STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165214	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lantern Park Specialty Care	2200 Oakdale Road Coralville, IA 52241

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview and staff interview the facility failed to provide at least 2 baths per week for 2 of 3 residents (Residents #13 and Resident #61) reviewed. The facility reported a census of 86 residents. Findings include:1. Review of the Minimum Data Set (MDS), dated [DATE], revealed Resident #13 with Brief Interview for Mental Status (BIMS) score 14 out of 15 which indicated intact cognition. The MDS assessed Resident #13 required substantial/maximal assistance for showering. Review of the Care Plan, dated 9/27/23 revealed a Focus area to address Activities of Daily Living (ADL's). Interventions included, in part: Bathing: I require 1 assist. Date Initiated: 9/27/23. During an interview on 7/28/25 at 11:30 AM, Resident #13 stated she does not get showers very often. Review of Resident #13's Documentation Survey Report V2 for April, May, June and July 2025 revealed the resident was scheduled for a shower twice a week on Tuesday and Friday. Resident #13 documented showers occurred in April 2025 on April 4, April 23, and April 24; in May 2025 on May 4, May 9, May 20, May 23, May 30, and May 31; in June 2025 on June 2, June 10, June 13, and June 27; and in July 2025 on July 1, July 8, July 11, July 15, and July 16. 2. Review of the MDS, dated [DATE], revealed Resident # 61 with a BIMS score 15 out of 15 which indicated intact cognition. The MDS assessed Resident #61 required substantial/maximal assistance for showering. Review of the Care Plan, dated 10/17/23 revealed a Focus area to address Activities of Daily Living (ADL's). Interventions included, in part: Bathing: I require x1 assist. Date Initiated: 10/17/23. During an interview on 7/28/25 at 1:19 PM, Resident #61 explained staff are slow to give showers. He stated he hadn't had a shower for over a week. The resident appeared to have greasy hair, and a slight body odor. Review of Resident #61's Documentation Survey Report V2 for April, May, June and July 2025 revealed the resident was scheduled for a shower twice a week on Tuesday and Friday. Resident #61 documented showers occurred in April 2025 on April 1, April 8, April 23, April 24, and April 25; in May 2025 on May 2, May 6, May 9, and May 20; in June 2025 on June 3, June 10, June 13, June 21, June 25, and June 27; and in July 2025 on July 1, July 2, July 11, July 15, July 18, and July 29. During an interview on 7/31/25 at 11:17 AM, the Administrator explained everyone should be getting a shower twice a week.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE