

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

PRINTED: 06/02/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165569	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/29/2025
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NAME OF PROVIDER OR SUPPLIER  WEST POINT CARE CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 607 6TH STREET WEST POINT, IA 52656
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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

F 000

✓  
KG Correction date: 06/11/2025

The following deficiencies resulted from the facility's annual recertification survey and investigation of complaint #128279-C, conducted May 27, 2025 to May 29, 2025.

F 657  
SS=D Care Plan Timing and Revision  
CFR(s): 483.21(b)(2)(i)-(iii)

F 657

See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.

- §483.21(b) Comprehensive Care Plans  
§483.21(b)(2) A comprehensive care plan must be-
- (i) Developed within 7 days after completion of the comprehensive assessment.
  - (ii) Prepared by an interdisciplinary team, that includes but is not limited to--
    - (A) The attending physician.
    - (B) A registered nurse with responsibility for the resident.
    - (C) A nurse aide with responsibility for the resident.
    - (D) A member of food and nutrition services staff.
    - (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
    - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
  - (iii) Reviewed and revised by the interdisciplinary

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

*Hattar Boyer*

TITLE

*Administrator*

(X8) DATE

*06/11/2025*

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 657	<p>Continued From page 1</p> <p>team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and clinical record review, the facility failed to update the Care Plan for 2 of 12 residents for risk of elopement (Resident #18) and use of an antibiotic (Resident #26). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>1. Review of the Minimum Data Set (MDS) assessment dated 2/14/25 revealed Resident #18 scored 7 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. Per this assessment, the resident did not exhibit wandering.</p> <p>Review of Resident #18's Care Plan did not address wandering/elopement risk.</p> <p>Review of Resident #18's Elopement Evaluation dated 5/21/25 revealed the resident scored 0.0 on the assessment, indicated a score of 1 or higher indicated risk for elopement. The assessment revealed, in part, the following questions had been answered with response of no: Has the Resident verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door? Does the resident wander?</p> <p>Review of Resident #18's Progress Notes revealed the following:</p> <p>a. 1/5/25 at 9:25 PM: Resident has been refusing cares. Continues to say he is leaving and going</p>	F 657		

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F 657	<p>Continued From page 2</p> <p>home. Staff ensure him he is not leaving tonight as he doesn't have anyone here to pick him up.</p> <p>b. 2/15/2025 at 7:31 AM: Resident was confused at 1130pm. He was watching movies in the dining area. He got turned around looking for room and stated he didn't have a room here. He needed to lock up and go home. Wanted to give this nurse and aide a ride home so he could lock up and leave. Explained we were here all night to help and attempted to get resident into bathroom. He went into bathroom but would not stand to go to toilet. Stated he wasn't doing that, he just needed to go home. Told aide we would wait a little bit, answer the lights and then try again. When this writer came back a couple minutes later from another room resident was no longer in dining room. Went down hallway to find him. He was in whirlpool room attempting to stand at whirlpool with hand in back of his pants digging at soiled pants. Assisted resident back into chair and with cleaning his hands. Then brought him down to his room where aide met us to assist with getting him into bed and changed. Resident allowed us to change him and laid down in bed. He was awake the rest of night laying in bed watching tv.</p> <p>c. 2/19/2025 at 3:54 AM: Resident not allowing staff to get him up and changed at first rounds. Was given some time and went back and resident was swinging at staff, stating we weren't going to help him, he didn't need it and he was going home. Would not stand for staff but did allow up to put on sling for standing lift. We were able to get him changed and cleaned before laying down in bed.</p> <p>d. 4/1/25 at 9:37 PM: When staff was assisting resident into bed, resident kept stating that he</p>	F 657		
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F 657	<p>Continued From page 3</p> <p>wanted to go home. Swapped out staff members and was able to redirect resident easily. Resident does not want to go to sleep though at this time and is laying in bed watching TV.</p> <p>e. 4/25/25 at 11:58 PM: Pleasantly confused, states he was going to get his car and go home before supper, able to redirect to dining table and a tv show and no further asking to go home. Did refuse to go to bed but states he is comfortable in his recliner.</p> <p>f. 5/2/25 at 8:53 PM: States he wants to go home, that he hasn't seen his mom in 3 weeks. Redirection and reassurance given and effective.</p> <p>g. 5/22/25 at 10:07 PM: After resident finished his supper, attempted to open door in dining room. Stated that he was going home. Attempts to reorientate resident were not effective. Resident would continue to say that he was going home. After resident was assisted into bed, he would pull curtain to talk to staff, ask for help getting his socks and shoes on to go home, and would turn sideways in bed so his legs were hanging outside of the bed. Turned movie on TV for resident to watch but this was not effective to redirect and preoccupy. Resident fell asleep after about an hour.</p> <p>h. 5/24/25 at 7:43 PM: After supper, attempted to exit through front door once. Resident stated that he was going to get in his car and leave. Attempts to orientate resident not effective. Attempted to redirect by turning movie on in dining room. Resident stated that he did not want to watch a movie and wanted to go home. He is currently sitting in the dining room in wheelchair watching movie. When 3 separate staff members</p>	F 657		
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F 657	<p>Continued From page 4</p> <p>attempted to toilet resident, he was resistive, not standing, repeatedly saying, "no, I'm not going to," and that he was going home. Resident refused snack when offered.</p> <p>i. 5/25/25 at 10:04 AM: Resident pleasantly confused this shift. Sitting in dining room in wheelchair. Staff asked resident to return to room so they can provide cares. Resident refused to go to room, stating "I'm getting ready to go home. I have to wait here." Able to redirect resident.</p> <p>j. 5/25/25 at 8:15 PM: Resident pleasantly confused this shift. States several times that he is going home. Has not attempted to exit building. Currently refusing cares and is in dining room watching TV.</p> <p>On 5/28/25 at 11:37 AM, Staff C, Certified Nursing Assistant (CNA) queried if Resident #18 every tried to leave, responded sometimes the resident got confused, wandered, would go down other halls, and never tried to leave the facility. When queried if the resident went to the doors, Staff C responded she had never seen [Resident #18] try to open the door and leave, anything like that. When queried if the resident ever discussed anything like that, Staff C responded, Not to me, no.</p> <p>On 5/28/25 at 2:33 PM, Staff E, CNA queried if Resident #18 wandered, and responded sometimes in wheelchair, and further explained sometimes the resident would get confused and he would forget what hall supposed to be in.</p> <p>On 5/29/25 at 12:30 PM, the Assistant Director of Nursing (ADON) explained Resident #18 was getting more confused in the evenings, and</p>	F 657		

