STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165569	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Point Care Center Inc	607 6th Street West Point, IA 52656

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 record review, staff interviews, and the facility policy, the facility failed to perform check and changes on a resident for at least 8 hours for 1 of 3 residents reviewed for incontinence cares (Resident #1). The facility reported a census of 32 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS indicated the resident had impairment in one upper and lower extremity. The MDS revealed Resident #1 dependent on toileting hygiene and required substantial/maximal assistance with chair/bed to chair transfer. The MDS indicated the resident was frequently incontinent of bladder. The MDS revealed medical diagnoses for hemiplegia following cerebral infarction (stroke) affecting the left non-dominant side. The Care Plan revealed a focus are revised on 10/9/24 for assistance with Activities of Daily Living (ADLs) related to history of cerebral vascular accident (CVA) (stroke) with weakness/impairment to one side of the upper and lower extremity, decreased mobility, and balance/gait impairments. The intervention revised on 2/6/24 indicated assistance of 1 staff member for toileting due to resident incontinent of bladder. The Care Plan revealed a focus area revised on 1/2/25 for bladder incontinence due to history of CVA (stroke). The intervention dated 1/2/25 indicated clean peri-area with each incontinent episode. The Nurses Note dated 11/10/25 at 12:25 PM, revealed [name redacted] has been quiet during this shift, denying any pain or discomfort. He has been observed resting in bed with his eyes closed, respirations even and unlabored. He was incontinent of bladder earlier, and peri care was provided. Bed in lowest position and call light is in reach.The Nurses Note dated 11/14/25 at 6:45 PM revealed resting easy in recliner. No sob (shortness of breath) noted. Denies needs or wants. Call light in reach.The Summary Report for Resident #1 regarding allegations of neglect (no dated indicated) revealed the following timeline of events beginning November 14, 2025 and November 15, 2025a. 3:10 PM- POC (Plan of Care) showed Resident #1 toileted and continent at this time with bladder elimination. b. 6:30 PM- Staff B, Certified Nurse Aide (CNA) notified Staff A, CNA that both residents in 28 are ready for bed.c. 6:38 PM- Resident #1 utilized call light to ask for assistance. Staff A states that he assisted Resident #1 to his recliner per his request. Staff A states Resident #1 told him to get the f**k out at this time. Staff A assisted Resident #1 roommate Resident #2 before exiting the room. d. 9:15 PM- Staff C, Registered Nurse (RN) administered medications to Resident #1 and inquired if he was ready for bed. Resident #1 declined. e. 10:00 PM- Staff D, CNA reported observing Resident #1 in his recliner at this time during shift change rounds.f. 10:30 PM- Staff E, RN stated at this time Resident #1 requested his water pitcher and bedside table to be placed closer to him.g 12:00 AM- Staff D reported observing Resident #1 in his recliner at this time during rounds. h. 12:33 AM- POC showed Resident #1 did not void at this timei. 2:00 AM- Staff D reported observing Resident #1 in his recliner at this time during rounds.j. 2:33 AM- POC shows Resident #1 did not void at this time. k. 4:00 AM- call light report (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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