

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

PRINTED: 01/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/16/2020
NAME OF PROVIDER OR SUPPLIER  KINGSLEY SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 305 WEST THIRD BOX 10 KINGSLEY, IA 51028	
(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 _____ A recertification survey completed 1/13-16/20 resulted in the following deficiencies. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity 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.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  §483.10(b)(1) The facility must ensure that the	F 550		

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

TITLE

(X6) DATE

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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F 550	<p>Continued From page 1</p> <p>resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview, the facility failed to assure a resident with incontinence did not have soiled linens in view of other residents or visitors for 2 of 12 residents reviewed, (Resident #1 and #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1) According to the Minimum Data Set (MDS) assessment dated 10/10/19, Resident #1 scored 3 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident had frequent bowel and bladder incontinence and diagnoses included Alzheimer's disease.</p> <p>During an observation on 1/14/20 at 7:07 a.m. Staff D, Certified Nursing Assistant (CNA) and Staff E, CNA assisted the resident. When staff transferred the resident to the wheelchair, bowel movement (bm) was noted on the resident's bed pad. Staff assisted the resident to the toilet then transferred to the wheel chair and wheeled her to the dining room. Staff did not remove the soiled linens from the resident's bed. The resident resided in a 3 person bed room with her bed in</p>	F 550			

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F 550	Continued From page 2 the middle section of the room. At 7:43 a.m. the bm on the bed pad was visible when walking by the resident's room. At 8:03 a.m. bm remained on the pad on the resident's bed. At 8:22 a.m. the bed pad no longer remained on the resident's bed.  During an interview on 1/15/20 at 9:53 a.m. the Nurse Consultant stated if the CNA's were in the room the soiled linens should be removed from the bed, not left where other people could visualize it.  2) According to the MDS assessment dated 11/7/19, Resident #9 scored 4 on the BIMS, indicating severe cognitive impairment. The resident had occasional bladder incontinence and diagnoses included Alzheimer's disease.  During an observation on 1/14/20 at 6:53 a.m. Staff D and Staff E assisted the resident on the toilet. The resident's bed showed urine incontinence and Staff E stated the resident leaked through her incontinent pad. After completing care staff wheeled the resident to the dining room. A large area of urine incontinence (visually) prominent on the resident's bed. At 7:43 a.m. the urine stain was visible from the hall when walking by the resident's room. At 8:03 a.m. the soiled linens remained on the bed. At 8:22 a.m. the soiled linens were no longer on the bed.	F 550			
F 565 SS=D	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)  §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (I) The facility must provide a resident or family	F 565			

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F 565	<p>Continued From page 3</p> <p>group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident interviews and staff interviews, the facility failed to consider the views of the resident group and act promptly upon the grievances and recommendations of the group concerning issues of resident care and life in the facility. The facility failed to demonstrate</p>	F 565			

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F 565	<p>Continued From page 4</p> <p>their response and give a rationale for such response. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Resident Council Meeting minutes dated October 1, 2019 stated concerns about the meals served late. The Discussion of Old Business stated the meals are still served late, especially supper. The minutes did not address resolutions/indications of improvement of any issue.</p> <p>The Resident Council Meeting minutes dated November 5, 2019 stated concerns about food service times. The Discussion of Old Business stated the meal times were of concern. The minutes did not address resolutions/indications of improvement of any issue.</p> <p>The Resident Council Meeting minutes dated December 3, 2019 stated the meals are served late. The Discussion of Old Business stated to see Dietary-Other Sheet. The minutes did not address resolutions/indications of improvement of any issue.</p> <p>During a Resident Council meeting on 1/13/2020, 6 out of 6 residents stated breakfast, lunch and dinner are served late every day. The group stated the times vary from 15 minutes to 30 minutes later than scheduled. The group stated the issue of meal times are presented at every resident council meeting without a response or rationale for the response.</p> <p>Observation on 1/14/2020 revealed lunch service to begin 16 minutes later than scheduled.</p>	F 565			

