

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

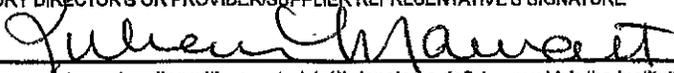
PRINTED: 08/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165530	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2021
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NAME OF PROVIDER OR SUPPLIER GLEN HAVEN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 252 INDIAN HILLS DRIVE GLENWOOD, IA 51534
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F 000	<p>INITIAL COMMENTS</p> <p>Correction Date <u>7-16-21</u></p> <p>The Iowa Department of Inspections and Appeals (DIA) in accordance with the Medicare Conditions of Participation and Requirements set forth in 42 CFR 483, Subpart B-C conducted this investigation. The facility was found to be NOT IN COMPLIANCE.</p> <p>Total residents: 63</p> <p>Onsite dates: 6/24/21 - 7/15/21</p> <p>Facility Reported Incidents and Complaint #'s Reviewed</p> <p># 94334-I not substantiated. #95385-I not substantiated. #96608-I not substantiated. #97870-I not substantiated. #98445-I not substantiated. #98453-C substantiated</p>	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial</p>	F 580	<u>7-16-21</u>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <u>Administrator</u>	(X8) DATE 07/28/2021
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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 580	<p>Continued From page 1</p> <p>status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: -</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>Based on clinical record review, staff interviews and family interviews the facility failed to notify the family of an incident causing a significant bruise that required physician intervention for 1 of 4 residents(R) reviewed (R#10). The facility reported a census of 63.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment tool dated 2/2/21 documented Resident #10 had diagnoses that included dementia with behavioral disturbance, hypertension, anxiety disorder, persistent migraine and chronic pain. The MDS revealed the resident scored 99 on her Brief Interview of Mental Status, has severe cognitive impairment, and has physical and verbal behaviors. The MDS documented she required extensive assist of 2 staff for bed mobility, transfers, dressing and was non-ambulatory.</p> <p>The Care Plan dated 4/15/20 identified R10 at risk for skin breakdown related to impaired mobility and directed staff to be careful during transfers. The care plan also indicated she is at risk for complications related to aspirin therapy and directed staff to protect from injury and to avoid bumping her extremities during cares and transfers.</p> <p>The Face Sheet for R10 listed the daughter as the emergency contact, family member responsible and Power of Attorney (POA) for healthcare.</p> <p>The Progress Notes for R10 documented:</p> <p>a. On 4/25/21 at 9:51 a.m. Staff A documented the resident became agitated and combative when being toileted, being loud, swinging her</p>	F 580		

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F 580	<p>Continued From page 3</p> <p>arms and hands at staff and struck the lift with the back of her left hand/wrist. Resident has a bruise about 6 cm x 4cm on her posterior left wrist. Resident has use and range of motion and denies complaints.</p> <p>b. On 4/26/21 at 3:46 PM when resident was out for a dermatology appointment her daughter had accompanied her and the daughter noticed the large bruise to the residents left wrist/hand. The record documented the daughter was not informed of this when it happened this weekend. The daughter was requesting her mom go to the emergency room for an x-ray. The nurse informed the daughter they could do an x-ray at the facility with a physician order. The physician was notified and an order was received for an x-ray of the left wrist stat (Immediately). Request and paperwork was sent to the mobile radiology. Daughter adamant she was staying until the x-ray was done. She was informed it could take up to 4 hours for them to get here. Daughter reassured they would call her when the mobile x-ray arrived and she could come back. The hand was assessed at 3:15 PM with bruising on posterior left wrist and not the inner wrist. Resident denied pain and able to move it back and forth and to the side without pain.</p> <p>c. On 4/26/21 at 9:30 PM mobile radiology arrived at 7:45 PM to do the x-ray of the residents left wrist/hand. There were no fractures or dislocation noted. Daughter was present with the resident until mobile x-ray arrived. The daughter was called with the results later on.</p> <p>d. On 4/27/21 at 4:53 AM x-ray results faxed to physician.</p> <p>The Physician Communication and Order Form dated 4/26/21 documented an order for an x-ray to the resident's left hand and wrist due to injured</p>	F 580		

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F 580	<p>Continued From page 4 from hitting it on the bar of the Hoyer.</p> <p>The Radiology Report dated 4/26/21 for Resident #10 documented no fractures or dislocation seen.</p> <p>During an interview on 7/13/21 at 3:15 PM, Director of Nursing (DON) stated there was an incident that happened with R10 where Staff A did not report it to the family and should have. She added that the staff member released from employment.</p> <p>During interview on 7/14/21 at 3:02 PM, daughter stated she has had concerns with communication with the facility. She stated never notified of transfer incident by staff resulting in large bruise to her mother's hand. She had to ask about it and request facility call doctor for an x-ray.</p>	F 580		
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Plan of Correction for Norwalk Nursing and Rehabilitation Center for complaint survey exiting
6/30/2021.

This serves as the credible allegation of compliance for Norwalk Nursing and Rehabilitation Center. We assert that all correctives described on this plan of correction have been implemented. Regarding the specific deficiencies, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of actions. The staff of Norwalk Nursing and Rehabilitation is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit that Norwalk Nursing and Rehabilitation Center is in substantial compliance as set forth below. We are confident that we will be found in substantial compliance upon resurvey.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. Norwalk Nursing and Rehabilitation Center has completed the following interventions because of the findings from survey exiting 6/30/2021. The facility will be in compliance on 7/1/21.

F 607 SS=D DEVELOP/IMPLEMENT ABUSE/NEGLECT POLICIES: Norwalk Nursing and Rehabilitation Center will ensure that policy and procedures are followed to prohibit abuse, neglect, exploitation of residents, and misappropriation of resident property. Allegations of abuse will be thoroughly investigated, reported timely, and actions taken immediately should an allegation of abuse occur within the facility. The Facility Administrator and Director of Nursing re-educated staff on 3/24/21 regarding immediate reporting of any allegation of abuse and immediate removal of the alleged perpetrator. A copy of the facility abuse policy was given to facility staff at time of the education for reference. Re-education to be completed by 7/1/21. Staff will not be allowed to work until education has been completed. Additionally, staff are trained on abuse, abuse investigation, and reporting requirements at time of hire, with completion of abuse modules in Relias prior to working the floor. Concerns identified will be addressed and reported in the facilities quality assurance compliance meetings as indicated. The facility administrator and Interdisciplinary Team is responsible for ongoing compliance.

