diagnoses of Non-Alzheimer's dementia, depression, and psychotic disorder. The Care Plan with a target date of 7/2/26 revealed Resident #12 took an antipsychotic medication for treatment and management of symptoms of delusional disorder, insomnia and depression. The Clinical record revealed a diagnosis of delusional disorders with an effective date of 9/27/23. A Physician Order dated 4/3/25 directed staff to administer Seroquel (antipsychotic medication) 25 MG (milligrams) one tablet at bed time related to dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety; delusional disorders. Review of the Clinical Record revealed Resident #12 had been on Seroquel at different dosages since 9/27/23. A Level 1 PASRR completed on 3/29/23 documented Resident #12 had a mental health diagnosis of major depressive disorder. The PASRR evaluation documented Resident #12 received antidepressant for depression. The clinical record revealed no additional PASRR evaluations after 3/29/23.The Clinical record review revealed Resident #12 did not have a Level 2 PASRR evaluation submitted following the new mental health diagnoses of delusional disorder and with the addition of new antipsychotic medication on 9/27/23. On 2/11/26 at 2:30 PM, the Director of Nursing (DON) acknowledged and verified Resident #12's PASRR had not been updated. The DON reported she would expect a new PASRR to be completed when a new psychotropic medication was started and/or a new mental health diagnosis. On 2/11/26 at 3:26 PM, the DON reported the facility did not have a PASRR policy.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165796	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Senior Services	406 East Anthony Street Carroll, IA 51401

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, and staff interviews, the facility failed to accurately transcribe written physician orders for psychotropic medications with correct medication end dates into the electronic medical record for 2 of 3 residents reviewed (Resident #5 and #62). The facility reported a census of 75 residents.Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #5 documented diagnoses of dementia, stroke and heart failure. The MDS showed the Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. The Care Plan with an initiated date of 8/12/25 showed Resident #5 used psychotropic medications to aid with the treatment of the diagnosis of mild cognitive impairment with behaviors including, restlessness, agitation, inappropriate towards female staff. The written Physician Order dated 1/27/25 for Resident #5 showed Lorazepam 2 milligram (mg)/milliter (ml) give 0.25 ml per mouth every 4 hours as needed for 3 months. The electronic Clinical Physician Orders dated 1/16/25 for Resident #5 showed Lorazepam 2 mg/ml give 0.25 ml per mouth every 4 hours as needed with an end date of indefinite. 2. The MDS assessment dated [DATE] for Resident #62 documented diagnoses of dementia, stroke and depression. The MDS showed the BIMS score of 3, which indicated severe cognitive impairment. The Care Plan with an initiated date of 6/6/25 showed Resident #62 used antidepressant and antipsychotic medication to manage symptoms of depression, anxiety, and unwanted behavior secondary to depression and dementia. The written Physician Order dated 12/1/25 for Resident #62 showed Lorazepam 2 mg/ml give 0.5 ml per mouth every 6 hours as needed for 90 days. The electronic Clinical Physician Orders dated 11/19/25 for Resident #62 showed Lorazepam 2 mg/ml give 0.5 ml per mouth every 6 hours as needed with an end date of indefinite. The Medication Regimen Review policy last revised October 2023 indicated Medication Regimen Review is a thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, and resolving medication related problems, medication errors, or irregularities, and collaborating with members of the interdisciplinary team. The pharmacist will review the resident's drug regimen for unnecessary drugs. An unnecessary drug is a drug that is used for excessive duration. In an interview on 2/11/26 at 2:06 PM, the Director of Nursing (DON) addressed management of Lorazepam orders. The DON reported maintaining a spreadsheet tracking which Lorazepam orders required reordering and the corresponding dates. When asked if electronic orders should match written physician orders, the DON responded, Yes, but how do I change the end date. When asked if staff could potentially continue administering Lorazepam past the written end date if the electronic order reflected an indefinite duration, the DON stated, Yes, I need to figure out how to change that. The DON acknowledged that discrepancies in end dates could result in residents receiving unnecessary psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165796	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Senior Services	406 East Anthony Street Carroll, IA 51401

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and review of facility policy, the facility failed to follow proper infection control practices during catheter care to prevent urinary tract infections and skin infection for 1 of 2 residents observed (Resident #5). The facility reported a census of 75 residents.Finding include:Observation on 2/11/26 at 1:50 PM identified Staff A, Certified Nursing Assistant (CNA), performed hand hygiene and donned personal protective equipment (PPE). Staff A assisted the resident to lower pants and sit on the toilet, gathered supplies, placed two washcloths in the sink, and allowed the sink to fill with water. Staff A removed a washcloth from the sink, folded it into fourths, and provided perineal care to the resident's penis. Observation revealed areas of irritated, reddened skin. Staff A then used the same washcloth to cleanse the tubing of the resident's urinary catheter. After completion of care, when asked if any part of the care should have been performed differently, Staff A responded no, and reported the state had not observed her for several years. When asked if she placed washcloths in the sink each time perineal or catheter care occurred, Staff A responded, Yes, now that I say it out loud, it's not right, then indicated the resident brushed his teeth in the sink.In an interview on 2/11/26 at 2:06 PM, the Director of Nursing (DON) addressed infection control practices for perineal and catheter care. The DON stated washcloths used for perineal or catheter care should never be placed in the sink. The DON further stated, If they are going to use washcloths, they should use a basin. The DON indicated the facility only had a policy related to home perineal care instructions. In an interview on 2/11/26 at 2:25 PM, the Infection Preventionist (IP) reported that placing washcloths in the sink prior to perineal or catheter care increased the risk of infection. The IP stated staff received education and know not to place washcloths in the sink. The IP further stated plans to follow up with staff to re-educate on the proper method for performing perineal and catheter care.