

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

PRINTED: 05/30/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/02/2017
NAME OF PROVIDER OR SUPPLIER PANORA SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 805 EAST MAIN PANORA, IA 50216		
(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 000	INITIAL COMMENTS Correction date <u>5/27/17</u> Complaints # 63026-C, #64660-C, #66093-C, #66192-C, #66260-C, #66717-C and #66802-C were substantiated Investigation of facility-reported incident #66718-I resulted in deficiency. Complaints # 66774-C and # 67452-C were not substantiated. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. F 164 483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL SS=D PRIVACY/CONFIDENTIALITY OF RECORDS 483.10 (h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. (h)(3)The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. §483.70 (i) Medical records. (2) The facility must keep confidential all	F 000			
		F 164			

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

TITLE

(X6) DATE

05/17/2017

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.

POC accepted 5/20/17 V. Vinnikov

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F 164	Continued From page 1 information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and resident interview, the facility failed to maintain the bodily privacy of 1 of 10 current residents reviewed (Resident #8). The facility identified a census of 44 current residents. Findings include: The Minimum Data Set (MDS) assessment dated 2/16/17 documented diagnoses that included anxiety, depression, bipolar disorder and schizophrenia for Resident #8. The same MDS documented a BIMS score of 15, indicating intact memory and cognition. The resident required the assistance of 2 staff with dressing.	F 164			

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F 164	Continued From page 2 The care plan problem dated 7/30/15 identified the resident likes to stay up late into the night/early morning and prefers to sleep during daylight hours. Observation on 3/7/17 at 11:14 AM revealed Staff H, certified nursing assistant/medication aide (CNA/CMA) administered eye drops to the roommate of Resident #8. Observation revealed the roommate sat in direct view of Resident #8 lying in bed asleep with their breasts exposed. Observation at 11:17 AM revealed Staff I, licensed practical nurse (LPN) administered insulin to Resident #8 after checking the resident's blood sugar. Observation revealed the roommate ambulated independently to the bathroom located on Resident #8's side of the room during the insulin administration. Observation revealed no privacy curtain pulled around Resident #8's bed by either Staff H or I prior to leaving the room. Observation on 3/7/17 at 3:00 PM revealed the Resident #8 asleep in bed with bare breasts exposed in direct view of the resident's roommate. Observation at 3:40 PM revealed the resident remained as observed at 3:00 PM. The resident's roommate said to try and wake Resident #8 up because then maybe s/he would cover up. Observation on 3/7/17 at 4:43 PM with the Director of Nursing (DON) present revealed the resident remained in bed uncovered from mid-waist up in full view of his/her roommate. The DON pulled the room divider curtain around the resident's bed.	F 164			
F 241	483.10(a)(1) DIGNITY AND RESPECT OF	F 241			

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F 241 SS=E	Continued From page 3 INDIVIDUALITY (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interviews and review of policy and procedures, the facility failed to display respect for residents when speaking to and caring for, as a constant affirmation of their individuality and dignity as human beings (Resident #1, #6, #8, #9, and #10. The sample consisted of 12 residents and the facility reported a census of 44 residents. Findings include: 1. Resident #1 had a MDS (Minimum Data Set) assessment with a reference date of 2/22/17. The MDS indicated the resident had diagnoses that included hip fracture, bipolar disorder (mental illness), arthritis, anxiety and chronic obstructive pulmonary disease (lung disease). The same MDS documented a BIMS (Brief Interview of Mental Status) score of 15. A score of 15 indicated the resident had no cognitive impairments. The MDS indicated the resident needed assistance for completion of transfer, ambulation, toileting and hygiene and continent of bowel and bladder. The Care Plan identified a problem on 2/15/17 with the resident occasionally incontinent of bladder. The approaches directed the staff to assist the resident to the bathroom or commode	F 241			

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F 241	Continued From page 4 as needed. On 3/3/17 at 10:20 AM the resident stated Staff A, certified nursing assistant (CNA), is "mean" to him/her and wanted to know what gave Staff A the right to make him/her feel badly because she/he requested assistant to go to the bathroom. The resident stated Staff A told her "I have taken you to the bathroom 100 times this shift". The resident reported this to the social worker. The resident stated Staff A no longer works in the facility and she/he is thankful. 2. Resident #6 had a MDS assessment with a reference date of 1/27/17. The MDS identified the resident had diagnoses that included bipolar disorder, viral hepatitis (liver disease), encephalopathy (disorder of the brain, caused by an agent), obesity and heart failure. The same MDS documented a BIMS score of 15. A score of 15 reflected the resident had no cognitive impairments. The MDS indicated the resident required supervision for completion of toileting and independent with wheelchair mobility and ambulation in his/her room. The Care Plan problem dated 1/14/16 identified the resident had a history of falls and required assistance with ambulation, incontinent of urine and required staff assistance for toileting, perineal care, dressing, grooming and hygiene. During an interview on 3/3/17 at 2:10 PM the resident stated staff are abrupt and rude when caring for him/her and referenced Staff A as being rude and yelling at him/her. The resident stated the facility needed more staff as they become frustrated. The resident stated she/he did not want Staff A to care for him/her because she is in	F 241			