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F 657	<p>Continued From page 5</p> <p>acknowledged she had heard the resident say he had to go home, then he didn't want to go home. The ADON explained she hadn't heard that the resident tried to get out the doors. Per the ADON, that would be a trigger, and resident needed a [wandering alert device] on. When queried if wandering/elopement should be part of the resident's Care Plan, the ADON responded if resident was to successfully get out, yes. The ADON acknowledged if a [wandering alert device] in place, that would be care planned.</p> <p>2. Review of the MDS assessment dated 4/18/25 revealed Resident #26 scored 15 out of 15 on a BIMS exam, which indicated intact cognition. Per this assessment, Resident #26 took an antibiotic.</p> <p>Review of Resident #26's Care Plan did not address antibiotic use.</p> <p>The Nurses note dated 3/18/25 at 1:57 PM revealed, in part, New orders received from provider. Start azithromycin 500 mg (milligram) x 3 days, then maintenance dose of 250 mg on MWF (Monday, Wednesday, Friday) every week.</p> <p>Review of the Physician Order dated 3/24/25 revealed, Azithromycin Oral Tablet 250 MG (Azithromycin) Give 1 tablet by mouth one time a day every Mon, Wed, Fri related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED.</p> <p>On 5/29/25 at 12:39 PM, the facility's Assistant Director of Nursing (ADON) queried if prophylactic antibiotics should be included on the Care Plan, and was unaware.</p> <p>Review of the Facility Policy titled Care</p>	F 657		

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F 657	Continued From page 6 Planning-Interdisciplinary Team, last revised 7/2018, revealed the following: Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident.	F 657		
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, and staff interview, the facility failed to instruct a resident to swish and spit after receiving a puff of a steroid inhaler for 1 of 1 residents observed for inhalation medication administration (Resident #16). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) assessment dated 4/25/25, revealed Resident #16 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS revealed diagnosis for asthma, chronic obstructive pulmonary disease (COPD), or chronic lung disease.</p> <p>Review of the clinical record revealed an Physician Orders for Advair Diskus Inhalation Aerosol Powder Breath Activated 250-50 mcg/act (micrograms per actuation) (fluticasone-salmeterol)- 1 puff inhale orally two</p>	F 658		

