| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165478 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 04/22/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Arbor Court | 701 East Mapleleaf Drive , Mount Pleasant, Iowa, 52641 |

| (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 | INITIAL COMMENTS<br>✓ Correction date: 4/29/2026<br>KG The following deficiencies resulted from the facility's annual recertification survey conducted on April 19, 2026 to April 22, 2026.<br><br>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. | F0000 | | |
| F0628<br>SS = D | Discharge Process<br><br>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)<br><br>§483.15(c)(2) Documentation.<br><br>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.<br><br>(iii) Information provided to the receiving provider must include a minimum of the following:<br><br>(A) Contact information of the practitioner responsible for the care of the resident.<br><br>(B) Resident representative information including contact information<br><br>(C) Advance Directive information<br><br>(D) All special instructions or precautions for ongoing care, as appropriate.<br><br>(E) Comprehensive care plan goals;<br><br>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. | F0628 | | |

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 | (X6) DATE |
|---|---|---|
| Kristi Hanson | Administrator | 5/4/2026 |

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| F0628 SS = D | Continued from page 1<br><br>§483.15(c)(3) Notice before transfer.<br><br>Before a facility transfers or discharges a resident, the facility must-<br><br>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.<br><br>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and<br><br>(iii) Include in the notice the items described in paragraph (c)(5) of this section.<br><br>§483.15(c)(4) Timing of the notice.<br><br>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.<br><br>(ii) Notice must be made as soon as practicable before transfer or discharge when-<br><br>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;<br><br>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;<br><br>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;<br><br>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or<br><br>(E) A resident has not resided in the facility for 30 days.<br><br>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: | F0628 | | |

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| F0628 SS = D | Continued from page 2<br><br>(i) The reason for transfer or discharge;<br><br>(ii) The effective date of transfer or discharge;<br><br>(iii) The location to which the resident is transferred or discharged;<br><br>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;<br><br>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;<br><br>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and<br><br>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.<br><br>§483.15(c)(6) Changes to the notice.<br><br>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.<br><br>§483.15(c)(8) Notice in advance of facility closure<br><br>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of | F0628 | | |

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| F0628 SS = D | Continued from page 3<br>the residents, as required at § 483.70(l).<br><br>§483.15(d) Notice of bed-hold policy and return-<br><br>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-<br><br>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;<br><br>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;<br><br>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1 ) of this section, permitting a resident to return; and<br><br>(iv) The information specified in paragraph (e)(1) of this section.<br><br>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.<br><br>§483.21(c)(2) Discharge Summary<br><br>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:<br><br>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.<br><br>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.<br><br>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). | F0628 | | |

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| F0628 SS = D | Continued from page 4<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on clinical record review, review of Long Term Care Ombudsman notifications of transfers and discharges, and staff interview, the facility failed to notify the Ombudsman of a transfer to the hospital for 2 of 3 residents sampled (Residents #58 and #7). The facility reported a census of 57 residents.<br><br>Findings included:<br><br>1. Review of the Minimum Data Set (MDS) assessment for Resident #58, dated 2/27/26, revealed the resident discharged to an acute care hospital on 2/27/26 and was not expected to return to the facility.<br><br>Review of Notice of Transfer Form to the Long-Term Care (LTC) Ombudsman, dated February 2026, revealed Resident #58 not listed as a hospital transfer/discharge.<br><br>During an interview on 4/22/2026 at 8:09 AM, the Administrator reported being responsible for sending a monthly notification of resident transfers and discharges to the LTC Ombudsman. The Administrator explained that she did not send notification to the LTC Ombudsman if a resident was sent to the hospital and the resident was expected to return to the facility. For Resident #58, the Administrator reported that she had missed sending the notification to the LTC Ombudsman.<br><br>2. Review of the MDIS assessment for Resident #7, dated 3/31/26, revealed the resident admitted to the facility on 10/11/24.<br><br>Review of the electronic health record (EHR) revealed a Nurses Note dated 3/15/26 at 5:58 AM, revealed at 4:15 AM resident stated she had 10/10 pain in ruq (right upper quadrant). Denied SOB (shortness of breath), but lips looks purplish and she was pursed lip breathing…. Notified DON (Director of Nursing) and provider. Order to transfer to ED (Emergency Department) for further eval (evaluation). Notified [name redacted], per resident request.<br><br>A Nurses Note dated 3/15/26 at 6:06 AM, revealed resident left facility via ambulance at 5:05 AM. Did not take any personal belongings.<br><br>The Nurses Note dated 3/15/26 at 10:18 AM, revealed resident returned to facility via ambulance. | F0628 | | |

