STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165219	A. BUILDING B. WING	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurens Care Center	304 EAST VETERANS ROAD , LAURENS, Iowa, 50554

(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
F0000 X DC	INITIAL COMMENTS Correction date: 5/8/26 The following deficiencies resulted from the facility's annual recertification survey and investigation of facility reported incident #2806498-I conducted April 13, 2026 to April 16, 2026. Facility reported incident #2806498-I did not result in a deficiency. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	F 000 This represents our credible allegation of compliance effective May 8,026.	
F0868 = E	QAA Committee CFR(s): 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) §483.75(g) Quality assessment and assurance. §483.75(g) Quality assessment and assurance. §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (iv) The infection preventionist. §483.75(g)(2) The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The	F0868	F 868 It is the intent of Laurens Care Center to ensure that all required staff members attend the quarterly Quality Assessment and Assurance (QAA) meetings. Effective April 17, 2026, all individuals in positions that require QAA meeting attendance received education on the importance of their presence and participation during scheduled quarterly meetings. The facility Director of Nursing or designee will now verbally communicate QAA meeting date and time reminders during morning leadership meetings to all members required to be in attendance, and to ensure that arrangements have been made for an approved designee to be in attendance on behalf of a QAA member in the event of their absence.	

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	(X6) DATE
[signature] CNHA	Administrator	05/04/2026

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F0868 SS = E	Continued from page 1 committee must: (i) Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary. §483.80(c) Infection preventionist participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is NOT MET as evidenced by: Based on the review of the Quality Assurance Performance Improvement (QAPI) sign in sheets, staff interview and policy review, the facility failed to ensure all required members attended the quarterly Quality Assessment and Assurance (QAA) meetings. The facility reported a census of 28 residents. Findings include: Review of the QAPI Meeting Attendance sign-in sheets from March 2025 to April 2026 revealed all required team members did not attend a quarterly QAA meeting since 5/27/25. On 4/15/26 at 12:40 PM, the Director of Nursing (DON) acknowledged not all required team members have attended the QAA meeting quarterly. She said there have been staff members that have come and gone along with changes in leadership positions. She said the Infection Preventionist has had to work the floor as a charge nurse and has not been able to attend the meetings at times. The facility QAPI Plan updated 3/1/26 documented the facility would meet monthly to discuss ongoing or new issues in the nursing home. Involved in the QA meetings include the Administrator, DON, MDS Coordinator, Infection Preventionist, Medical Director (at minimum every 3 months), Activity Director, Social Worker and Dietary Manager.	F0868		
58 = D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F0658		

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F0658 SS = D	Continued from page 2 §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interviews and observation the facility failed to provide professional standards of care by administering medications for 1 of 12 residents reviewed (Resident #4). The facility reported a census of 30 residents. Findings include: The Minimum Data Set (MDS) assessment dated 2/11/26 for Resident #4 documented diagnoses of hypertension, heart failure, anxiety and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. On 04/15/26 at 7:35 am, Staff E, a Certified Medication Aid (CMA), was observed administering the Ipratropium-Albuterol Inhalation Solution (0.5-2.5 MG/3 ML) via nebulizer to Resident #4. During the administration of the Ipratropium-Albuterol Inhalation Solution (0.5-2.5 MG/3 ML) via nebulizer, Staff E handed Resident #4 the Budesonide-Formoterol Fumarate Inhalation Aerosol (160-4.5 inhaler). Resident #4 removed the nebulizer mask and immediately inhaled two puffs of the inhaler before returning it to Staff E. Staff E failed to instruct Resident #4 to wait until the nebulizer treatment was complete, or to wait one minute between puffs, or to offer mouth-rinsing after the inhaler was administered. Review of the manufacturer's instructions for Budesonide-Formoterol Fumarate Inhalation Aerosol (160-4.5 inhaler) instructs to rinse your mouth out with water (without swallowing) after use to prevent oral thrush. The facility does not have a policy related to medication administrations. During an interview on 04/15/2026 at 9:30 am, the Director of Nursing (DON) stated she had no prior knowledge of the action. She confirmed the expectation is for staff to wait five minutes between administering medications and to offer an oral rinse	F0658	**F 658** It is the intent of Laurens Care Center to ensure that professional standards of care regarding administering medications are provided to all residents. On April 17, 2026, an audit was conducted of residents receiving inhalation therapies, to include nebulizers and/or inhalers. Administration practices were reviewed by the Director of Nursing of nebulizer administration practices, physician orders, and care plans to ensure compliance with professional standards. Identified concerns were addressed immediately, to include clarification of orders, updating care plans, and staff re-education. The Director of Nursing or designee will conduct random audits of residents receiving nebulizer/inhaler treatments, physician orders, and administration practices. Identified concerns will be immediately addressed/corrected, with staff re-education provided as necessary. Audit findings and any necessary corrective actions taken will be presented during quarterly QAA meetings for review and feedback as necessary.	

