

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER Osceola Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Cedar Lane Sibley, IA 51249	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to implement and practice appropriate infection control measures by not establishing or following a routine cleaning schedule for continuous positive airway pressure (CPAP) equipment for 1 of 13 residents reviewed (Resident #17). The facility also failed to provide staff with current CPAP machine settings. The facility reported a census of 32 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #17 documented diagnoses of anemia, coronary artery disease (CAD) and dementia. The MDS indicated Resident #7 used a non-invasive mechanical ventilator. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. During on interview on 4/1/2026 at 1:45 PM, Resident #17 reported that staff had not cleaned the CPAP equipment since admission. Resident #17 further reported being unaware of the correct CPAP settings and had informed staff that they did not know if the settings were correct. The Clinical Physician Orders dated 3/24/25 for Resident #17 showed an order for CPAP to be used every night. The orders failed to show settings for the CPAP. The Care Plan for Resident #17 indicated CPAP therapy was initiated on 3/5/26 for Obstructive Sleep Apnea. The care plan did not include instructions regarding the cleaning, maintenance, or settings of the CPAP equipment. In an interview on 04/1/2026 at 9:29 AM, the Infection Preventionist (IP) and the Director of Nursing (DON) confirmed that CPAP and BiPAP equipment should have a regular cleaning schedule and that settings should be available for staff to ensure correct usage, indicating she would follow up on the matter. When asked about the schedule of supply replacement, the DON indicated that she would also follow up on that matter.</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
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