

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2022
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NAME OF PROVIDER OR SUPPLIER ANAMOSA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1209 EAST THIRD STREET ANAMOSA, IA 52205
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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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F 000	INITIAL COMMENTS OK ✓ T46 Correction Date: 01/07/2022 The following deficiencies relate to the Recertification Survey and Complaint Investigation of #97922 and #101277 completed 1/3-6/2022. Both Complaints unsubstantiated. (See Code Federal Regulations (42CFR) Part 483. Subpart B-C).	F 000		
F 678 SS=E	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review the facility failed to ensure a staff member certified in Cardiopulmonary Resuscitation (CPR) present at the facility for the complete evening/overnight shift on 12/08/21. The facility reported a census of 55 residents. Findings include: The Nursing Schedule for 12/08/21 revealed Staff A, Registered Nurse (RN) worked the "P" shift on 12/08/21. Review of the CPR certification information for Staff A provided by the facility revealed Staff A certified on 10/2/19 and recommended renewal date was 10/2021. The Nursing Schedule revealed Staff B, RN worked 6:00 PM through 10:00 PM on 12/08/21.	F 678		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Katherine Bruce

ADMINISTRATOR

01/25/2022

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.

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F 678	Continued From page 1 The list of current CPR certified staff provided by the facility included Staff B. A CPR certified staff member was not observed to be present on the schedule on 12/08/21 between 10:00 PM and 6:00 AM for 12/08/21. On 1/06/21 at 11:20 AM, an interview conducted via telephone with the facility's Director of Nursing (DON). The DON explained the "P" shift was 6:00 PM to 6:00 AM, and the AM shift was 6:00 AM to 6:00 PM. The DON was queried if they had been able to identify a CPR certified staff member worked between 10:00 PM and 6:00 AM on 12/08/21, and the DON acknowledged unable to do so. The DON acknowledged all of the nurses at the facility should be CPR certified. The Facility Policy titled Cardiopulmonary Resuscitation (CPR), dated 1/2018, documented at bulletin #3: If CPR is required, it will be immediately initiated by a Licensed Nurse currently certified to perform CPR, pursuant to current American Heart Association guidelines.	F 678		
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced	F 806		

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F 806	<p>Continued From page 2</p> <p>by: Based on clinical record review, policy review, and resident representative interview, the facility failed to ensure residents did not receive foods they had allergies to for 1 of 15 residents in the sample(Resident #26). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) Assessment Tool, dated 12/23/21, listed diagnoses for Resident #26 included diabetes, cerebrovascular accident (stroke), and seizure disorder. The MDS stated the resident required supervision and setup assistance with eating, and extensive assistance of 2 staff for bed mobility, transfers, dressing, toilet use, personal hygiene, and bathing. The MDS listed the resident's Brief Interview for Mental Status (BIMS) score as 10 out of 15, indicating moderately impaired cognition.</p> <p>The Baseline Care Plan, dated 3/5/21, stated the resident had an allergy to eggs and mushrooms.</p> <p>A Care Plan entry, dated 3/10/21, stated the resident had an allergy to mushrooms and nuts.</p> <p>A 3/10/21 Nutrition/Dietary Note stated the resident had an allergy to eggs and mushrooms. The note stated the resident and her spouse stated she ate eggs but did not eat mushrooms or nuts.</p> <p>A Physician Progress Note, dated 10/5/21, stated the resident had allergies to tomatoes, egg whites, mushroom extract, and peanut-containing drugs. The note stated the resident had a</p>	F 806		

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F 806	<p>Continued From page 3</p> <p>reaction of anaphylaxis (a severe, potentially life-threatening allergic reaction) to tomatoes.</p> <p>The resident's Order Summary Report, dated 12/16/21, stated the resident had allergies to eggs and mushrooms.</p> <p>The HCI Nutritional Assessment/Reassessment v2, dated 12/22/21 did not include any allergies under the section "Food Allergies".</p> <p>The facility policy "Dietary Policies and Procedures", dated 9/21, stated a member of the Nursing Staff or the Dietician would obtain and clarify Diet Orders and stated the facility would honor special dietary needs.</p> <p>During a telephone interview on 10/4/22 at 10:43 a.m., the resident's spouse stated the resident had allergies to nuts and eggs and the facility served those to her.</p> <p>During an interview on 1/6/22 at 9:40 a.m., the Dietary Manager stated Resident #26 did not like tomatoes or chocolate, but not aware the resident had any allergies. She stated normally the nurses informed the kitchen if the resident had allergies.</p> <p>During an interview on 1/6/22 at 11:30 a.m., the Consultant Dietician stated she listed the resident's allergies on a board in the kitchen "today".</p>	F 806	

Anamosa Care Center
Survey completed 1/6/2022

Preparation and/or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.

F678

All nurses employed at the facility are CPR certified as of 1/7/22. DON will maintain a list of nurses with dates of CPR certification. CPR certification dates will be reviewed annually by the DON.

Date complete: 1/7/22

F806

Resident #26 allergies were updated in the dietary department on 1/7/22. All resident charts will be audited for food allergies and the list updated in the kitchen as needed by the dietician. Allergy list will be updated in the kitchen upon diagnosis of a new food allergy and upon admission of a resident as needed.

DON and dietitian will monitor for compliance.

Date complete: 1/7/22