12-22-23

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/09/2024 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 165222 B. WING 12/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 745 EAST SOUTH STREET CORYDON SPECIALTY CARE CORYDON, IA 50060 SUMMARY STATEMENT OF DEFICIENCIES. (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) "This Plan of Correction is prepared and F 000 **INITIAL COMMENTS** F 000 submitted as required by law. By submitting 12/22/2023 this Plan of Correction, Corydon Specialty Correction date: Care does not admit that the deficiency The following deficiencies resulted from the listed on this form exist, nor does the facility facility's annual recertification survey and admit to any statements, findings, facts, or investigation of complaints #114568-C. conclusions that form the basis for the #111008-C, #112659-C, and facility reported incident #113418-I conducted December 18, alleged deficiency. The facility reserves the 2023 to December 21, 2023. right to challenge in legal and/or regulatory or administrative proceedings the See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. deficiency, statements, facts, and F 637 Comprehensive Assessment After Signifcant Chg F 637 conclusions that form the basis for the SS≍D CFR(s): 483.20(b)(2)(ii) deficiency." §483.20(b)(2)(ii) Within 14 days after the facility determines, or should have determined, that there has been a significant change in the F637 Comprehensive Assessment after resident's physical or mental condition. (For purpose of this section, a "significant change" Significant Change. means a major decline or improvement in the resident's status that will not normally resolve Residents at Corydon Specialty Care will be itself without further intervention by staff or by reassessed with any significant change that implementing standard disease-related clinical occurs and MDS will be updated within the interventions, that has an impact on more than one area of the resident's health status, and 14 days required. requires interdisciplinary review or revision of the care plan, or both.) Resident #33 Significant change MDS was This REQUIREMENT is not met as evidenced updated when it was found during survey. Based on record review, staff interviews, and No other residents were affected. Resident Assessment Instrument (RAI) Manual the facility failed to complete the Minimum Data Current residents have the potential to be

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

census of 51 Residents.

Set (MDS) within 14 days of starting Hospice

services for 1 of 1 resident's reviewed for Hospice services (Resident #33). The facility reported a

TITLE

affected but were not.

Staff education provided on Comprehensive

assessment and significant change.

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.

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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 corrected.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		165222	B. WING		С	
NAME OF PROVIDER OR SUPPLIER						12/21/2023
MANUE OF PROVIDER OR SUPPLIER					REET ADDRESS, CITY, STATE, ZIP CODE	İ
CORYDON SPECIALTY CARE					5 EAST SOUTH STREET	
				C	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			
F 641	Continued From page 2 residents.		F 6	841	Current residents have the potential to be affected.	
	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. Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §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				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	
				5.		
					accuracy. Random audits their a	fter.
F 688			F 6	iaa.	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.	
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		ble independence unless a			Current residents have the poter affected.	itial to be

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Resident #28's Minimum Data Set (MDS)

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resident to get dressed.

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

On 12/21/23 at 9:53 am, Staff A, CNA stated she began employment in August of this year. She

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