STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16E050	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buchanan County Health Center	1600 First Street East Independence, IA 50644

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 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	Assess the resident when there is a significant change in condition 50874 Based on clinical record review, the Centers for Medicare and Medicaid Services (CMS) Long term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, and staff interview, the facility failed to complete a Significant Change Status Assessment (SCSA) Minimum Data Set (MDS) Assessment upon hospice election for 1 of 1 residents (Resident #27) reviewed on hospice services. The facility reported a census of 34 residents. Findings include: The Electronic Healthcare Record (EHR) census detail page documented hospice as the primary payer for Resident #27 effective 2/10/25. An EHR Progress Note dated 2/14/25 at 10:36 AM documented Resident #27 had been admitted to hospice care services. The MDS 3.0 Summary page in Resident #27 EHR revealed the facility failed to complete the SCSA MDS when hospice services had been elected. A review of the hospice clinical record revealed the following: * A Medicare Hospice Election Statement signed by Resident #27's family member documented the start of service date as 2/10/25. * The hospice Initial Nursing Assessment created and electronically signed on 2/10/25 documented Resident #27 met criteria for admission. * The Hospice Physician Certification documented the benefit start date as 2/10/25. The certification had been electronically signed by the physician on 2/11/25. During an interview on 03/19/25 at 09:13 AM Staff A, MDS Coordinator, acknowledged Resident #27 elected hospice services on 2/10/25. Staff A, MDS Coordinator follows the RAI manual when completing required assessments. Staff A, MDS Coordinator revealed she failed to complete the required SCSA MDS. During an interview on 03/19/25 09:21 AM Staff B, Nurse Manager/Infection Preventionist revealed she had been aware the SCSA MDS had not been completed. (continued on next page)

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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F 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	The LTC RAI 3.0 User's manual Version 1.19.1 October 2024 documented the RAI states an SCSA is required to be performed when a terminally ill resident enrolls in a hospice program or changes hospice providers and remains a resident at the nursing home. The RAI Manual specified the SCSA MDS completion date is 14 days from the determination that a significant change in resident status occurred (determination date plus 14 calendar days). The Federal regulations at 42 CFR (Code of Federal Regulations) 483.20 (b)(2)(ii) states the facility must conduct a comprehensive assessment of a resident in accordance with the time frames specified.