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F 565	Continued From page 5  Observation on 1/15/2020 revealed breakfast service to begin 13 minutes later than scheduled.  During an interview on 1/15/2020 at 8:35 a.m., the AD (Activities Director) stated she brought issues presented at Resident Council meetings to the appropriate department heads. The grievance or recommendation is brought up at the next council meeting during Discussion of Old Business to discuss resolutions or improvements.  During an interview on 1/15/2020 at 10:28 a.m., the Administrator stated issues brought up at resident council meeting are brought to him or the department head. The Administrator stated he was not aware the previous DM (Dietary Manager) had not given a response or rationale for the resident's concerns.  A review of the policy titled, Resident Council, dated June, 2012 revealed it is the facility's policy to listen to the views and act upon grievances and recommendations of residents concerning proposed policy and operation decisions affecting resident's care and life in the facility. The facility will ensure response in a timely manner through the use of the Resident Council Department Response Form. Forms must be thoroughly completed and signed by department head, reviewed and signed by Administrator within two weeks of issuance, and reviewed by the Resident Council at the next council meeting.	F 565			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident;	F 580			

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F 580	<p>Continued From page 6</p> <p>consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility</p>	F 580			

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F 580	<p>Continued From page 7</p> <p>that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to notify the physician and family of a significant weight loss for 1 of 2 residents reviewed for nutrition (Resident #1). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 10/10/19, Resident #1 scored 3 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident did not experience a significant weight loss of 5% in 1 month or 10% in 6 months.</p> <p>A Weight Change Notification signed by the physician dated 11/20/19 documented the resident showed a 10% weight loss in 180 days, with plans to add the resident to the Nutrition Intervention Program. The report documented notification of the resident representative.</p> <p>The weight record on 11/26/19, documented the resident weighed 145.3 lbs. On 12/31/19, the resident weighed 137.7 pounds a 5.23 % loss in 1 month.</p> <p>A Dietary Note dated 1/3/20 at 1:58 p.m. documented the resident remained on a regular diet with thin liquids and consumed 47%</p>	F 580			



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F 580	Continued From page 8 of meals served. She sat at a supervised table and would feed herself. The resident's weight down 5% in 30 days and 11.6% in 180 days. Carnation Instant Breakfast (CIB) added to whole milk implemented for increased calories.  The clinical record lacked a notification of the physician or the resident representative of the 30 day significant weight loss.  During an interview on 1/14/20 at 3:50 p.m. the Nurse Consultant stated they notified the physician and family of the weight loss in November. She said they did not continue to notify the physician of weight losses. She agreed the resident showed an additional significant loss.  The facility Weight Monitoring policy January 2015 Edition, documented significant weight loss 5% in 1 month and 10% in 6 months. Severe loss <5% in 1 month and <10% in 6 months. The policy included notifying the attending physician and document in the clinical record based upon suggested parameters listed.	F 580			
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, facility failed to accurately reflect the resident's status on the Minimum Data Set (MDS) assessment for 1 out of 1 resident reviewed, (Resident #32). The facility reported a census of 33 residents.	F 641			

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F 641	Continued From page 9  Findings include:  The MDS (Minimum Data Set) assessment tool dated 7/11/2019, listed diagnoses for Resident #32 included anxiety disorder, depression, manic depression, and post-traumatic stress disorder (PTSD). The MDS noted the resident did not require assistance for bed mobility, transfers, eating, or toileting. The MDS listed the resident's BIMS (Brief Interview for Mental Status) score as 10 out of 15, indicating moderately impaired cognition. The MDS assessment did not reflect the Level II Preadmission Screening and Resident Review (PASRR) conditions.  The Care Plan dated 1/1/2020, identified interventions for Resident #32 with a history of depression, bipolar depression, and PTSD.  During an interview on 1/15/2020 at 9:56 a.m., the Director of Nursing (DON) stated the MDS Coordinator must have failed to identify the Level II Preadmission Screening and Resident Review (PASRR) conditions on the comprehensive assessment dated July 11, 2019.  During an interview on 01/16/2019 at 08:50 a.m., the DON stated the facility does not have a MDS/Assessment policy. The DON stated the facility follows the regulations.	F 641			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689			

