STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165377	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wheatland Manor	316 East Lincolnway Wheatland, IA 52777

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record review, facility policy review and staff interviews the facility failed to ensure staff used a gait belt during a transfer of a resident who required moderate assistance which resulted in an arm fracture for 1 of 3 (Resident #48) residents reviewed for falls. The facility reported a census of 44 residents. Findings include:Review of the Minimum Data Set (MDS) assessment for Resident #48, dated 10/29/25, revealed a list of diagnoses which included hypertension, hyperlipidemia, diabetes and history of a fracture. The Brief Interview for Mental Status (BIMS) score of 10 out of 15 indicated a mild cognitive impairment. The MDS assessed the resident required moderate assistance (a helper lifted, held, or supported trunk or limbs for less than half of the effort) with transfer, toileting, and ambulation. Review of Resident #48's Care Plan, revised 7/10/25 revealed a Focus area to address The resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) Limited Mobility d/t (do to) multiple fractures. Interventions included, in part TRANSFER: The resident requires Ax1 (assist of 1) GB (gait belt) and FWW (front wheel walker). A handwritten Care Card (list of specific supports for residents), dated 10/21/25, posted in Resident #48 room included the following: Transfers: Ax1, GB, FWW to BR (bathroom), and Mobility: Ax1, GB, FWW. Review of an incident report dated 11/23/25 at 4:50 AM, revealed nurse notified by Certified Nursing Assistant (CNA) to come to Resident #48 room. CNA attempted to transfer resident from the bed to the commode. Resident legs went out and her arms went up and CNA heard resident's left arm make a crack and she lowered her to the floor. Resident complained of left arm pain. Review of an X-ray report, dated 11/23/25 at 7:04 AM revealed an acute mildly displaced fracture of the humeral neck/proximal diaphysis with mild medial displacement of the distal fracture fragment. Review of a written witness statement, dated 11/23/25, made by Staff A, CNA revealed was going to take Resident #48 to the bathroom but the resident could not walk, she moved the walker and bear hugged the resident to the commode. Staff A wrote the residents leg gave out and as Staff A lowered the resident to the floor, she heard the residents left shoulder crack. Staff A stated did everything she could to not have the resident hit the floor. She lowered the resident slowly to the floor. During a phone interview on 1/14/2026 at 9:33 AM, Staff A, CNA stated on 11/23/25 she assisted Resident #48. Staff A stated she did put the gait belt behind her [Resident #48] but the resident started to slide so she bear hugged the resident and attempted to transfer her to the commode. Staff A explained the residents foot hit the commode and she then lowered the resident to the ground. Staff A stated the only wrong thing she did was not getting the gait belt on Resident #48 at the time. She stated the facility did have information posted in Resident #48 room which indicated Resident #48 was an assist of one with front wheeled walker and walk to the bathroom. Staff A stated day shift staff reported they had been using a 2 person assist over the last 2 weeks. Staff A explained the transfer was going to be to the commode, which was right beside the bed and the resident started sliding off of her bed. Staff A stated her fault was not grabbing the gait belt behind the resident. Staff A stated the (continued on next page)

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

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