

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

PRINTED: 08/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2021
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NAME OF PROVIDER OR SUPPLIER OSKALOOSA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 605 HIGHWAY 432 OSKALOOSA, IA 52577
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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	<p>INITIAL COMMENTS</p> <p>Correction date: <u>6/30/2021</u></p> <p>The following deficiencies relate to investigation of Complaints #84865, #84872, #92916, #92956, #93729, #94005, #96123, and #98124, and Facility Reported Incidents #97613 and #97614 conducted May 10, 2021 to June 1, 2021.</p> <p>Complaints #84865, #84872, #93729, #94005, #96123, and #98124 were not substantiated.</p> <p>Complaints #92916 and #92956 were substantiated.</p> <p>Facility Reported Incidents #97613 and 397614 were not substantiated.</p> <p>The following deficiencies relate to the Federal Code of Regulations (42-CFR) Part 483, Subpart B-C.</p>	F 000	See Attached Plan of Correction	
F 677 SS-E	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to provide bathing and oral hygiene services in accordance with professional standards to maintain good personal hygiene for 4 of 4 sampled residents who are unable to carry out the activity independently (Residents #2, #3, #4, #7). The facility reported a census of 48.</p>	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lina Attene adm</i>	TITLE	(X6) DATE 6/18/2021
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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 677	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment dated 4/21/21, Resident #2 had a Brief Interview for Mental Status (BIMS) score of "4" indicating a severely impaired cognitive status. Resident #2 required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #2 had diagnoses of dementia, arthritis, and depression.</p> <p>Resident #2's Care Plan directed staff to provide assistance of one staff with bathing/showering twice a week and as necessary.</p> <p>According to bathing records for September 2020, April 2021 and May 2021 Resident #2 the facility failed to provide scheduled bathing opportunities to Resident #2 on 9/17 and 4/22.</p> <p>2. According to the MDS assessment dated 4/31/21, Resident #3 had a BIMS score of "15", indicating no cognitive impairments. Resident #3 required limited assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #3 had diagnoses of Parkinson's disease, hypertension, anxiety and depression.</p> <p>Resident #3's Care Plan directed staff to provide assistance of one staff for bathing/shower twice a week and as necessary.</p> <p>According to bathing records for September 2020, April 2021 and May 2021, the facility failed to provide scheduled bathing opportunities to Resident #3 on 9/17 and 4/22.</p>	F 677			

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F 677	<p>Continued From page 2</p> <p>3. According to the Minimum Data Set (MDS) assessment dated of 4/21/21, Resident #4 had BIMS score of "0", indicating severe cognitive impairments. Resident #4 required extensive assistance with transfers, dressing, toilet use and personal hygiene needs and limited assistance with mobility. Resident #4 had diagnoses of dementia, congestive heart failure, anxiety and psychotic disorder.</p> <p>Resident #4's Care Plan directed staff staff to provide assistance of 2 staff with bathing/showering twice a week as resident allows and as necessary. Resident #4 had behaviors related to his dementia which include yelling, crying and cussing towards staff. Resident #4 may refuse shower and if so, staff to reattempt later or with a different staff member.</p> <p>According to bathing records for September 2020, April 2021 and May 2021, the facility failed to provide scheduled bathing opportunities to Resident #4 on 9/1, 9/15, 9/18, 4/9, 4/23, 5/7 and 5/14.</p> <p>In an interview on 5/17/21 at 2:10 p.m. Staff B (Certified Nurse Aide) stated provides showers and documents then in them in Point, Click, Care (PCC) system. When residents are showered she records a note in PCC regarding level of assistance needed during the task. If "not applicable" is written, it would mean the resident did not get a shower for some reason that day. Staff B states Resident #4 is very difficult to get to shower and his care plan states he is to get one shower per week.</p> <p>4. According to the MDS assessment dated of</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>3/10/21, Resident #7 had a BIMS score of "10", indicating a moderately impaired cognitive status. Resident #7 required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #7's diagnosis includes cerebrovascular accident with hemiplegia, bilateral below the knee amputations, diabetes mellitus, congestive heart failure and peripheral vascular disease.</p> <p>During observations on 5/24/21 at 7:00 a.m., Staff C and Staff D transferred Resident #7 from his bed to his wheelchair using a hooyer lift. Resident #7 propelled to the dining room for breakfast. The staff failed to provide/offer oral cares.</p> <p>Resident #7's Care Plan directed staff Resident #7 had no upper teeth and his own bottom teeth and directed staff to provide oral.</p> <p>In an interview on 5/24/21 at 11:40 a.m. Staff C (Certified Nurse Aide) stated she and Staff D assisted Resident #7 and Resident #8 with morning cares. Cares included perineal care, change of brief, dressing, shaving, washing his face and chest, applying lotion, cologne and deodorant. Staff C states she did not provide oral care for Resident #7.</p> <p>In an interview on 5/24/21 at 11:30 a.m. Staff D (Certified Nurse Aide) stated she and Staff C assisted Resident #7 and Resident #8 with morning cares, which included perineal care, dressing, washing resident's face and chest, shaving, applying cologne and deodorant. Staff D states neither resident received oral care, but sometimes they wait until after breakfast. Staff D states Resident #8 received oral care after breakfast. Staff D states Resident #7 has very</p>	F 677			