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F 689	<p>Continued From page 10</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide adequate supervision to prevent accidents for 1 of 2 residents reviewed, (Resident #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 11/7/19 Resident #9 scored 4 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required limited assistance with ambulation in the corridor. The resident was unsteady, but able to stabilize without human assistance when walking. The resident's diagnoses included Alzheimer's disease.</p> <p>The Care Plan in effect 1/2/20 and dated 5/15/19, identified the resident had an actual fall with serious injury, partial hip fracture, related to an instance of poor balance. The interventions in place on 1/2/20 included the resident ambulated without an assistive device with 1 assist (dated 8/29/19).</p> <p>A Therapy Communication form dated 5/21/19 documented they recommended to please walk the resident to/from all meals and activities with contact guard assist (CGA).</p> <p>A Progress Note dated 1/2/20 at 9:05 a.m. documented a Certified Nursing Assistant (CNA)</p>	F 689			

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F 689	<p>Continued From page 11</p> <p>ambulated with resident after breakfast to the shower room down hall 1. The resident ambulated faster than normal with the CNA. The resident lost her balance falling down onto her right hip and right elbow. The resident did not hit her head. No internal/external rotation noted to the resident's extremities and the resident denied pain/discomfort at the time of fall. The resident assisted up with assist of 2 and partial weight bearing on the right leg, and full weight bearing on the left. The resident transferred to the wheel chair. Appointment made with the resident's provider. The resident experienced increased pain to the right hip at rest.</p> <p>At 5:23 p.m. received notification from the emergency room the resident admitted with acute fracture right trochanter.</p> <p>A hospital History and Physical dated 1/2/20 documented the resident had an acute transverse impacted fracture of the subcapital region of the femur.</p> <p>An Operative/Procedure Report dated 1/3/20 documented the resident underwent right hip cemented hemiarthroplasty (surgical procedure that involves replacing half of the hip joint).</p> <p>The Progress Notes dated 1/6/20 at 1:01 p.m. documented the resident returned to the facility from the hospital.</p> <p>The Progress Notes dated 1/10/20 at 12:00 p.m. documented the physician faxed about increased pain since return from the hospital. New orders received for Tramadol 50 mg 2 times a day (BID) for 14 days.</p> <p>During an observation on 1/14/20 at 6:53 Staff D,</p>	F 689			

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PRINTED: 01/28/2020  
FORM APPROVED  
OMB NO. 0938-0391

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F 689	<p>Continued From page 12</p> <p>CNA and Staff E, CNA assisted the resident. Staff transferred the resident using a gait belt and the resident indicated pain with standing.</p> <p>During an interview on 1/13/20 at 1:45 p.m. Staff A, CNA stated (1/2/20) he walked with the resident after breakfast going to the bath. She had shoes on and he held onto her hand. She started walking faster, lost her balance and fell. He said the resident had stand by assist (SBA) of 1 person, and did not utilize the gait belt. He said she walked steady until she went down.</p> <p>During an interview on 1/14/20 at 7:06 a.m. Staff D, CNA stated prior to the fall on 1/2/20 the resident had SBA with holding her hand to slow her down. Staff E, CNA stated the resident had SBA of 1 holding her hand because she could get to trotting and needed told to slow down.</p> <p>The clinical record lacked any documentation of a rationale for changing the resident from CGA to a lesser assist of SBA.</p> <p>During an interview on 1/14/20 at 4:27 p.m., the Director of Nursing (DON) stated the aides told her the resident set the alarm off all the time and got up and going. The resident didn't want the gait belt and didn't want to be touched so they discontinued the alarm and made her SBA.</p> <p>During an interview on 1/15/20 at 8:42 a.m. Staff C, CNA stated he did walk with the resident in the hallway and would use a gait belt if she had a bad day. He said she was still kind of shaky on the 1st broken hip. He said when she walked she wouldn't stop so she needed someone side by side with her.</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>During an interview on 1/15/20 at 11:07 a.m., the Physical Therapy Aide (PTA) stated when he did a screen it consisted primarily of questions to the resident that included if they had difficulty with ambulation. He would not watch her walk for the screen but he had seen her around the facility with staff with the hand hold. He said she did wander down to the therapy room 1 time. He said if the facility had asked him about changing from CGA to SBA he would have discussed it with the Physical Therapist (PT) and Occupational Therapist (OT).</p> <p>During an interview on 1/15/20 at 12:36 p.m., the Nurse Consultant stated they do not have a policy for SBA but it meant walking with the resident without hands on. She said they can change assistance levels but it should be documented why they are doing it.</p> <p>During an interview on 1/15/20 at 12:44 p.m., the Physical Therapist stated if a resident was not on case load and the facility wanted a recommendation about changing from CGA assist he would not feel comfortable making one based on their observations. He would want to know from the PTA, someone qualified in therapy, about the resident's status with transfers, standing, pivot, etc.. Otherwise they would need an evaluation.</p> <p>During an interview on 1/15/20 at 1:04 p.m., OT stated they put the resident on CGA which meant hands on the gaitbelt, because the resident had no carryover with safety and a diagnosis of dementia. She said they were not supposed to make recommendations without an evaluation and they could do a 1 time only eval. She said the resident was a difficult case and would not</p>	F 689			