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F 241	Continued From page 5 a hurry all the time, is a little rough, and that makes him/her feel bad. The resident stated she/he reported concerns to the charge nurse. 3. Resident #8 had a MDS assessment with a reference date of 2/16/17. The MDS identified the resident's diagnoses included bipolar disorder, above the knee amputations of legs, chronic pain and schizophrenia. The same MDS documented a BIMS score of 15 (no cognitive problems) and dependent upon staff for completion of transfers, toileting, wheelchair mobility and occasionally incontinent of bladder and continent of bowel. The Care Plan problem dated 7/30/15 identified the resident liked to stay up late into the night/early morning and preferred to sleep during daylight hours. During an interview on 3/3/17 at 3:30 PM, the resident expressed concerns regarding undignified treatment by Staff A. The resident stated Staff A has a bad attitude and short and rude and acts like she/he is a bother to her. Resident #8 stated she/he has reported her concerns to the charge nurse. 4. Resident #9 had a MDS assessment with a reference date of 2/20/17 documented diagnoses that included edema, chronic kidney disease stage III, heart failure and chronic obstructive pulmonary disease for Resident #9. The same MDS documented a BIMS score of 15, required supervision for ambulation and extensive assistance for completion of toileting and hygiene and occasionally incontinent of bladder and continent of bowel.	F 241			

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F 241	Continued From page 6 The Care Plan problem dated 12/8/16 identified the resident requires assistance for some activities of daily living and directed staff assist the resident with personal hygiene, dressing, ambulation, transfers and bathing and set-up assistance with toileting. During an interview on 3/8/17 at 11:40 AM, with the DON from a sister facility present, the resident stated Staff A is a problem and she yells and yelled as his/her roommate (Resident #10). Resident #9 stated Staff A is rude to almost everyone. 5. Resident #10 had a MDS assessment with a reference date of 2/10/17. The MDS identified the resident had diagnoses that included pain in hips and lower back, muscle weakness and history of falls. The same MDS documented a BIMS score of 13 (no cognitive problems), required extensive assistance for completion of transfer, hygiene and toileting, frequently incontinent of bladder and occasionally incontinent of bowel. The Care Plan problem dated 12/8/16 identified the resident required staff assistance for completion of activities of daily living related to rheumatoid arthritis. The approaches directed staff to assist the resident with bathing, dressing, toileting and hygiene. On 3/8/17 at 11:40 AM, the DON (Director of Nursing) was interviewed and stated the resident stated staff treat her alright "except for 1". The resident's roommate (Resident #9) present during interview and reminded the resident it is Staff A she is talking about. Resident #10 stated Staff A yelled at him/her and she "threw me in the chair" and is rough. Resident #10 stated she/he had to	F 241			

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F 241	Continued From page 7 tell Staff A to calm down and is scared of her and did not want her caring for her. Resident #10 stated s/he is moving to another facility tomorrow and heard that Staff A works there and she would express his/her concerns to management there if Staff A does work there. During interview at 12:55 PM the resident stated Staff A did not really "throw" her into the chair, but handled her roughly. Resident#10 stated she/he reported the incident to the charge nurse last week when it occurred. During interview on 3/9/17 at 4:30 PM Staff B, CNA stated she works full time on the 2 PM-10 PM shift. She stated certified medication aide (CMA) but is often pulled from that duty to work on the floor taking care of residents due to shortness of staff. She stated concerns with Staff A, CNA, using a rude tone with residents. Staff B stated Staff A had good days and bad days and has reported her concerns to charge nurses on several occasions. Staff B stated Staff A self-terminated last week. During an interview on 3/7/17 at 3:35 PM Staff C, licensed practical nurse (LPN) stated she works full time on the 6 AM-6 PM shift. She stated the staffing on the 2 PM-10 PM shift is "not good". Staff C stated although she had never seen or heard Staff A being rude to residents, Staff J, registered nurse (RN) employed by a sister facility but picked up shifts, told her last week she reported Staff A for being rude/mean to the residents. During group interview on 3/2/7 at 3:00 PM, Residents #3 and #11 stated Staff A did not act real nice to them and pretty rude and loud.	F 241			