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F 677	Continued From page 4	F 677			
F 688 SS=D	<p>few teeth and did not get oral cares this morning.</p> <p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure residents receive restorative therapies to increase range of motion and mobility and to prevent further decline in mobility for 3 of 3 residents sampled (Residents #2, #3, #4) for restorative care. The facility reported census was 48.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment dated 4/21/21, Resident #2 had a Brief Interview for Mental Status (BIMS) score of "4", indicating severe cognitive impairments.</p>	F 688			

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F 688	<p>Continued From page 5</p> <p>Resident #2 required extensive assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #2 had diagnoses of dementia, arthritis and depression.</p> <p>According to Resident #2's Restorative Exercise Program updated 11/25/20, Resident #2 had restorative exercises which include upper extremity exercises, including yellow theraband 10 reps, active range of motion 10 reps, arm bike 2-5 minutes, hand gripper 60 pounds 15-20 reps, sit to stand 2-3 reps, stand pivot transfers 1-3 reps, trunk exercises edge of bed balance, reaching, neck exercises and lower extremity exercises, including sitting exercises, active range of motion long sitting, stretching 3 reps for 30 seconds, standing/balance stepper 1 level, 7-10 minutes, walking assist of 1 or 2 up to 50 feet. Restorative program to be completed 3-5 times weekly.</p> <p>Resident #2's Care Plan directed staff to provide assistance with exercise for regaining and maintaining strength and maximizing independence with activities of daily living. Interventions include resident will have assistance with practice of performing activities to improve balance and coordination; resident will participate in exercise group; resident will have assistance with gait training and ambulation; resident will participate in active range of motion for upper and lower extremities and resident will ride the Nu-Step exercise machine. Care plan also indicates Resident #2 requires skilled practice and training in bed mobility, transfers, ambulation, eating and dressing with interventions including assist/supervise ambulation at least 15 minutes daily, assist with repositioning at least 15 minutes daily, assist with dressing/undressing at least 15</p>	F 688			

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F 688	<p>Continued From page 6</p> <p>minutes daily, assist/cue with meals at least 15 minutes daily and assist/supervise with transfers and bearing weight at least 15 minutes daily.</p> <p>Review of Restorative tracking document from 4/1/21 thru 5/19/21 revealed active range of motion completed on 4/24, 4/25, 5/12, 5/14 and 5/18. Transfer mobility on 4/25 and 5/3. Exercise group 4/2, 4/9, 4/13, 4/20, 4/21, 5/6 and 5/14. Restorative exercises completed far less than 3 to 5 times per week as prescribed and is not including several exercises suggested.</p> <p>2. According to the Minimum Data Set (MDS) assessment dated of 4/31/21, Resident #3 had a BIMS score of "15", indicating no cognitive impairments. Resident #3 required limited assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Resident #3's had diagnoses of Parkinson's disease, hypertension, anxiety and depression.</p> <p>According to Resident #3's Restorative Exercise Program updated 5/8/20, Resident #2 had restorative exercises which include upper extremity exercises, including red theraband 10 reps involving shoulder, elbow, wrist and scapular areas, magnecliser, hand gripper 60 pounds 30 reps, trunk exercises edge of bed balance, reaching and lower extremity exercises, including sitting, seated theraband and standing exercises. Stretching lower extremities 3 reps, 30 second hold, standing balance activities and stepper 1-3 level 10 minutes. Restorative program to be completed 3-5 times weekly.</p> <p>Resident #3's Care Plan directed staff to provide assistance with exercise for regaining and maintaining strength and maximizing</p>	F 688			

