

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/21/2023
NAME OF PROVIDER OR SUPPLIER CORYDON SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 745 EAST SOUTH STREET CORYDON, IA 50060		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 637	Continued From page 1 Findings include: Record review of a document titled Election Of Medicaid Hospice Benefit dated 10/2/2023, informed Resident #33 elected Hospice Benefits on 10/2/23. Record review of Resident #33 Progress Review dated 10/2/23 at 1:49 PM documented he was admitted to Hospice Services with primary diagnosis of Alzheimer's disease. Record review of Resident #33 MDS dated 10/12/23 documented an assessment completion date of 10/23/23. During an interview with the MDS Coordinator on 12/21/23 at 12:15 PM revealed she would expect a significant change MDS to be completed within 14 days from the date identified. Review of the RAI Manual dated 10/1/23 instructs facilities to complete a Significant Change Assessment MDS within 14 days after determining criteria is met.	F 637	DON/Designee will continue to monitor monthly for any changes needed. DON/Designee will conduct three MDS audits x4 weeks. Random audits their after. Concerns identified will be reported and addressed in the facility QAPI committee meetings for additional interventions as indicated.		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to code Preadmission Screening and Resident Review (PASRR) on 1 of 1 residents (Resident #46) comprehensive Minimum Data Set (MDS). The facility reported a census of 51	F 641	F641 Accuracy of assessments Residents at Corydon Specialty Care will provide Accurate Preadmission Screening and Resident Review (PASSR) on every current resident. Resident #46 (PASSR) on MDS was corrected.		

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F 641	Continued From page 2 residents. Findings include: Record review of Resident #46 PASRR dated 4/20/2023 documented she was a PASRR Level II. The MDS dated 7/23/2023 for Resident #46 documented she was not a PASRR Level II. Record review of Resident #46 Care Plan on 12/21/23 documented she was a PASRR Level II. During an interview on 12/21/23 at 12:17 PM the MDS Coordinator revealed Resident #46 MDS was coded wrong due to a keystroke error and she was a PASRR Level II.	F 641	Current residents have the potential to be affected. Staff education completed on Accuracy of assessments. DON/Designee will monitor MDS accuracy audits to ensure completed correctly. DON/Designee will complete 3 audits per week x4 weeks on current resident MDS for accuracy. Random audits their after. Concerns identified will be reported and addressed in the facility QAPI committee Meetings for additional interventions as indicated.	
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a	F 688	F688 Increase/Prevent Decrease in ROM/Mobility Corydon Specialty Care will ensure residents who enter facility without limited range of motion does not experience reduction in their range of motion unless there is a clinical condition contraindicates. Resident's #11, 46, 28 were identified as needing Restorative Services and this was initiated while surveyors were in the building. Current residents have the potential to be affected.	

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F 688	<p>Continued From page 3</p> <p>reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff and resident interviews, and policy review the facility failed to provide 3 of 4 residents with their individualized Restorative Program as instructed by their Care Plans (Residents #11, #46, and #28). Facility reported census of 51 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 9/28/2023 for Resident #11 documented a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive decline. The MDS revealed Resident #11 required extensive assistance of two or people with bed mobility, transfers, dressing, and toilet use. The MDS also documented diagnoses of Multiple Sclerosis (MS), reduced mobility, and muscle weakness.</p> <p>Record review of Resident #11, Care Plan on 12/21/23 lacked documentation of a restorative program for their right hand. Record review of three (3) untitled and undated documents 12/21/23 of Resident #11 does not receive routine restorative services.</p> <p>During and interview on 12/21/23 at 11:08 AM with Resident #11 revealed he does not receive routine restorative services, would like to three (3) times a week. Resident #11 stated he received restorative therapy three (3) times in the past month. He also informed he believed he was not receiving restorative therapy due to staffing issues</p> <p>2. Resident #28's Minimum Data Set (MDS)</p>	F 688	<p>Staff education completed on providing restorative nursing services.</p> <p>DON/Designee will monitor residents restorative plans.</p> <p>DON/Designee will conduct audits weekly x 4 weeks. Random audits to be completed their after.</p> <p>Concerns identified will be reported and addressed in the facility QAPI committee meetings for additional interventions as indicated.</p>		