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F 241	Continued From page 8 During an interview on 3/8/17 at 12 noon Staff J, registered nurse, stated she worked 6 PM-6 AM on 2/28/17 and witnessed a resident sitting in the doorway of his/her room asking Staff A for assistance. Staff A replied "I'm busy" in an inappropriate tone of voice. The resident stated "I need help, please" and Staff A replied "I need help, too" and slammed the linen barrels into the wall in the hallway. Staff A then told the resident to get into his/her room and said "I do not want to hear you need up at 3:00 AM". Staff J stated she called the DON and reported the incident and also left a note for the DON. Staff J stated Staff A used inappropriate voice tone through the entire interaction. Review of the grievance form provided by the Social Worker dated 2/28/17, revealed Resident #1 complained about his/her treatment by Staff A. Resident #1 stated Staff A made him/her feel like a "bother" when requesting to go to the bathroom and staff A told Resident #1 she would not toilet him/her "100 times a shift". The Social Worker documented she spoke with the Administrator about the resident's concern and the Administrator then talked to Staff A and educated her to be mindful of how/what she says to residents. On 3/9/17 at 11:10 AM, Staff A expressed she gets frustrated very easily and often raises her voice which is probably perceived as being "rude or rough". Staff A stated she would "backtalk" residents when frustrated but meant no harm. Staff A stated she is no longer going to continue to be a CNA as she is "burnt out". On 3/8/17 at 12:40 PM the Administrator stated	F 241			

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F 241	Continued From page 9 she prepared a write-up for Staff A based on the concerns received from Resident #1 and Staff J, but Staff A self-terminated on 3/4/17. The Administrator stated she did not talk to any other residents or staff about Staff A but in retrospect she probably should have. The DON, present at this time, expressed concerns with inability to get staff to consistently do their job. Neither the Administrator, DON or social worker had any knowledge regarding the incident with Resident #9. Review of the Resident Council minutes dated 1/27/17, revealed 4 residents present who stated CNA's are short with residents. Review of the Resident Council minutes dated 2/24/17 identified 5 residents present who expressed CNAs have attitudes towards residents when having a bad day. The policy and procedures form titled Resident/Family/Staff Grievance or Concern, revised 5/8/13, identified the following: Policy- The resident has the right to voice concerns with respect to treatment or care that is, or fails to be, furnished without discrimination or reprisal, and prompt efforts by the facility to resolve concerns the resident may have, including those with respect to the behaviors of staff or other residents. After receiving a concern, the facility will actively seek a resolution and keep the complainant appropriately apprised of its progress toward resolution. Within 3 working days the facility staff will notify the complainant that an investigation into allegations was initiated. Within 7 days, a written response will be given to the complainant,	F 241			

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F 241	Continued From page 10 as well as, maintaining a copy for facility records. On 3/9/17 at 10:40 AM the Social Services Designee was interviewed and stated she fills out a grievance form for every concerned residents express during resident council meetings and sends them to the Administrator, DON and/or other Department Heads for an answer. She stated she has not received replies to resident council concerns for several months. On 3/14/17 at 11:40 AM the Administrator was interviewed and stated she would ask about any resident or family complaints in daily QA (Quality Assurance) meetings, but the social worker never brought up any concerns. The Social Worker did send copies of the resident council minutes but review of those fell through the cracks. On 3/14/17 the Administrator presented a Five Minute Meeting for Employees form dated 3/9/17 to be posted which educated staff to reporting of abuse, rudeness, unkindness in speech or physical interactions immediately to the charge nurse as well as the DON or Administrator. The Administrator also presented another Five Minute Meeting form dated 3/10/17 directed to social services to complete a concern Investigation Form for each concern identified during monthly resident council meeting to be presented to the quality assurance (QA) team for investigation and follow-up.	F 241			
F 246 SS=B	483.10(e)(3) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES 483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:	F 246			