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| F0628 SS = D | Continued from page 5<br>Review of the Notice of Transfer Form to Long Term Care Ombudsman dated March 2026 lacked Resident #7 name for being an emergency transfer to the hospital.<br><br>During an interview on 4/22/26 at 11:04 AM, the Administrator stated she didn't know she needed to notify the Ombudsman for emergency transfers if the resident wasn't admitted to the hospital. | F0628 | | |
| F0658 SS = D | Services Provided Meet Professional Standards<br><br>CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br><br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br><br>(i) Meet professional standards of quality.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, clinical record review and staff interview, the facility failed to ensure staff administered medicated inhalers per physician order for 2 of 3 sampled residents (Residents #24 and #7). The facility reported a census of 57 residents. Findings included:<br><br>1. Review of the Minimum Data Set (MDS) Assessment for Resident #24, dated 4/15/26, revealed a Brief Interview for Mental Status (BIMS) score of 7 out of 15, which indicated a severe cognitive impairment, and a diagnosis of dementia.<br><br>Review of the Physician Order List for Resident #24 revealed an order, dated 11/5/25, for Asmanex Inhaler (an inhaled corticosteroid medication) 200 micrograms (mcg) per actuation, two puffs inhaled orally two times per day for chronic obstructive pulmonary disease (COPD) with acute exacerbation. Rinse mouth with water and spit (after use).<br><br>Review of the Medication Administration Record (MAR) for Resident #24, dated February 2026, revealed an order for Asmanex Inhaler two puffs two times per day and to rinse mouth with water and spit.<br><br>On 4/20/2026 at 4:20 PM, Staff A, Certified Medication Aide (CMA), administered the Asmanex inhaler for a total of two puffs to Resident #24. Staff A did not have the resident rinse and spit after use of the inhaler. | F0658 | | |

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| F0658 SS = D | Continued from page 6<br>In an interview during the same observation, Staff A reported the Medication Administration Record (MAR) did not include instructions to rinse and spit after use of the inhaler, so she did not have the resident rinse and spit.<br><br>On 4/22/2026 at 8:22 AM, during an interview, Staff B, Registered Nurse (RN) reported residents needed to rinse and spit after use of a corticosteroid inhaler. Staff B explained the directions for use of the inhaler should be included in the physician order and flow over to the MAR.<br><br>On 4/22/2026 at 8:23 AM, during an interview, the Director of Nursing (DON), reported residents should have been instructed to rinse and spit after the use of corticosteroids, and Resident #24's MAR did include an order for the resident to rinse and spit after use.<br><br>On 4/22/26 at 9:46 AM, during an interview, Staff A, CMA, reported residents needed to rinse and spit after the use of a corticosteroid inhaler, because if the medication sat in the resident's mouth, it could lead to thrush (a type of yeast infection). Staff A explained that she was unfamiliar with the medication, and was unaware of the need to have the resident rinse and spit after inhalation.<br><br>Review of the undated facility policy, titled Medication Administration Procedure, revealed, in part, for staff to review the resident's Medication Administration Record (MAR) prior to administration of medications.<br><br>2. The MDS assessment dated 3/31/26 revealed Resident #7 scored a 13 out of 15 on the BIMS exam, which indicated cognition intact. The MDS revealed diagnoses for pulmonary embolism, and asthma/chronic obstructive pulmonary disease/ or chronic lung disease.<br><br>Review of Physician Orders revealed an order for Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 mcg (micrograms)/act (actuation)- 1 puff inhale orally in the morning for COPD with acute exacerbation Rince Mouth After Use; Hold breath for 5-10 seconds after use<br><br>During an observation on 4/21/26 at 8:19 AM, Staff C, Certified Medication Aide (CMA), administered a Trelegy inhaler to Resident #7. Resident #7 inhaled one puff and held her breath for 10 seconds and then Resident #7 took another drink of the water mixed with Miralax. Resident #7 did not swish and | F0658 | | |

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| F0658 SS = D | Continued from page 7<br>spit after taking a puff from the Trelegy inhaler and Staff C did not prompt Resident #7 to swish and spit.<br><br>During an interview on 4/21/26 at 8:35 AM, Staff C, CMA queried if there were any special instructions with some inhalers and Staff C stated she administered a few residents that swished and spit after administering an inhaler. Staff C asked why a resident would need to swish and spit after inhalation of an inhaler and Staff C stated to get the extra particles out.<br><br>During an interview on 4/21/26 at 8:57 AM, Staff C, CMA stated residents swish and spit with steroid inhalers to get out the residual particles and prevent fungal infections.<br><br>During an interview on 4/22/26 at 8:13 AM, Staff C, CMA queried if residents needed to swish and spit after administration of the Trelegy inhaler and Staff C looked it up and stated yes, and Staff C would start doing that with all steroid inhalers. | F0658 | | |

Plan of Correction

Arbor Court

Survey Dates: April 19 – 22, 2026

Correction Date: 4-29-2026

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

1) Immediate Fix

2) Potential Residents Affected

3) System Changes

4) Monitoring/QAPI

5) Date Of Compliance

**F628 Discharge Process**

Resident #58 and #7; notified Long Term Care Ombudsman via phone of omissions on 4/20/2026.

An audit was completed by Administrator on 4/29/2026 for discharges and transfers out of facility.

Regional Nurse Consultant educated the Administrator/designee on 4/22/26 to ensure all discharges/transfers are included in the notification to the Long Term Care Ombudsman.

Administrator and/or designee as assigned will monitor for compliance. Any negative findings will be corrected immediately with education/re-education as needed. Negative findings will be reported in the Quality Assurance meeting.

Completion Date: 4/29/26

**F658 Services Provided Meet Professional Standards**

Resident #7 and #24 have had their medicated inhalers administered per physician orders by nurse/certified medication aide by 4/23/26.

All other residents who receive medicated inhalers have had their inhalers administered to physicians' orders by 4/23/26.

All nurses and certified medication aide staff were educated on 4/22/26 on administration of corticosteroid inhaler procedure.

Administrator/Director of Nursing and/or designee as assigned will monitor for compliance. Any negative findings will be corrected immediately with education/re-education as needed. Negative findings will be reported in the Quality Assurance meeting.

Completion Date: 4/23/26