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F 688	<p>Continued From page 4</p> <p>assessment dated 11/20/23 identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS identified Resident #28 required total staff assistance with bed mobility, toilet transfers, shower transfers, sit to stand, sit to lying, and roll left to right. The MDS indicated Resident #28 required a wheelchair for mobility. The MDS indicated Resident #28 had frequent pain in the last 5 days. Resident #28's MDS reflected active diagnoses of hypertension, renal insufficiency, renal failure, or end-stage renal disease (ESRD), and depression.</p> <p>In an interview on 12/21/23 at 09:30 AM, Resident #28 stated she was not participating in Restorative Therapy. She further stated she would like to participate if it was offered to her by the facility.</p> <p>Electronic Health Record (EHR) review of Resident #28's Care Plan indicated Restorative Therapy for when the resident is up in a wheelchair, in a recliner, and Active Range of Motion 2-6 times per week.</p> <p>In an interview with Staff B, Social Services Coordinator, on 12/21/23 at 09:46 AM revealed Resident #28 currently was not in Restorative Therapy. In a subsequent interview with Staff B, Social Services Coordinator, on 12/21/23 at 10:30 AM stated she spoke with Resident #28 and confirmed a request for Restorative Therapy.</p> <p>Review of the EHR Progress Notes dated 11/7/2023 at 04:05 PM by Social Services revealed a plan for Resident #28 to participate in Restorative Therapy.</p>	F 688		

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F 688	<p>Continued From page 5</p> <p>3. The MDS dated 10/19/23 for Resident #46 documented she used a wheelchair and a walker as mobility devices and needed partial to moderate assistance with toilet use, dressing, transfers, and in the past three (3) days did not walk over 10 feet due to a medical condition or safety concerns.</p> <p>During an interview on 12/18/23 2:37 PM Resident # 46 revealed she was not getting her restorative program, she informed she wanted to get it but they don't have enough staff here to get it done.</p> <p>Record review of Resident #46 current Care Plan on 12/21/23 instructed she was to have a walking program daily and staff were to walk her with assist of one (1) with a walker and gait belt and to follow with the wheelchair as of 8/31/23 by the facilities MDS Coordinator.</p> <p>During an interview on 12/21/23 at 12:18 PM the MDS Coordinator revealed Resident #46 should be getting her restorative program and they are working on it.</p> <p>On 12/21/23 at 9:40 the Director of Nursing (DON) stated the MDS Coordinator is the restorative nurse. She stated they do not have a designated Restorative Aide. She said the Certified Nurse Aides (CNAs) do restorative as part of the daily routine. She stated her expectation is for the CNAs to document the amount of minutes of restorative that are done daily. She said for example, upper body range of motion should be done while assisting the resident to get dressed.</p> <p>On 12/21/23 at 9:53 am, Staff A, CNA stated she began employment in August of this year. She</p>	F 688		

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F 688	<p>Continued From page 6</p> <p>stated she knows the residents are supposed to get their Range of Motion and walking and get their exercising in for their restorative plans. She stated she was not aware she was supposed to be charting this and does not know how to chart restorative minutes.</p> <p>On 12/21/23 at 11:54 am, the MDS Coordinator stated the facility does not have a Restorative Aide. She stated the CNAs are to be documenting daily the activity or action minutes the resident participates in for their restorative program. She also stated she is supposed to be charting restorative notes monthly in the Progress Notes. She stated the most common restorative programs are range of motion and walking to dine which any of the aides can do and the Omni Cycle which the aides that are trained in restorative should perform.</p> <p>The policy Restorative Nursing Services, revision date July 2017, lacked instruction to staff on how to implement, provide, and document restorative programs.</p>	F 688			