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F 246	Continued From page 11 (e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observations and family and staff interviews, the facility failed to allow residents to open windows in their rooms for 1 of 2 discharged residents reviewed (Resident #5). The facility identified a census of 44. Findings include: 1. The Minimum Data Set (MDS) assessment dated 11/24/16 documented diagnoses that included chronic lung disease and heart failure for Resident #5. The assessment documented that Resident #5 required the assistance of one with transfers and bed mobility, s/he did not walk and received Hospice services. The clinical record for Resident #5 documented transfer to another care facility on 1/27/17. During interview with Resident #5's family member on 3/2/17, s/he stated the facility would not allow their parent to open the windows in his/her room when desired. She stated the resident experienced periods of shortness of breath and his/her room felt warm due to an oxygen concentrator running all the time. The family member stated the resident had 2 fans in his/her room, but the resident preferred to have a window cracked at times to bring in cool air as this made it easier to breathe. The family	F 246			

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F 246	Continued From page 12 member stated the resident would often open the window but staff would come in and shut it. The family member stated that staff removed the window cranks in their parent's room so the windows could not be opened by the resident. Observation of the resident's previous room, currently unoccupied, on 3/2/17 at 4:30 PM revealed no cranks on any of the window in the room. During interview on 3/14/17 at 10:40 AM the Environmental Services Supervisor sated he would prefer windows be closed during the winter because residents are not always able to close them independently and the room can become cold. He did not remove the cranks from Resident #5's windows and is not sure who did. He stated he knew the resident's family member had an issue with the missing cranks, but he did not know of this until the day the resident left. Cracking a window in a resident room does not affect the thermostat as the heating system will continue to run to maintain the temperature is set for. During interview on 3/14/17 at 11:20 AM the Administrator stated she removed the cranks from the window in the resident's room because the resident had the window opened wide, the temperature outside was below zero and snowing and the resident's room door had been shut but could feel the cold in the hallway and the resident's room felt cold. She stated she told the resident the window could be opened but requested s/he ask for staff assistance with it so it could be monitored.	F 246			
F 253 SS=E	483.10(i)(2) HOUSEKEEPING & MAINTENANCE SERVICES	F 253			

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F 253	Continued From page 13 (i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a sanitary and comfortable interior for residents in the facility. The facility identified a census of 44. Findings include: 1. Environmental tour of the facility conducted 2/24/17 at 11:00 AM with the Administrator and Environmental Services Supervisor present revealed the following concerns: a. The bathroom in room 101 had a brown crusted substance around the base of the toilet, more so on the right side. b. The caulking around the toilet in room 107 had a brownish substance on the caulking around the toilet based. The substance could be removed with a wet paper towel. The flooring around the toilet also appeared heavily stained. c. The bathing area on the 100 hall contained 4 used stick deodorants without residents' names on them. d. The bathing area on the 300 hall had a very foul odor. The floor contained a greenish foul substance and the toilet contained fecal material splatters on the inside bowl as well as fecal material in the toilet as well as brownish/yellow substance splatters on the rim below the toilet seat. The floor around the toilet had a heavy build-up of a brownish substance. Staff D, certified nursing assistant (CNA) present stated the substance on the floor looked like broccoli	F 253			

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F 253	Continued From page 14 and was on the floor this morning when she came in. She stated she has assisted a lot of residents to and from the toilet in the room this morning so that is why the toilet is soiled. She stated she should alert housekeeping staff to clean the area. e. The cart in the 300 hall bathing area had a soiled comb placed on top of clean washcloths. f. The 500 hall bathing area contained a soiled unmarked hairbrush stored on top of the supply drawers in the shower area. During interview at 11:50 AM, the Administrator stated the facility had no environmental services supervisor from 4/30/16 the current supervisor hired 9/16. The facility had some issues with their sprinkler system and subsequent ceiling damage that took up much of the supervisor's time, but are identifying issues and taking care of them when budget and staffing allows. The Administrator also identified some housekeeping staff were not as focused as others on details of cleaning and they are working on that issue and trying to get things done consistently.	F 253			
F 353 SS=E	483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required	F 353			

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F 353	Continued From page 15 at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)] (a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. (a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. (a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. (a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. This REQUIREMENT is not met as evidenced by: Based on observations and resident and staff interviews, the facility failed to maintain staffing levels to assure prompt response to call lights and provide care as directed by individual plans	F 353			