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F 658	<p>Continued From page 7</p> <p>times a day related to emphysema, unspecified</p> <p>During an observation on 5/29/25 at 7:33 AM, Staff D, Certified Medication Aide (CMA) took Resident #16 Advair Diskus 250 mcg/50 mcg inhaler to the dining room table and Resident #16 inhaled one puff and did not swish or spit after inhalation. Staff D did not bring another cup over for Resident #16 to spit in or cue Resident #16 to swish and spit. Resident #16 then proceeded to take her oral medications.</p> <p>During an interview on 5/29/25 at 9:16 AM, Staff D queried if she had special instructions with any inhalers and she stated no, she didn't think so. Staff D stated Resident #16 was the only resident Staff D gave an inhaler and Resident #16 did it herself. Staff D asked if residents needed to swish and spit after inhaler use and Staff D stated she didn't know.</p> <p>During an interview on 5/29/25 at 12:48 PM, the Assistant Director of Nursing (ADON), confirmed residents needed to swish and spit after administration of the Advair inhaler.</p> <p>The facility policy, titled Administering Medication Policy revised December 2012 did not address use of inhaled medications.</p> <p>Review of a undated document titled Instructions for using Fluticasone Propionate and Salmeterol Inhaler, provided by the revealed instructions, which included rinse your mouth with water after breathing in the medicine. Spit out the water. Do not swallow it.</p>	F 658		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		

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F 689	<p>Continued From page 8</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility failed to ensure fall interventions were consistently implemented for 1 of 3 residents reviewed for accidents (Resident #18). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) assessment dated 2/14/25 revealed the resident scored 7 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. Further review of the assessment revealed the resident had fallen since admit, entry, reentry, or prior assessment, and had one fall with no injury.</p> <p>Review of the Care Plan dated 12/17/24 revealed, I need assist with ADL's (activities of daily living) R/T (related to) history of rhabdomyolysis, requiring significant cues to stay on task and use proper form, and poor attention which places me at risk for falls/injury. The Intervention dated 5/26/25 revealed, Fall intervention 5/26/25: alarm at all times.</p> <p>The Physician Order dated 5/26/25 at 10:00 PM</p>	F 689		
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F 689	<p>Continued From page 9 revealed, Alarm at all times every shift.</p> <p>On 5/28/25 at 8:01 AM, 8:10 AM, and 8:18 AM, Resident #18 observed in their wheelchair in the dining room, and an alarm box not observed to the back of the resident's wheelchair.</p> <p>On 5/28/25 at 8:20 AM, Staff A, Licensed Practical Nurse (LPN) queried if Resident #18 had any alarms, and responded yes, they were a recent addition. When queried when the resident was to have it on, Staff A responded at all times. Staff A queried if able to check about resident's alarm, and Staff A observed to alert Staff B, Certified Nursing Assistant (CNA). Staff B observed to go to Resident #18's room, and alarm observed present in the resident's room on the resident's bed. Staff B queried about alarm for the resident while Staff B present in Resident #18's room. Staff B explained the resident just got it a few days ago from slipping out of bed. Staff B acknowledged the resident was to have it in the wheelchair, chair, and bed. When queried Staff B got the resident ready today, Staff B acknowledged she did, and acknowledged she forgot the alarm. Staff B brought the alarm out of the resident's room. On 5/28/25 at 8:23 AM, Staff B went over to Resident #18 while Staff B held the alarm, carried the alarm back down to the resident's room, then returned with the alarm and a walker.</p> <p>On 5/28/25 at 9:32 AM, Staff A queried about the alarms for resident, explained the resident had one on the bed, confirmed the resident did not have the alarm in the dining room and should have. Staff A further explained it was new, and explained resident had a recent fall.</p>	F 689		
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F 689	<p>Continued From page 10</p> <p>On 5/29/25 at 12:29 PM, the facility's Assistant Director of Nursing (ADON) explained, in part, the alarm was on the Care Plan and was not on the ADL sheet. Per the ADON, it was on the resident's sheet now, and the ADON had talked to the CNA and let her know if had been a very recent change. When queried if the alarm should have been on the wheelchair when the resident was in the dining room, the ADON responded yes.</p> <p>Review of the Facility Policy titled Falls-Clinical Protocol, last revised 3/13/23, revealed the following: The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling.</p>	F 689		
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West Point Care Center Provider # 165569

Survey Dates: 5/27/2025 through 5/29/2025

F000 Preparation and/or execution of the plan of correction does not constitute admission or agreement by the provider or the truth of the fact alleged or conclusion set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provision of federal and/or state law.

F657

Care Plan Timing and Revision

**Elements detailing how we corrected the deficiency as it relates to the individual**

1. Code Alert alarm was placed on Resident #18 wheelchair on May 29, 2025.
2. Care plan was updated on May 30, 2025 to include Code Alert alarm and exit seeking behavior.
3. On June 5, 2025 Code Alert was added to the Medication Administration Record (MAR) for nurses and certified medication aides (CMA) to check and ensure that the alarm is in place.
4. Resident #26 care plan was updated to show the use of prophylactic Azithromycin on May 29, 2025.

