

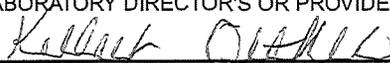
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
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NAME OF PROVIDER OR SUPPLIER Iowa Veterans Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Summit , Marshalltown, Iowa, 50158
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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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<p>F0000</p> <p>✓ </p> <p>F0689</p> <p>SS = D</p>	<p>INITIAL COMMENTS</p> <p>Correction date. <u>12/5/25</u></p> <p>The following deficiencies resulted from investigation of complaint #129295-C, conducted September 8, 2025 - November 17, 2025</p> <p>Complaint #129295-C resulted in a deficiency.</p> <p>See code of Federal Regulations (42 CFR), Part 483, Subpart B-C</p> <p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s) 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§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.</p> <p>This REQUIREMENT is NOT MET as evidenced by</p> <p>Based on observation, interview, clinical record review, and facility policy review, the facility failed to ensure safe wheelchair transportation for 2 of 3 residents reviewed (Resident #12 and Resident #13) The facility staff failed to put on foot pedals when pushing residents in their wheelchair. The facility reported a census of 353 residents.</p> <p>Findings include</p> <p>1 Review of the Minimum Data Set (MDS) assessment, dated 6/24/25, identified Resident #12 had a Brief Interview for Mental Status (BIMS) score of 7 out of 15, which indicated severe cognitive impairment The</p>	<p>F0000</p> <p>F0689</p>	<p>Iowa Veterans Home - Plan of Correction Tag 689</p> <p>Action: Staff A & B were educated on proper wheelchair pedal use. Education included a quiz to ensure competency</p> <p>Responsible Party Nursing Services Director</p> <p>Action:</p> <p>10/15/25: 9/8/25 DIAL visit, potential deficiency and plan of correction was discussed at facility QAPI meeting.</p> <p>10/20/25: Wheelchair pedal safety teaching sheet and quiz to ensure competency was sent to the nursing leaders in the Ulery building to roll out to their teams with a completion date of 10/31/25. Upon review of the teaching sheet, staff sign the green sheet and complete the quiz</p> <p>11/19/25. 11/17/25 2567 from the 9/8/25 DIAL visit and accompanying deficiency reviewed at the facility QAPI meeting. Discussed facility wide plan of correction as well as plan for ongoing education to all staff</p> <p>11/21/25. Wheelchair pedal safety video assigned to all staff (except food service who will be trained in person) Video includes a quiz to ensure competency. Wheelchair pedal education was also added to the annual all staff education and new employee orientation. Additionally, beginning 12/8/25, all IVH supervisors will complete 4 observations per month of IVH employees pushing residents in wheelchairs. This data will be submitted to Quality and reviewed at QAPI</p> <p>Education will be completed by 12/5/25</p> <p>Monitoring/Quality Improvement Facility will implement weekly random audits -</p> <p>Once compliance is consistently maintained at 100% for two weeks - the frequency of audits will be reduced to a quarterly basis until deemed at QAPI no longer necessary Audit results will be reported at QAPI on a monthly basis</p> <p>Responsible party: Administrator of Nursing and Licensed Nursing Home Administrator</p>	
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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 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 LNHA	(X6) DATE 12/16/25
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F0689 SS = D	<p>Continued from page 1</p> <p>list of diagnoses included non-Alzheimer's dementia, cancer, and diabetes mellitus. The MDS indicated Resident #12 depended on staff for all transfers, they couldn't walk and used a wheelchair for mobility</p> <p>The Care Plan Focus initiated 9/10/24, reflected Resident #12 needed help with their day-to-day tasks, as he could fall, he needed assistance with maintaining his strength and ambulation. He required a secured environment for his safety The Interventions included:</p> <p>a. Locomotion off the unit one staff assist with a manual wheelchair</p> <p>b. Locomotion on the unit: Resident #12 could propel himself at times, otherwise staff to assist</p> <p>c. Wheelchair used for mobility.</p> <p>During an observation on 9/8/25 at 11 31 AM, Resident #12 sat at a dining room table in a high back, tilting wheelchair, positioned upright/sitting. A staff member approached him, backed him away from the table, turned the wheelchair around, and began to transport him out of the dining room without foot pedals attached to the wheelchair. Approximately 2 feet from the table, staff pushed Resident #12 in wheelchair over a threshold that transitioned from vinyl flooring to carpeted flooring, Resident #12 abruptly put both feet down on the floor which stopped forward motion of the wheelchair. Following this, the staff member left to retrieve foot pedals, applied them to the wheelchair, and continued transporting Resident #12.</p> <p>2. Review of the MDS assessment, dated 8/12/25, revealed Resident #13 had a BIMS score of 7 out of 15, which indicated severe cognitive impairment. The list of diagnoses included non-Alzheimer's dementia, hemiparesis/hemiplegia (one-sided weakness or loss of sensation), and traumatic brain injury. The MDS indicated Resident #13 required partial to moderate staff assistance for all transfers, they couldn't walk and used a wheelchair for mobility.</p> <p>The Care Plan Focus, initiated 10/16/23, indicated Resident #13 needed assistance with their daily routine. The Interventions included:</p> <p>a. Locomotion off the unit one staff assist with a manual wheelchair</p> <p>b. Locomotion on the unit. independent mobility with a manual wheelchair.</p>	F0689		

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F0689 SS = D	<p>Continued from page 2</p> <p>During an observation on 9/9/25 at 11 22 AM, Resident #13 sat in a wheelchair at the long edge of the dining room table, with foot pedals attached to the wheelchair, but not in use, folded away on the sides of the wheelchair. Resident #13 attempted to self-propel their wheelchair towards the head of table. Staff B, Registered Nurse (RN), approached and pushed Resident #13's wheelchair from the long side of table around to the short side of table without placing feet on the foot pedals. Resident #13's feet skimmed over the top of the floor during transport</p> <p>During an interview on 9/9/25 at 3.00 PM, Staff B, Registered Nurse (RN), stated staff must put foot pedals on a wheelchair before they transport a resident for safety and to prevent injury</p> <p>During an interview on 9/9/25 at 3 45 PM, the Nursing Services Director revealed they expected the staff to apply foot pedals to wheelchairs prior to transporting residents, to keep their feet off the floor.</p> <p>The facility provided an undated document titled, Standards of Care instructed under the section Safety Strategies for the facility to have wheelchair pedals used with all transport.</p>	F0689		