

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Southfield Wellness Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2416 Des Moines Street Webster City, IA 50595	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility record review, staff interviews, and facility policy review the facility failed to report an allegation of abuse to the Iowa Department of Inspections, Appeals, and Licensing (DIAL) within 2 hours of an allegation of abuse for 1 of 1 resident reviewed for abuse (Resident #1). The facility reported a census of 57 residents. Findings include: Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment. The MDS included diagnoses of heart failure, hypertension (high blood pressure), and traumatic brain injury. On 1/27/26 at 12:13 PM Staff A, Certified Nursing Assistant (CNA), explained the incident happened on 1/14/25 between 2:45 PM and 3:00 PM. Staff A reported as she helped Staff C, Radiology Technician, position Resident #1 for an x-ray, she observed Staff C put her gloved hand over Resident #1's mouth due to him coughing. Staff A stated Staff C asked him to stop coughing. Staff A stated when Staff C completed the x-rays, Staff A stated she went to the nurse and explained to her what she saw. On 1/27/26 at 1:21 PM Staff B, Registered Nurse (RN), confirmed Staff A reported Staff C told Resident #1 to quit coughing. Staff A stated Staff C put her hand on his mouth, told him or asked him to quit coughing. Staff C stated it wasn't very clear if they asked or told Resident #1. Staff C stated she believed Staff A stated Staff C put her hand on Resident #1's mouth. Staff C stated they felt like Staff A made it sound more shocking, like they couldn't believe she did that. Staff C stated they didn't think of it as an allegation of abuse. Staff C stated they didn't report the allegation to the Administrator or Director of Nursing (DON). The Health Status Note dated 1/22/26 at 3:36 PM labeled Late Entry for 1/15/26 at 8:00 AM revealed the day shift front nurse reported to Staff D, Assistant Director of Nursing (ADON), when they walked in the front door. The day shift nurse explained the night before when Staff C came to the building, she put her hand over Resident #1's mouth and asked him not to cough. Staff A reported the information to the evening nurse. When Staff D spoke with Resident #1 and asked if anything happened since the previous day, Resident #1 replied no, they didn't think so. Staff D reported his response to the DON and Administrator. The facility submitted a self-report on 1/15/26 at 6:19 PM related to the incident. The Patient Protection Guidelines Abuse Prevention, Reporting, and Investigation policy reviewed September 2025 directed to report all allegations of resident abuse, neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation to the Iowa Department of Inspections, Appeals and Licensing and any other required state agency if applicable (ie: law enforcement). Reports of abuse or if there is resulting bodily injury, the facility should report immediately and not later than two (2) hours. Allegations of neglect, exploitation, misappropriation of resident property, or mistreatment to be reported not later than two (2) hours after the allegation is made, if the events that cause the allegation result in serious bodily injury, or not later than twenty-four (24) hours if the events that cause the allegation involve neglect, exploitation, mistreatment, injuries of</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 165411	Facility ID: 165411 If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>unknown origin and misappropriation, but do not result in serious bodily injury. On 1/28/26 at 2:20 PM, the Administrator, reported they expected the staff to notify administration right away of any allegations as soon as they knew of them.</p>		