

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165406	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Rockwell Community Nursing Home			STREET ADDRESS, CITY, STATE, ZIP CODE 707 ELM STREET , ROCKWELL, Iowa, 50469	
(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
F0000 ✓ JB	INITIAL COMMENTS Correction date: <u>9/6/2025</u> The Rockwell Community Nursing Home is not in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities due to the facility's annual recertification survey conducted on September 2, 2025 - September 4, 2025. Total Census: 22	F0000	Rockwell Community Nursing Home denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary.	9/6/2025
F0727 SS = F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 1919(b)(4)(C);1919(b)(4)(C)(i);1819(b)(4)(C);1819(C) Social Security Act §1919 [42 U.S.C. 1396r] §1919(b)(4)(C) Required nursing care; facility waivers.- §1919(b)(4)(C)(i) General requirements.-With respect to nursing facility services provided on or after October 1, 1990, a nursing facility- (II) except as provided in clause (ii), must use the services of a registered professional nurse for at least 8 consecutive hours a day, 7 days a week. Social Security Act §1819 [42 U.S.C. 1395i-3] §1819(b)(4)(C) REQUIRED NURSING CARE.- §1819(b)(4)(C)(i) IN GENERAL.-Except as provided in clause (ii), a skilled nursing facility ... must use the services of a registered professional nurse at least 8 consecutive hours a day, 7 days a week. §483.35(c)(3) Except when waived under paragraph (f) or (g) of this section, the facility must designate a registered nurse to serve as the director of nursing on	F0727	In continuing compliance with F0727 RN 8 Hrs/7 days/Wk, Full Time DON, Rockwell Community Nursing Home scheduled Administrative RNs to ensure 8+ consecutive hours of RN coverage a day. To correct the deficiency and to ensure the problem does not recur the Director of Nursing and/or designee will preview all monthly schedules to ensure an RN is scheduled for 8+ consecutive hours a day. As part of Rockwell Community Nursing Home's ongoing commitment to quality assurance the QA Nurse and/or designee will review time cards along with PBJ report monthly and report identified concerns through the community's QA process.	

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 <i>Kassidy Spurgin</i>	TITLE Administrator	(X6) DATE 9/24/25
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F0727 SS = F	<p>Continued from page 1 a full time basis.</p> <p>§483.35(c)(4) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, schedule review, and punch detail review, the facility failed to have a Registered Nurse (RN) on duty for at least 8 consecutive hours in a 24-hour period. On 3 different occasions, the facility had a full 24-hours without a RN on duty. The facility reported a census of 22 residents.</p> <p>Findings include:</p> <p>The review of the August 2025 and September 2025 nursing schedules identified the following:</p> <p>a. Staff A, RN, worked from 2 PM to 10 PM on:</p> <p>i. Friday 8/8/25</p> <p>ii. Friday 8/22/25</p> <p>iii. Friday 8/31/25.</p> <p>b. Staff B, RN, worked from 10 PM to 6 AM on:</p> <p>i. Saturday 8/9/25</p> <p>ii. Saturday 8/23/25</p> <p>iii. Saturday 9/1/25</p> <p>The schedule indicated Licensed Practical Nurses (LPN) covered the facility for the 3 shifts (10 PM to 6 AM, 6 AM to 2 PM, and 10 PM to 6 AM) in between the above dates and times.</p> <p>On 9/4/25 at 9:58 AM, the Administrator stated she talked with Staff C, RN, regarding the 8 consecutive hours of RN coverage in a 24-hour period. Staff C reported the facility had enough coverage because the night shift RN coverage counted as 8 consecutive hours of coverage. When shown the above days of concern, this Administrator acknowledged the concern. The Administrator stated she would get punch details for those days. In addition, she would look to see if the Director of Nursing (DON), came in to work on any of those days.</p>	F0727		

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F0727 SS = F	<p>Continued from page 2</p> <p>On 9/4/25 at 11:15 AM, the Administrator and Staff C stated they worked under the assumption the night shift RN counted as the 8 consecutive hours in the 24-hour period. Staff C stated they did this for over a year. When talked about again how the hours need to be consecutive, and there are 3 shifts between the end of evening shift and the beginning of night shift on the above-mentioned dates that are covered by LPNs, they stated they understood. They would check with the DON to see if she worked any of the 3 shifts in between the above-mentioned dates. They would look for a policy.</p> <p>On 9/4/25 at 12:11 PM when shown the 5/30/25 schedule that the DON worked that day with no other RN on the schedule and on 5/31/25 at 10 PM listed the next time an RN worked, Staff C replied the DON probably worked 9 AM to around 5 PM on 5/30/25. She didn't really think the DON would have worked later than that. She stated so the facility went from 5 PM on 5/30/25 to 10 PM on 5/31/25 without RN coverage. Staff C again stated the past schedules would reflect a lack of RN coverage. Staff C didn't know if the facility had a policy regarding 8-hour consecutive RN coverage in a 24-hour period.</p> <p>The investigation determined the facility didn't have a policy regarding 8 consecutive hours of RN coverage in a 24-hour period.</p>	F0727		