

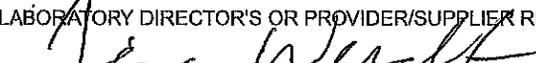
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165263	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
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NAME OF PROVIDER OR SUPPLIER Mechanicsville Specialty Care	STREET ADDRESS, CITY, STATE, ZIP CODE 104 East Fourth Street Box 430 , Mechanicsville , Iowa, 52306
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F0000 ✓KBS	INITIAL COMMENTS Correction date: <u>9/25/25</u> The following deficiencies resulted from the facility's annual recertification survey conducted on September 02, 2025 to September 04, 2025. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F0550	F550 9/12/25 Resident #2 foley bag was immediately placed in a dignity bag. Current residents have the potential of being affected by the alleged deficiency. The ADM/DON provided Resident Rights – Dignity – covering urinary cath bags education to current nursing staff. Education will continue to be provided annually. DON/Designee will complete weekly audits for 4 weeks and then monthly audits for 2 months and then PRN to ensure protocol is being followed. Results will be addressed immediately and shared with QAPI Team.	

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 reverse for further 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 <i>Adm</i>	(X6) DATE <u>9/25/25</u>
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F0550 SS = D	<p>Continued from page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, clinical record review, staff interviews, and facility policy review the facility failed to provide dignity with cares for 1 out of 3 residents reviewed (Resident #2). The facility reported a census of 29 residents. Finding include:</p> <p>1. The Minimum Data Set (MDS assessment for Resident #2 dated 6/8/25 revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated moderate cognitive impairment.</p> <p>The MDS assessment for Resident #2 dated 8/22/25 listed diagnoses of neurogenic bladder, spastic quadriplegic cerebral palsy, and urinary tract infection.</p> <p>The Care Plan for Resident #2 dated 4/10/25 identified a urinary catheter related to neurogenic bladder.</p> <p>On 9/03/25 at 9:58 AM, Resident #2 laid on his bed while the catheter drainage bag hung uncovered on the left side of his bed. The catheter bag held amber colored urine.</p> <p>On 9/04/25 at 9:11 AM, Resident #2 laid in his bed while his uncovered catheter bag hung on the left side of his bed. The empty dignity bag hung beside the uncovered drainage bag.</p> <p>On 9/04/25 at 12:57 PM, the Director of Nursing (DON) reported she expected the resident's catheter drainage bags kept in a dignity bag.</p> <p>On 9/04/25 at 2:00 PM, Staff C, Certified Nurse Aide (CNA) reported she floated all over the building today. She reported the catheter bags go in the blue (dignity) bag on the side of the bed.</p> <p>The facility provided a policy titled Dignity dated 2/2021. The policy directed each resident shall be</p>	F0550		

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F0550 SS = D	Continued from page 2 cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. The policy revealed, Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: a. helping the resident to keep urinary catheter bags covered; b. promptly responding to a resident's request for toileting assistance; and c. allowing residents unrestricted access to common areas open to the public, unless this poses a safety risk for the resident.	F0550		
F0693 SS = D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is NOT MET as evidenced by: Based on observation, clinical record review, staff interview and facility policy review the facility failed to administer the correct amount of water flush before the administration of the tube feeding for 1 of	F0693	F693 Education on tube feeding protocol and following process was provided to current nursing staff by DON. DON/Designee will complete weekly audits for 4 weeks and then monthly audits for 2 months and then PRN to ensure protocol is being followed. Results will be addressed immediately and shared with QAPI Team.	9/12/25

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F0693 SS = D	<p>Continued from page 3 1 resident reviewed (Resident #2). The facility reported a census of 29 residents. Finding include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #2 dated 6/8/25 revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated moderate cognitive impairment</p> <p>The Minimum Data Set (MDS) assessment dated 8/22/25 listed diagnoses of spastic quadriplegic cerebral palsy and urinary tract infection.</p> <p>The Care Plan for Resident #2 dated 2/24/25 directed he will remain free of side effects or complications related to tube feeding.</p> <p>The Physician's Orders Review History Report dated 8/4/25 directed enteral feed order every shift flush feeding tube with at least 70 milliliters (ML) of water before and after administration of feedings.</p> <p>The Medication Administration Record (MAR) for Resident #2 dated 9/25 directed every shift flush feeding tube with at least 70 ML of water before and after administration of feeding.</p> <p>On 9/03/25 at 11:18 AM, Staff B, Licensed Practical (LPN) flushed the tube feeding with 30 ML water and hooked up the gravity bag to the feeding tube. Staff B pushed Resident #2 into the lobby.</p> <p>On 9/04/25 at 12:12 PM, Staff B, LPN reported she thought she gave 30 ML as the per tube feeding flush yesterday at the 11:00 feeding. She opened the electronic record and reported he got 70 ML a shift so she gave 40 in the morning and 30 ML with the 11 feeding.</p> <p>On 9/04/25 at 12:57 PM, the Director of Nursing (DON) reported the MAR directed the water flushes for Resident #2 were scheduled 70 ML before and after each feeding. She reported she expected the nurses to administer the water flush as ordered on the MAR.</p> <p>The facility provided a policy titled Enteral Tube Feeding Via Gravity Bag dated 2018, directed at point #9 to administer at least 30 ML of water or the prescribed amount.</p>	F0693		