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F 353	Continued From page 16 of care for 7 of 10 current residents sampled. Residents #1, 3, 4, 8, 9, 10 and 11. The facility identified a census of 44. Findings include: 1. The Minimum Data Set (MDS) dated 12/15/16 documented documented diagnoses that included depression, chronic obstructive pulmonary disease and unspecified abnormalities of gait and mobility for Resident #3. the same MDS documented a Brief Interview of Mental Status (BIMS) score of 14 which indicates intact cognition, required extensive assistance for completion of transfer, and toileting, has decreased functional range of motion in both lower extremities, non-ambulatory and utilizes a wheelchair for mobility. The care plan did not address the resident's bathing preference or assistance needed to complete bathing. Care plan problems dated 7/10/16 identified the resident does not walk due to paralytic polio as a child, incontinent of bowel and bladder, at risk for further skin breakdown and directed staff check skin with bathing and cares. During group interview on 3/2/17 at 3:00 PM Resident #3 stated s/he does not always get a bath because staff are really busy and s/he requires a mechanical lift for transfer. S/he would prefer to get 2 baths per week, but is lucky to get 1. 2. The MDS dated 3/8/17 documented diagnoses that included blindness in right eye and low vision in the left eye and left upper extremity monoplegia for Resident #11. The same MDS documented a	F 353			

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F 353	Continued From page 17 BIMS score 9 which indicated moderate cognitive impairment and required extensive assistance for completion of bathing. The care plan problem dated 3/24/15 identified the resident requires assistance for completion of bathing and indicated the resident prefers morning showers, and to offer other options such as a sink/bed bath, whirlpool, evening shower, etc, if the resident refuses in order to meet hygiene needs. During group interview on 2/24/17 at 3:00 PM Resident #11 stated s/he does not always get showers and would prefer 2 a week, but usually gets 1. During group interview Resident #3 and Resident #11 stated having to wait >15 minutes for call lights to be answered. Both residents indicated the facility short of care staff. 3. The MDS assessment dated 2/22/17 documented diagnoses that included hip fracture, bipolar disorder, arthritis, anxiety and chronic obstructive pulmonary disease for Resident #1. The same MDS documented a BIMS score of 15 which indicated intact cognition, required extensive assistance for completion of transfer, ambulation, toileting and hygiene and continent of bowel and bladder. The care plan problem dated 2/15/17 identified the resident occasionally incontinent of bladder and directed staff assist the resident to the bathroom or commode as needed. During interview on 3/3/17 at 10:20 AM the resident stated s/he "constantly" has to wait	F 353			

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F 353	Continued From page 18 greater than 15 minutes for staff response to his/her call light. 4. The MDS assessment dated 2/10/17 documented diagnoses that included Non-Alzheimer's dementia, anxiety, arthritis and depression for Resident #4. The same MD documented a BIMS score of 15, required extensive assistance for completion of transfer, toileting and hygiene and frequently incontinent of bowel and bladder. The care plan problem dated 3/5/15 identified the resident at risk for skin breakdown related to incontinence and directed 2 staff to toilet the resident frequently and to perform perineal care after incontinent episodes. The care plan also identified the resident does not walk and requires assistance to 2 and the mechanical sit-stand lift for transfer. During interview on 3/3/17 at 8:50 AM the resident stated s/he has to wait >15 minutes for call light response especially in the afternoon and evening on a consistent basis and has to wait a long time for staff to get the lift and help her to and from the bathroom. The resident stated there is not enough staff but is thankful for what staff does do for him/her because staff are busy and s/he requires quite a bit of help. 5. The MDS assessment dated 2/20/17 documented diagnoses that included edema, chronic kidney disease stage III, heart failure and chronic obstructive pulmonary disease for Resident #9. The same MDS documented a BIMS score of 15, required supervision for ambulation and extensive assistance for completion of toileting and hygiene and	F 353			

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F 353	Continued From page 19 occasionally incontinent of bladder and continent of bowel. The care plan problem dated 12/8/16 identified the resident requires assistance for some activities of daily living and directed staff assist the resident with personal hygiene, dressing, ambulation, transfers and bathing and set-up assistance with toileting. During interview on 3/8/17 at 2:00 PM the resident stated s/he "always" has to wait >15 minutes for staff response to his/her call light to get assistance to and from the bathroom because there is just not enough help. 6. The MDS assessment dated 2/10/17 documented diagnoses that included pain on both hips and lower back, muscle weakness and history of falls for Resident #10. the same MDS documented a BIMS score of 13, required extensive assistance for completion of transfer, hygiene and toileting and frequently incontinent of bladder and occasionally incontinent of bowel. The care plan problem dated 12/8/16 identified the resident requires staff assistance for completion of activities of daily living related to rheumatoid arthritis and directed staff assist the resident with bathing, dressing, toileting and hygiene. During interview on 3/8/17 at 11:40 AM ,with a Director of Nursing from a sister facility present, then resident stated staff are overworked and need more staff. S/he also stated having to "wait a long time" for staff to responds to his/her call light.	F 353			