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F0658 SS = D	Continued from page 3 after the inhaler. Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §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 §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. §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 resident, staff interviews and record review, the facility failed to provide a restorative program to a resident with mobility concerns for 1 of 1 resident reviewed (Resident #6). The facility reported a census of 30 residents. Findings include: The Minimum Data Set (MDS) assessment dated 2/7/26 for Resident #6 documented diagnoses of quadriplegia, depression, bipolar disorder and cerebrovascular accident (CVA). The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. Review of the Care Plan with an initiated date 9/12/2012 revealed the restorative rehab program includes: Shoulder pulleys 2.5# plate each side, 3 sets for 5 reps each 2-3 times a week bilateral upper extremities (BUE) proximal range of motion (PROM): Remove arm braces. 10 reps each - Slow 3-5 seconds, Hands, use table, layout digits for extension 10-15 seconds, wrist - flex, extend Forearm - supination/pronation Elbow - flex, extend shoulder - flex, extend horizontal abdomen. (across body) scapular retractions (when in chair) hands at	F0658 F0688	F 688 It is the intent of Laurens Care Center to ensure that residents, both with and without limited range of motion, receive appropriate treatment and services to help increase range of motion and/or prevent further decrease in range of motion. Unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. Effective April 20, 2026, the Director of Nursing developed and provided education on a new process to the facility Medication Aides. This new process ensures that resident #6 receives his/her restorative therapies 5 days a week as physician ordered. This new process is as follows: medication aides who work on days with no scheduled restorative aid will be responsible for completing the restorative program for Resident #6. The restorative aide is responsible for communicating any unplanned absences to the medication aide working the day of their absence to ensure the completion of resident #6 restorative program to ensure that restorative therapy is provided 5 days a week, per physician order. The Director of Nursing or designee will perform random audits of restorative documentation for resident #6 and immediately address any identified concerns. Audit findings will be discussed and reviewed during quarterly QAA meetings for review and feedback.	