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F 0657 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874 Based on clinical record review and staff interview the facility failed to revise and implement interventions on the comprehensive Care Plan to include hospice services for 1 of 1 residents (Resident #27) reviewed. The facility reported a census of 34 residents. Findings include: Resident #27 Minimum Data set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognitive impairment. The MDS documented diagnoses of progressive neurological conditions, coronary artery disease, and depression. A Medicare Hospice Election Statement signed by Resident #27's family member documented the start of service date as 2/10/25. The Care Plan initiated on 6/24/24 for Resident #27 failed to include a focus area for a terminal prognosis with election of hospice services to include interventions directing staff on cares to be provided. During an interview on 3/19/2025 at 9:13 AM, Staff A, MDS Coordinator acknowledged the Care Plan should have been updated on 2/10/25. Staff A, MDS Coordinator revealed she updates the Care Plan following completion of the Minimum Data Set assessment. During an interview on 3/19/25 at 9:21 AM, Staff B, Nurse Manager/Infection Preventionist revealed the expectation is the Care Plan would be updated at the time services begin with the election of hospice services.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 42134 Based on observation, policy review, staff interview, and review of Kwik Pen Instructions for Use document, the facility failed to prime the needle of an insulin pen prior to the intent to deliver insulin to the resident (Resident #17). The facility reported a census of 34 residents. Findings include: Physician orders for Resident #17 include Humalog (Insulin Lispro) 5 units. During an observation of the morning medication pass on 3/20/25 at 8:34 AM, Staff H, Registered Nurse (RN) removed a KwikPen (Insulin Lispro) from the mediation cart. She removed the cap, cleansed the hub with alcohol and attached the needle. She turned the knob the prescribed dose of 5 units, showed the dose to the surveyor and started to apply gloves. When asked if she was committed to giving that dose, she confirmed she was. The surveyor stopped the dose from being given as the needle had not been primed. Staff H acknowledged she should have primed the needle. During an interview on 3/20/25 at 9:38 AM Staff B, RN, Nurse Manager explained she would expect the needle to be primed prior to administration. During an interview at 9:51 AM Staff B explained the facility does not have a policy for insulin administration. Instructions for Use Insulin Lispro KwikPen last revised by the manufacturer 7/23, directed staff to prime the pen prior to each use by turning to knob to 2 units and holding the pen with the needle pointing up, push the dose knob until it stops and the dose reads zero. The manufacturer document explains there should be a drop of insulin on the tip of the needle. The document explains that priming ensures the pen is working correctly and failure to prime before each injection may lead to getting too much or too little insulin. The facility policy titled Administration of Medication by Staff last revised 12/21 directs staff to administer medications per appropriate route in accordance with the manufacture directions.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874 Based on observation, record review, policy review, and staff interviews the facility failed to ensure the commercial dishwasher reached hot water sanitizing levels. The facility reported a census of 34 residents. Findings include: During a follow up walk through of the kitchen on 3/18/25 at 12:45 PM, the [NAME] model CL44E hot water sanitizing commercial dishwasher had been operating. The dishwasher had a digital display at the top center displaying temperatures for wash and final rinse cycles. The placard on the left side of the dishwasher revealed the following for hot water sanitizing: * Wash temperature 160 Fahrenheit (F) (71 Celsius(C)) minimum * Final rinse temperature 180 F (82 C) minimum, 194 F (90 C) maximum Below the dishwasher to the left a booster heater with a gauge that measures the water temperature from the booster heater to the dishwasher. A line in black permanent marker had been drawn at the 180 F reading. During an interview on 3/18/25 at 1:15 PM with Staff C (Nutritional Services Manager) and Staff D (Director of Environmental and Nutrition Services), revealed the digital display on the dishwasher had not been working and the dietary staff are to watch the gauge between the booster heater and dishwasher to ensure the water temperature maintained 180 F going into the dishwasher. Staff C, nutritional services manager, placed a component design northwest (CDN) dishwasher thermometer on a dishrack and ran it through the dishwasher. The light-emitting diode (LED) lights on the CDN dishwasher thermometer indicate the max temperature range reached along with a digital display for maximum temperature, current temperature, and minimum temperature. In addition to the CDN dishwasher thermometer, a dishwasher temperature strip had been utilized. The temperature strip stated when indicator turns black, stated temperature (180 F) has been achieved. An observation on 3/18/25 at 1:15 PM of the CDN dishwasher thermometer and the temperature test strip revealed the dishwasher had not reached the hot water sanitizing levels indicated on the placard attached to the dishwasher. * The digital display on the dishwasher showed a wash temperature of 155 F and final rinse temperature of 180 F * CDN Dishwasher thermometer had no LED indicator lights on. * CDN Dishwasher digital display recorded the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	o 153.7 F for maximum temperature o 145.0 F for current temperature o 73.6 F for minimum temperature * The indicator on the temperature strip failed to turn black revealing water temperature of 180 F had not been reached. Staff C, nutrition service manager acknowledged the dishwasher temperatures failed to reach the hot water sanitizing levels to properly sanitize dishes to reduce the risk of food borne illness. Staff C, indicated staff would wash all dishes in the three compartment sink while dishwasher failed to reach optimum temperature for sanitization. Staff C, indicated he had placed the CDN dishwasher thermometer in the dishwasher after breakfast but failed to record the reading of the thermometer at that time. During an interview on 3/18/25 at 1:24 PM with Staff E, maintenance, acknowledged the digital display on the dishwasher had not worked in a long time. Staff E, explained the water heater temperature is 140 F. Hot water goes through a booster heater raising the temperature to 187 F. The gauge displays the temperature of the water leaving the booster heater going to the dishwasher. Staff E, acknowledged the reading on the gauge read 180 F. A review of the High-Temperature Dish machine Temperature Log revealed the following: The instructions indicate staff are instructed to: * Monitor and record final rinse temperatures at the beginning and end of each day (open and close). If required per local regulations, take a mid-day temperature. * If local jurisdiction requires a reading from the high-temperature dish machine gauge, record on this log. The gauge should read 180 F or above. * Minimum final rinse temperature can be no less than 180 F. To determine if the final rinse temperature is accurate use on of the following methods: 1. Surface temperature - use adhesive thermolabels (160 F); adhesive label turns correct color (i.e. black, orange) to indicate that 160 F has been reached. Record if 160 F if reached. 2. Surface temperature - use a digital, waterproof thermometer; temperature must read 160 F or greater. If corrective actions are needed staff are instructed to: A. Turn on booster heater, retest. B. If retest fails, notify manager, take equipment out of service and submit a repair request. A review of the past 30-day dishwasher readings revealed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	* 2/19/25 failed to have any temperature strips on the log * 2/24/25 one of three temperature strips failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * 2/27/25 one of three temperature strips failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * 2/28/25 25 one of three temperature strips failed to the turn blue bar orange indicating temperature of 180 F had not been achieved. * 3/1/25 two of two temperature strips failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * 3/3/25 one of two temperature strips failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * 3/5/25 two of two temperature strips failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * 3/17/25 6:05 AM temperature strip failed to turn the blue bar orange indicating temperature of 180 F had not been achieved. * The facility staff failed to record the gauge reading or if any corrective action had been taken for all days reviewed * The manager failed to sign and date the forms indicating the form had been reviewed. A review of the Dietary Infection Control policy with a revised date of 6/26/24 instructed staff to: 1. Drain and flush the dishwasher daily. 2. Dishwasher will be maintained and operated per manufacturer's directions 3. Maintain a final sanitation rinse of 180 F and wash water of 160 F or higher 4. Thoroughly wash hands before handling clean dishes to prevent recontamination.