STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165539	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marian Home	**2400 Sixth Avenue North , Fort Dodge, Iowa, 50501**

(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	INITIAL COMMENTS Correction date: 6/25/26 The following deficiencies resulted from the facility's annual recertification survey with an investigation of facility reported incidents #3003137-I, #3003152-I, and #3039772-I conducted June 15, 2026 to June 18, 2026. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	Please see attached required plan of correction.	
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §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- (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 status in either life-threatening conditions or clinical complications); (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 (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (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.	F0580		

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
Tracy L Sadler	Administrator	7/14/26

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F0580 SS = D	Continued from page 1 (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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: Based on clinical record review, staff interviews, and facility policy, the facility failed to notify the physician of a condition change for 1 of 1 residents reviewed (Resident #66). Resident #66 had complaints of shortness of breath with low oxygen saturation of 79% on 3 liters (L) of oxygen and a new productive cough with crackles in bilateral lower lungs. The facility reported a census of 72 residents. Findings include: Resident #66's Minimum Data Set (MDS) assessment dated 3/25/26 showed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. The MDS also documented diagnoses of Alzheimer's disease, respiratory failure, a seizure disorder, malnutrition, anxiety, and depression. A review of the facility's progress notes on 5/14/26 at 4:41 PM revealed a nurse documented an assessment of Resident #66 regarding complaints of shortness of breath (SOB), difficulty breathing, and nausea. Resident #66 stated she felt dizzy and lightheaded. Staff noted the resident appeared	F0580		

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F0580 SS = D	Continued from page 2 diaphoretic (sweating heavily due to illness) and was shaking her legs, and Resident #66's hands appeared cyanotic (turning blue from lack of oxygen). Her vital signs were a temperature of 98.6, a pulse of 104 (average 60-100), a blood pressure of 153/65 (average 120/80), and an oxygen (O2) saturation of 79% (expected to be greater than 90%) on 3 liters via nasal cannula (NC). The nurse instructed Resident #66 to take deep breaths, and after 15 minutes, her O2 saturation returned to 90% and her pulse dropped to 84. Resident #66 returned to bed and reported no further nausea or dizziness. Resident #66 reported she didn't eat that day because she "felt like crap." Resident #66 presented with a new productive cough (movement of fluids out of the lungs or airway) that started that morning, and crackles (abnormal sounds in the lungs) were heard in the bilateral lower lungs. A review of the facility's progress notes on 5/15/26 at 2:00 AM revealed a nurse documented an assessment of Resident #66's complaints of nausea. Resident #66's skin was noted to be pale; her pulse was 102, her blood pressure (BP) was 171/70, and her O2 saturation was 75% on 3 liters (L) via nasal cannula (NC). Resident #66's O2 saturation came up to 88% after 15 minutes. A review of the facility's clinical records revealed the facility failed to notify the physician of the change in condition for Resident #66. A review of the facility's progress notes on 5/15/26 at 6:58 AM revealed a nurse documented that at 5:30 AM, staff summoned her to the room due to the resident's complaints of SOB. Resident #66 had an O2 saturation of 70% on 3L of O2, and wheezes (abnormal lungs sounds due to decreased room in the airway) were noted throughout her lungs. The resident stated her cough was worse, noted she had not felt well for the last two days, and requested to go to the emergency room. A review of the facility's progress notes on 5/15/26 at 1:10 PM revealed a nurse documented the hospital admitted Resident #66 with an exacerbation of chronic obstructive pulmonary disease (COPD). On 6/18/26 at 9:00 AM, the Administrator acknowledged that there was no notification made to the physician.	F0580		

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F0580 SS = D	Continued from page 3 The facility policy titled "Physician Notification," dated 10/10/23, revealed the facility is to inform the physician of a resident's change in condition: Physicians will be notified promptly of the following: Any accident or incident which results in injury which may require physician intervention. ii. A significant change in resident condition which is life-threatening. A significant change in resident condition which has potential for clinical complication. A change in condition which requires a significant alteration in treatment. Death of a resident. Discharge or transfer of a resident. Any change in condition which requires immediate attention should be called to the physician immediately. Same-day written notification may be utilized for condition changes, accidents and incidents, and other events which do not require immediate attention. During an interview on 6/18/26 at 10:24 AM, Staff A, Licensed Practical Nurse (LPN), stated she expected the staff to notify the physician of the assessment.	F0580		
F0693 SS = D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by	F0693		

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F0693 SS = D	Continued from page 4 enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is NOT MET as evidenced by: Based on observations, clinical chart review and staff interview the facility failed to check placement for gastrostomy tube for 1 of 1 residents (Resident #66). The facility reported a census of 72 residents. Findings include: Resident #66's Minimum Data Set (MDS) (standardized clinical assessment tool) assessment dated 3/25/26 showed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. The MDS also documented diagnoses of Alzheimer's disease, respiratory failure (inability of lungs to exchange gases), a seizure disorder, malnutrition, anxiety, and depression. The MDS further documented Resident #66 received nutrition through a gastrostomy feeding tube (tube through abdomen for feeding). Resident #66's Care Plan dated 6/3/25 directed staff to check and record tube placement per facility protocol. On 6/16/26 at 2:20 PM observed Staff B, Registered Nurse (RN), flushed and administered an enteral feeding (feeding through a digestive tract tube) through the gastrostomy feeding tube. Staff B failed to check tube placement prior to the feeding. The facility policy titled "Enteral Feeding Via Nasogastric or Gastrostomy, or Jejunostomy Tube," revised on 11/5/22, directed the following: Tube Placement Requirement: Tube placement shall be checked before each feeding, per physician order.	F0693		

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F0693 SS = D	Continued from page 5 Verification Procedure: Check for tube placement and residual gastric contents, as ordered: Using an appropriately sized syringe (20–60 mL), gently aspirate gastric contents and note the quality and quantity of any return. During an interview on 6/18/26 at 10:24 AM, Staff B, Licensed Practical Nurse (LPN), stated they expected the staff to check placement by checking the residual prior to the feeding.	F0693		

Plan of Correction for Annual Survey Concluded June 18, 2026

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

Correction date: 6/25/2026, for all tags.

F0580 483.10(g)(14)

Resident #66 and all resident providers will be notified when there is a significant change in the resident's physical, mental, or psychosocial status. The DON provided re-education to all licensed nurses on the Provider Notification policy on 6/23/2026, The Interact Change in Condition Clinical pathway was reviewed with the nurses and will be available at each nurses' station for reference. The Director of Nursing or designee will periodically review progress notes to monitor for compliance.

Identified concerns shall be reviewed by the facility's QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.

F0693 483.25(g)(4)(5)

Resident #66 order for checking placement of the gastrostomy tube was clarified with the provider. There are no other residents currently with a feeding tube. Any resident with a feeding tube will have a provider order with instructions on checking placement. The DON provided reeducation to all nurses on the facility's Enteral Feeding policy from 6/19-6/25/2026. The DON or designee will periodically observe nurses performing the gastrostomy feeding and document competency.

Identified concerns shall be reviewed by the facility's QAPI team. Recommendations for further corrective action will be discussed and implemented as needed.