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F0688 SS = D	Continued from page 4 shoulders, gentle pressure, pull back hold 10-15 seconds shoulder abduction/adduction x 10 reps x 3 sets with yellow theraband 2-3 times a week. Lower extremity range of motion, stretch only to point of resistance, no further. Each of the stretches should be performed for 10 reps of 10 second holds each: Stretches may be performed supine in bed or seated in wheelchair. 1)hip flexion 2) hip adduction 3) hip internal rotation 4) knee flexion 5) knee extension 6) ankle dorsiflexion Complete 5-7x per week. During an interview on 04/13/2026 at 1:48 pm, Resident #6 disclosed that the facility was not providing her with restorative therapy five days a week. Resident #6 explained that she does not receive the therapy when the restorative aide is off duty, stating that a backup should be in place. Review of the electronic health record for last 30 days from 3/18/26 to 4/15/26 revealed Resident #6 did not receive restorative therapy on March 20th, March 25th, March 27th, March 30th and April 10th. During an interview on 04/16/2026 at 9:30 am with Staff A, restorative aid, disclosed that she works Monday through Friday except when she has to work every 3rd weekend as a certified medication aid (CMA), then she is off that Friday and Monday. Staff A stated that the aids on the floor are to complete the restorative therapy, there are instructions in the electronic health record. Staff A stated that she will look when she returns to work to see if it got done. During an interview on 04/16/2026 at 11:39 am with Staff C, Certified Nursing Assistant (CNA), disclosed that she wasn't aware they were supposed to do restorative therapy with Resident #6 if the restorative aid was gone. During an interview on 04/16/26 at 11:46 am with Staff D, CNA, disclosed that they don't provide restorative nursing with Resident #6, she stated she recognizes there is an as needed button in their electronic health record but doesn't utilize it. During an interview on 04/16/26 at 11:20 am with the Director of Nursing (DON), she revealed the restorative aid will talk with the staff and let them know she will be gone so they know they need to complete it. The DON stated that it would be her expectation to have staff complete the same routine as the restorative aid. The facility has no policy regarding restorative therapy.	F0688		

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F0883 SS = D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the	F0883	**F 883** It is the intent of Laurens Care Center to provide education to residents and/or their representative regarding the benefits and potential side effects of the pneumococcal immunization, offer the pneumococcal immunization, and maintain accurate records of acceptance and/or refusal. On May 4, 2026, pneumococcal immunization education was provided, with either a consent or declination of the pneumococcal vaccination was obtained from identified residents and/or resident representatives, to include #6, #22, and #27. A pneumococcal immunization clinic is scheduled for June 2, 2026 for residents who opt to receive the immunization. Moving forward, vaccination/immunization education will be provided to new residents by the Director of Nursing or designee during admission, with signed consent or declination obtained at that time by either the resident or their Representative. The Director of Nursing or designee will perform random audits of vaccination/immunization education provision and offerings. Any identified concerns will be immediately addressed. Audit findings will be reported during quarterly QAA meetings for review and feedback.	

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F0883 SS = D	Continued from page 6 following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on clinical record review, staff interview, Centers for Disease Control and Prevention (CDC) guidelines the facility failed to screen for eligibility, offer, provide education, and document vaccine consent or refusal for the pneumococcal immunizations for 3 of 5 resident reviewed (Residents #6, #22, and #27) for immunizations. The facility reported a census of 30 residents. Findings include: 1)The Minimum Data Set (MDS) dated for 2/7/26, Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15 indicated intact cognition. Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was PVC 13 (pneumonia vaccine) on 10/5/2015. The clinical record failed to document that Resident #6 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21). 2) The Minimum Data Set (MDS) dated for 4/1/26, Resident #22 had a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was Pneumo 23 on 10/15/2017. The clinical record failed to document that Resident #22 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21). 3) The Minimum Data Set (MDS) dated for 1/28/26, Resident #27 had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition.	F0883		

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F0883 SS = D	Continued from page 7 Review of the Immunization tab in the electronic health record revealed the last Pneumococcal Immunization was PVC 13 on 9/26/2017. The clinical record failed to document that Resident #27 was educated about, offered, or consented to (or refused) pneumonia vaccinations (PCV20, or PVC21). The CDC Recommendations dated March 2025 for adults 50 years or older who have received the PCV13 recommended giving one dose of PCV20 or PVC21 at least one year after the PCV13. The CDC Recommendations dated March 2025 for adults 50 years or older who have received the PPSV23 recommended giving one dose of PCV20 or PVC21 at least one year after the PPSV23 or the PCV15. On 4/15/26 at 12:50 pm, the IP (Infection Preventionist) verified the facility relies on physicians to track and notify staff when pneumococcal vaccines are due, as there is currently no internal process for managing these. An undated facility policy titled Vaccines/Immunizations revealed the facility will offer vaccines per physician order and following the current recommendations by the CDC or Iowa Department of Public Health.	F0883		