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F 688	<p>Continued From page 7</p> <p>independence with activities of daily living. Interventions include resident will have assistance with practice of performing activities to improve balance and coordination; resident will participate in exercise group; resident will participate in active range of motion for upper and lower extremities and resident will ride the Nu-Step exercise machine. The Care Plan indicated Resident #3 required skilled practice and training in bed mobility, transfers, ambulation and dressing with interventions including assist/supervise ambulation at least 15 minutes daily, assist with repositioning at least 15 minutes daily, assist with dressing/undressing at least 15 minutes daily and assist/supervise with transfers and bearing weight at least 15 minutes daily.</p> <p>Review of Restorative tracking document from 4/1/21 thru 5/19/21 found exercise group completed 4/2, 4/6, 4/9, 4/16, 4/21, 4/27, 4/30, 5/5, 5/6 and 5/12. Nu-step completed 4/13 and active range of motion completed on 4/30. Restorative exercises completed far less than 3 to 5 times per week as prescribed and is not including several exercises suggested.</p> <p>3. According to the MDS assessment dated 4/21/21, Resident #4 has a BIMS score of "0", indicating severe cognitive impairments. Resident #4 required extensive assistance with transfers, dressing, toilet use and personal hygiene needs and limited assistance with mobility. Resident #4 had diagnoses of dementia, congestive heart failure, anxiety, and psychotic disorder.</p> <p>According to Resident #4's Restorative Exercise Program last updated 12/28/20, Resident #4 had restorative exercises which include upper extremity passive range of motion, lower</p>	F 688			

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F 688	<p>Continued From page 8</p> <p>extremity sitting, theraband and standing exercises, stretching lower extremities, heel cords and hamstrings 3 reps at 30 seconds, catch and toss a ball and walking around obstacles. The program is to be worked on 2 to 3 times per week.</p> <p>Resident #4's Care Plan directed staff to provide assistance with exercise for regaining and maintaining strength and maximizing independence with activities of daily living. Interventions include resident will have assistance with practice of performing activities to improve balance and coordination and resident will participate in active range of motion for upper and lower extremities. Care plan also indicates Resident #4 requires skilled practice and training in bed mobility, transfers, ambulation and dressing with interventions including assist/supervise ambulation at least 15 minutes daily, assist with repositioning at least 15 minutes daily, assist with dressing/undressing at least 15 minutes daily, assist/cue with meals at least 15 minutes daily and assist/supervise with transfers and bearing weight at least 15 minutes daily.</p> <p>Review of Restorative tracking document from 4/1/21 thru 5/19/21 found active range of motion completed on 4/5, 4/16, 4/25, 4/26, 4/27, 4/30, 5/6 and 5/17. Restorative exercises completed far less than 2 to 3 times per week as prescribed and not including several exercises suggested.</p> <p>In an Interview on 5/19/21 at 8:55 a.m. Staff A (Restorative Nurse) stated she became the Restorative Nurse in October 2020, but due to the COVID outbreak within the facility, she never got focused on the restorative programs until November 2020. Staff A states there was no one</p>	F 688			

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F 688	Continued From page 9 doing restorative programs for a while prior to her and does not recall who was the restorative nurse before her. Staff A states there is a restorative program for all residents. Staff A states she tries to get residents to participate in group activities and complete some restorative tasks, but admits it is inconsistent and residents are not provided direct interventions 3-5 times per week as desired.	F 688			

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

F677

It is the facility practice to provide bathing and oral hygiene services to maintain good personal professional standards

- 1. Residents #2, #3, #4, #7 and #8 are receiving scheduled bathing and oral hygiene services**
- 2. Audits of the bathing and oral care will be completed by June 30, 2021 by the Director of Nursing and/or Designee.**
- 3. In-Service education will be provided to nursing facility staff on 06/24/2021 by the speech therapist from Millennium Rehab Consulting and the Director of Nursing for the importance of Oral hygiene Services and bathing services.**
- 4. The Director of Nursing and/or designee will complete audits to ensure bathing and oral hygiene services for all residents are completed along with documentation completed in Point Click Care (PCC). Immediate staff education will be provided if non-compliance is noted. The Director of Nursing and/or designee will report findings of audits to QAPI committee. CORRECTION DATE: JUNE 30, 2021**

F688

It is the facility practice to ensure residents receive restorative therapies to increase range of motion and mobility and to prevent further decline.

- 1. Residents #2, #3 and #4 restorative programs have been reviewed and updated by the restorative nurse and the proper documentation has been completed.**
- 2. An audit of all restorative programs for residents has been completed by Millennium Rehab and restorative Nurse to ensure residents receive therapies and proper documentation is completed.**
- 3. In-service education will be provided to restorative and facility staff on 06/24/2021 by the Director of Nursing.**
- 4. The Director of Nursing and/or designee will complete audits to ensure restorative programs are completed and documented for residents. Immediate staff education will be provided if non-compliance is noted. Director of Nursing will report findings of audits to QAPI committee until compliance is achieved. CORRECTION DATE: JUNE 30, 2021**