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F 353	Continued From page 20 7. The MDS assessment dated 2/16/17 documented diagnoses that included bipolar disorder, above the knee amputations of both legs, chronic pain and schizophrenia for Resident #8. The same MDS documented a BIMS score of 15, dependent upon staff for completion of transfer, toileting and wheelchair mobility and occasionally incontinent of bladder and continent of bowel. The care plan problem dated 3/28/16 identified the resident has impaired mobility related to lower extremity amputations and directed 2 staff assist the resident with transfer and toileting due to the use of a mechanical lift. Observation on 3/3/17 at 2:20 PM revealed the resident seated in a wheelchair in the dining area. The resident stated s/he told the social worker s/he needed to go to the bathroom when the social worker assisted him/her back into the building from the smoking area at 1:40 PM. The resident also stated s/he told Staff E, CNA/CMA of his/her need to go to the bathroom and now has to go "really bad". Staff E observed at the medication cart counting narcotics with the offgoing nurse. She stated she paged over all the CNA headsets for assistance for the resident to go to the bathroom and agreed the resident should have been toileted sooner. Staff F, CNA in the hallway and stated she heard the page for the resident needing assistance to the bathroom. Observation at 2:35 PM (55 minutes after the resident's original request to go to the bathroom) revealed Staff F, CNA and Staff G assisted the resident to the toilet in the 300 hall bathing area. During interview on 3/9/17 at 4:30 PM Staff B,	F 353			

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F 353	Continued From page 21 certified nursing assistant (CNA) stated she works full time on the 2 PM-10 PM shift. She stated certified medication aide (CMA) but is often pulled from that duty to work on the floor taking care of residents dues to shortness of staff. She stated is very difficult to bathe resident scheduled on this shift because of lack of staff. Staff on this shift often document the resident refused bathing when it was not even offered to them because staff would not have time to complete them. Staff B also stated that sometimes residents have to sit for hours in soiled briefs as not able to attend to them all. Staff A took a resident roster list and documented 14 of 44 residents required a mechanical lift and 2 assists for transfers and are basically dependent for all care. During interview on 3/7/17 at 3:35 PM Staff C, licensed practical nurse (LPN) stated she works full time on the 6 AM-6 PM shift. She stated the staffing on the 2 PM-10 PM shift is not good. This past Saturday she came to work at 2 AM and worked until 4 PM and the 2 PM- 10 PM shift had only 1 CNA scheduled and that CNA quit without notice. She stated she knows that baths are not getting done consistently on any shift due to lack of staffing. She stated it is difficult to get resident care completed for residents as they should be when there is not enough staff.	F 353			

Panora Specialty Care

805 E. Main Street

Panora, IA 50216

Survey Exit Date 5/2/2017

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law.

F164 - All residents at Panora Specialty Care will have their dignity maintained by having their bodily privacy respected while staff is performing cares. All staff will be re-educated to this standard via a 5 minute meeting. The facility will also perform direct care audits weekly for four weeks. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 27, 2017.

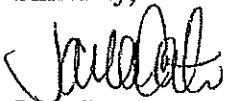
F241 - All residents at Panora Specialty Care will receive kind and considerate care in their interactions with staff. Staff A was disciplined as a result of the allegation. All staff will be re-educated to the standard of kind and considerate care during cares via a 5 minute meeting. The facility will also perform direct care audits weekly for four weeks. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 27, 2017.

F246 - All residents at Panora Specialty Care will be treated with respect and dignity while interacting with staff. All staff will be re-educated to this standard via a 5 minute meeting. The facility will also perform direct care audits weekly for four weeks. The management team will also ask to be invited to the monthly Resident Council Meetings to receive feedback from residents and address any concerns they express. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 27, 2017.

F253- All residents at Panora Specialty Care will be in an environment that is maintained, sanitary, orderly, and comfortable. All staff at Panora Specialty Care will be re-educated to the standard of a clean, maintained, and orderly physical plant via a 5 minute meeting. The facility will also perform daily physical plant rounds to address any concerns residents may have that day. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 27, 2017.

F353 - All residents at Panora Specialty Care will have their needs met per their plan of care by sufficient numbers of staff. All staff at Panora Specialty Care will be re-educated to have call lights answered within 15 minutes. The facility will perform call light audits weekly for four weeks. Ongoing monitoring will become part of the facility QAPI process. This will be corrected by May 27, 2017.

Sincerely,



Jana Cates

Administrator

