STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165460	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Karen Acres Care Center	3605 Elm Drive Urbandale, IA 50322

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and facility policy review, the facility failed to follow the Care Plan for proper and safe transfer for 1 of 4 residents reviewed, Due to Resident's (Resident #3) increased weakness Resident #3 had to be lowered to the floor during attempted improper transfer. The facility reported a census of 31 residents. Findings include: Review of the Minimum Data Set (MDS) dated [DATE], documented Resident #3 with a Brief Interview for Mental Status (BIMS) of 13, indicating cognitively intact, with diagnoses including Atrial Fibrillation, Hypertension, Diabetes Mellitus, Thyroid Disorder, Osteoarthritis, Cervical Spinal Stenosis (narrowing of spinal canal, causing pressure on the spinal cord and nerves to the neck region of the spine), Bipolar Disorder, Depression, and Post Traumatic Stress Disorder (PTSD). Review of Care Plan revised on 9/2/25 revealed Resident #3 has an Activities of Daily Living (ADL) self-care deficit with interventions including all transfers with use of an Ez-stand (mechanical device to aid in standing and transferring) and assist of two staff members. Review of Nursing Incident Note dated 9/21/25 at 8:35 AM documented, Certified Nursing Assistant (CNA) notified nurse that she (CNA) lowered Resident #3 to the floor during a transfer from bed to wheelchair, as Resident #3 was unable to make it to the wheelchair. Resident #3 assessed with no injuries noted or reported. During an interview on 10/21/25 at 12:50 PM, Staff A, CNA, stated Resident #3 uses an Ez-stand for transfers as needed, but Staff A, CNA, uses the Ez-stand with Resident #3 for all transfers. During an interview on 10/21/25 at 12:49 PM, Staff B, RN, revealed CNA's do not use a pocket care plan to refer to for resident's care. Staff B, RN stated there is a Therapy Communication Binder at the nurse's station for CNAs to review each shift to be aware of resident's updated transfer status. In an interview on 10/21/25 at 1:19 PM, Staff C, CNA, stated on 9/21/25 she had failed to review the Therapy Communication Binder at the beginning of her shift, as she usually had. Staff C, CNA, stated on this day she was transferring Resident #3 to her wheelchair with a gait belt, when Resident #3 became too weak to complete the transfer or return to bedside, Staff C, CNA slowly lowered Resident #3 to the floor using the gait belt around Resident #3's waist. Staff C, CNA stated she was not aware Resident #3's transfer status had been changed to an Ez-stand until after the incident occurred. Staff C, CNA acknowledged she should have reviewed the Therapy Communication Binder prior to starting her shift on 9/21/25. In an interview on 10/21/25 at 2:30 PM, Staff D, LPN, revealed Resident #3's transfer status had not been changed by Physical Therapy (PT), this change had been made as an intervention for Resident #3 due to increased weakness and increased risk of falls. The transfer status change had been documented on Resident #3's Care Plan and noted in the Therapy Communication Binder on 9/2/25.Review of Therapy Communication Binder, revealed an undated document indicating all facility resident's transfer status, Resident #3 documented as an Ez-stand transfer. Review of an email dated 10/21/25 at 3:24 PM, Facility Administrator, revealed the Care Plan Coordinator puts changes in the Communication Book for staff or adds the change to the shift change/huddle meeting to communicate these changes to Nurses and CNAs.

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