**Measure taken to protect all residents in a similar situation**

1. Assistant Administrator or designee will audit all new orders daily x 4 weeks and then monthly x 12 months to ensure compliance.
2. By June 10, 2025 the care plan team and nurses were educated regarding the need to include all prophylactic antibiotics and high-risk medications on the care plans.
3. The Assistant Administrator completed a risk elopement assessment audit on all residents by June 9, 2025 to ensure assessment accuracy. A Code Alert alarm was placed on residents found at risk for elopement at that time. Care plans were updated at that time.

**Measures being taken to ensure that the problem does not recur include**

1. Results of all audits will be reviewed with the QAPI Committee weekly x 4 weeks and monthly x 12 months for any recommendations for further education.
2. By June 10, 2025 all nurses were educated regarding the need to include all prophylactic antibiotics and high-risk medications on care plans.
3. This education will be provided to onboarding new hires.

**Plan to monitor performance to assure solutions are permanent**

1. The QAPI committee will meet weekly x 4 weeks and monthly x 12 months to assure compliance.

F658

Services Provided Meet Professional Standards

**Elements detailing how we corrected the deficiency as it relates to the individual**

1. On June 4, 2025 Resident #16 MAR and care plan was updated to include, “provide resident with a cup of water and instruct him/her to rinse mouth and spit water back into cup” per Right Dose Pharmacy Inhaler Administration Procedures as well as manufacturers’ instructions.
2. Staff D, CMA, was educated on May 29, 2025 of how to properly administer Advair Diskus Inhaler per Right Dose Pharmacy Inhaler Administration Procedures as well as manufacturers’ instructions.
3. Administration instructions of Advair Diskus Inhaler per manufacturer’s instructions were added to MAR on June 4, 2025.

**Measure taken to protect all residents in a similar situation**

1. By June 10, 2025 all nurses and CMAs were educated on Right Dose Pharmacy Inhaled Medication Administration Procedures and manufacturer’s instruction of administration for Advair Diskus.
2. Instructions for all Inhaled Medications will be added to the MAR per policy for accuracy in proper administration.
3. Random weekly audits of inhaler procedures will be completed x 4 weeks and then monthly x 12 months to ensure compliance.

**Measures we will take to ensure that the problem does not recur include**

1. All audits and results of education will be reviewed for trends for compliance by the QAPI committee for further recommendations of educational needs.
2. This education will be provided to onboarding new hires.
3. By June 10, 2025 all nurses and CMAs were educated on Right Dose Pharmacy Inhaled Medication Administration Procedures.

**Plan to monitor performance to make sure that solutions are permanent**

1. The QAPI committee will meet weekly x 4 weeks and monthly x 12 months to assure compliance.

F689

Free of Accident Hazards/Supervision/Devices

**Elements detailing how we corrected the deficiency as it relates to the individual**

1. The pressure alarm was added to the MAR on May 26, 2025 for Resident #18. On June 5, 2025 the pressure alarm was added to the MAR to ensure alarm placement is being checked during mealtimes.
2. The certified nursing assistant (CNA) have been made aware of all pressure alarms via the Point of Care (POC) custom task section of the care plan.

**Measure taken to protect all residents in a similar situation**

1. All residents with pressure alarms MAR have been updated to ensure that alarm placement is checked during mealtimes.
2. The CNAs have been made aware of all pressure alarms via the Point of Care (POC) custom task section of the care plan.
3. A list detailing all residents with pressure alarms will be kept in the schedule book at the nurses' station to ensure staff knowledge of needed alarms.
4. Alarms will no longer be shared between bed, wheelchair, and chair. Each bed, wheelchair, and chair will have their own pressure alarm.
5. Random audits for pressure alarm placement will be completed weekly x 4 weeks and then monthly x 12 months to ensure compliance.

**Measures we will take to ensure that the problem does not recur include**

1. Education of residents with pressure alarms will be provided to onboarding new hires.
2. Education has been provided to all nursing staff to ensure pressure alarms are in place at all times and working. This was completed by June 10, 2025.
3. Results of all audits will be reviewed with the QAPI Committee weekly x 4 weeks and monthly x 12 months for any recommendations for further education.

**Plan to monitor performance to make sure that solutions are permanent**

1. All audits and results of education will be reviewed for trends for compliance by the QAPI committee for further recommendations.