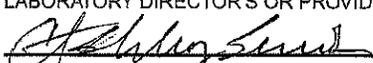


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165586	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Timely Mission Nursing Home			STREET ADDRESS, CITY, STATE, ZIP CODE 109 MISSION DRIVE , BUFFALO CENTER, Iowa, 50424	
(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: <u>12/12/25</u>	F0000		
X DC	The following deficiency resulted from investigation of complaint #2666379-C, conducted November 13, 2025 to November 17, 2025. Complaint #2666379-C resulted in a deficiency. See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.			
F0825 SS = D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(f), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is NOT MET as evidenced by: Based on observation, clinical record review, staff and resident interview, the facility failed to ensure the	F0825		

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 Administrator	(X6) DATE 12/10/2025
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165586	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
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F0825 SS = D	<p>Continued from page 1 provision of occupation and physical services for 1 of 3 resident reviewed for therapy services upon admit. (Resident #1). The facility identified a census of 33 residents.</p> <p>Findings include:</p> <p>Resident #1s Minimum Data Set (MDS) assessment dated 10/20/25, documented the resident had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition with decision making abilities, was able to understand and was understood by others. The resident required staff dependence with mobility and transfers and the use of a walker or wheelchair. The MDS included diagnoses of Parkinson Disease, (a progressive brain disorder that affects movement, primarily caused by the death of brain cells), fracture of left ankle, weakness and low back pain.</p> <p>The Care Plan initiate dated 10/13/25, indicated Resident #1 had a limited physical mobility related to weakness, and Parkinson Disease. Interventions included weight bearing (supporting body weight), assistance of 2 staff to walk, uses a front wheeled walker for ambulation, and dependent on 1 staff for locomotion in the wheelchair.</p> <p>The Inpatient Patient Summary Final Report dated 10/13/25 at 12:57 PM, documented consults for occupational therapy evaluation and treatment and physical therapy evaluation and treatment, activity as tolerated, Cam boot (an immobilizer to protect foot and ankle injuries) to lower left extremity with weight bearing as tolerated. Uses a front wheeled walker and wheelchair for mobility and a gait belt.</p> <p>Resident #1's clinical record lacked documentation the resident received physical and occupational therapy evaluation and treatment on 10/13/25.</p> <p>The Clinical Referral Note dated 11/10/25 signed by the physician, documented left ankle fracture that is healing, ordered physical and occupational therapy.</p> <p>The Physical Therapy Evaluation and Plan of Treatment dated 11/14/25, documented, patient was referred to physical therapy for evaluation and treatment. Following a fall with the left ankle fracture, patient presents with decreased strength and impaired functional mobility. Patient would like to be able to walk by herself with her walker. Patient reports pain in her left ankle at night and when moves it wrong or stand on it.</p>	F0825		

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F0825 SS = D	<p>Continued from page 2</p> <p>The Occupational Therapy Evaluation and Plan of Treatment dated 11/14/25, documented, patient was referred to occupational therapy upon admission to this nursing facility following a fall resulting in an ankle fracture. Patient main concern is remaining safe. Patient presents with impairments in balance, mobility, strength, planning, problem solving and interpersonal interactions resulting in limitations and/or participation restrictions in the areas of cooking, self care, mobility and light housekeeping.</p> <p>Observation on 11/13/25 at 10:30 AM, Resident #1 sitting in recliner with feet elevated on a pillow and left foot in a cam boot.</p> <p>Interview on 11/13/25 at 10:30 AM, Resident #1, confirmed they did not receive physical or occupational therapies on admission to the facility.</p> <p>On 11/13/25 at 3:00 PM, Resident #1 family confirmed that no physical or occupational therapies were received when Resident #1 was admitted to the facility on 10/13/25.</p> <p>On 11/17/25 at 11:00 AM, the facility Director of Nursing (DON), confirmed Resident #1's clinical record lacked any documentation of physical and occupational therapies being completed on day of admit and that the expectation is for orders to be followed and residents to receive physical and occupational therapies as ordered.</p> <p>On 11/17/25 at 1:10 PM, the facility Administrator stated that the expectation of the staff are to follow the physician orders for physical and occupational therapies, and that it is the responsibility of the facility to make sure that residents receive the ordered therapies.</p>	F0825		

F0825

1. A prior authorization for Part A was completed on November 3, 2025 and was denied on November 6, 2025 for Resident #1. An additional authorization for Part B was submitted on November 12, 2025.
2. All residents who are admitted to a skilled level of care on a Medicare Advantage Plan can be affected.
3. The facility will complete a prior authorization for all residents on a Medicare Advantage prior to admission to the facility. Audits will be done on all Medicare Advantage Plan admissions for 3 months, and random for 3 months.
4. All findings will be brought to the QAPI Committee.