

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Sanford Senior Care Sheldon		STREET ADDRESS, CITY, STATE, ZIP CODE 118 North Seventh Avenue Sheldon, IA 51201	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility record review, staff interviews and facility policy review the facility failed to report an allegation of abuse within 2 hours of an allegation of abuse for 1 of 5 residents reviewed for abuse (Resident #1). The facility staff removed the deficiency prior to the surveyor entering the facility on March 4, 2026 through the following actions: On 12/18/25 the facility placed education related to no cell phones in resident care areas, and if staff see or hear anything that could be suspected abuse or neglect or an infringement of resident dignity on the scheduling app for all staff. On 12/19/25 the facility implemented all staff receive education on resident dignity, photography, abuse or suspected abuse reporting, abuse definitions and follow up quiz for understanding. The facility reported a census of 41 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented diagnoses of depression, hypertension and psychomotor defect following cerebral infarction (disturbances in the link between cognitive brain function and physical movement following stroke). The MDS showed the Brief Interview for Mental Status (BIMS) score of 8 indicating severe cognitive impairment. Interview on 3/4/26 at 2:04 p.m., with Staff A, Certified Nursing Assistant (CNA) revealed she was in the hallway with Staff B, CNA and Staff B stated you will never believe what happened and showed Staff A a photo of Resident #1 laying on the floor after a fall with a brief and a tshirt on and Staff B was in the background of the photo. Staff A asked Staff B why she had the photo and Staff B replied oh it is in our work group chat that we have. Staff A did not know for sure when she saw the photo but it was approximately a week later she turned it into the administration. Staff A explained she sat on it and thought about it for a while and knew it wasn't right for Staff B to have the photo and that is why she decided to turn it in to the administration. Interview on 3/4/26 at 2:23 p.m., with Staff C, CNA revealed she had some time off and when she came back to work she was talking with Staff A and Staff D, CNA about how things were when she was gone. Staff A and Staff D asked if Staff C had heard about the picture. Staff C asked about the picture. Staff A and Staff D explained Staff B had a picture of Resident #1 after he had a fall and was laying on the floor wearing a brief and his shirt and Staff B was in the background of the photo. Staff C did not see the photo. Staff C went and found the Director of Nursing (DON) and reported it to her right away. Staff C stated that Staff A and Staff D were nice girls and Staff C thought they were afraid of the other girls and that is why they did not report it to administration. Interview on 3/4/26 at 2:50 p.m., with the DON revealed Staff A, Staff C and Staff D came to her and said that approximately a week before Staff B showed them a photo of Resident #1 laying on the floor the night he had a fall. Staff described the photo to her as Resident #1 laying on the floor with his brief down to his ankles and a pillow underneath his head. Staff B was in the photo. Staff explained to her she had shown them the photo as they were talking about Resident #1's fall. The DON explained staff A and Staff D had stewed on it awhile and then mentioned it to Staff C and she suggested to them they needed to report it to administration. Review of facility provided investigation dated 12/18/25 revealed the following information: Interventions included Staff A, Staff C and Staff D will be receiving corrective action for not reporting allegations in a timely (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: 16E263	If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Sanford Senior Care Sheldon		STREET ADDRESS, CITY, STATE, ZIP CODE 118 North Seventh Avenue Sheldon, IA 51201	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>manner. Review of the facility intake information the facility submitted a self report on 12/18/25 at 6:52 p.m Review of the facility provided policy titled Abuse and Neglect with a reviewed date of 4/7/25 revealed the following:Alleged or suspected violation involving any mistreatment, neglect, exploitation or abuse including injuries of unknown origin will be reported immediately to the administrator. Designated agencies will be notified in accordance with state law, including the State Survey and Certification Agency. If there is an allegation of abuse, neglect, exploitation or mistreatment, then it will be reported immediately, but not later than 2 hours after the allegation is made. Interview on 3/4/25 at 4:39 p.m., with the DON revealed the staff should have reported it to the administration right away.</p>		