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F 689	Continued From page 14 participate in therapy. She said SBA was different for therapy than for the facility. She said SBA for therapy meant within arms length with a gait belt on the resident. She considered SBA per the nursing home (definition) supervision. She said usually the facility would go ahead and change assist status if the resident needed more help, but usually at least wanted an opinion if they were going to provide them less assistance. She said walking with the resident holding their hand as opposed to using a gait belt would make it more difficult to keep a resident from falling but every little bit helped.  The facility policy, Gait Belts (for use in ambulation and transfer) January 2015 edition, identified gait belts should be used by all staff, to allow for easier handling of residents which should help avoid injuries, both to residents and staff.	F 689			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that	F 690			

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F 690	<p>Continued From page 15</p> <p>catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview, the facility failed to provide appropriate catheter care to prevent infection for 1 of 2 residents reviewed, (Resident #3). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 1/2/20, Resident #3 scored 10 on the Brief Interview for Mental Status (BIMS) indicating some cognitive impairment. The resident required extensive assistance with toilet use and personal hygiene and had an indwelling urinary catheter. The resident's diagnoses included obstructive uropathy and a urinary tract infection (UTI) in the last 30 days.</p>	F 690			



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F 690	<p>Continued From page 16</p> <p>The Care Plan revised 6/7/19, identified the resident had benign prostatic hypertriphly (BPH) causing retention requiring the use of a supra-pubic catheter. The resident had a history of methecillin resistant staphylococcus aureus (MRSA) in the urine.</p> <p>The January 2020 Medication Administration Record showed the resident received Levofloxacin 250 mg 2 times a day for UTI for 10 days 1/2-12/29.</p> <p>The Physician's Orders included cleansing the suprapubic catheter site daily and as needed (PRN) dated 2/6/19.</p> <p>During an observation on 1/15/20 at 7:14 a.m. Staff B, Certified Nursing Assistant (CNA) and Staff C, CNA provided care for the resident. Staff C wiped around the suprapubic catheter site with an alcohol wipe showing some bleeding. She used a 2nd alcohol wipe around the site. Staff C used another alcohol wipe toward the insertion site, then back and forth on the catheter multiple times. Staff B applied a split dressing and taped.</p> <p>During an interview on 1/15/20 at 9:55 a.m., the Nurse Consultant found the suprapubic catheter care policy indicating cleansing with a cleansing product and warm water. She would not expect them to clean the site with alcohol. She also would not expect them to clean the tubing toward the insertion site or in a back and forth motion.</p> <p>The facility Suprapubic Catheter Care policy January 2015 edition, indicated the purpose to keep clean and prevent infection. The guidelines directed to clean around the catheter well with cleansing product and warm water, or</p>	F 690		

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F 690	Continued From page 17	F 690			
F 805 SS=D	<p>premoistened cleansing cloth.</p> <p>Food in Form to Meet Individual Needs CFR(s): 483.60(d)(3)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(3) Food prepared in a form designed to meet individual needs. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interview, the facility failed to serve mechanical soft diets in a form to meet the needs of 2 of 4 residents reviewed (Resident #2 and #24). The facility reported a census of 33 residents and 4 residents with mechanical soft diets.</p> <p>Findings include:</p> <p>The Tuesday 1/14/20 noon menu included a serving of sweet potatoes.</p> <p>1) According to the Minimum Data Set (MDS) assessment dated 10/10/19, Resident #2 scored 5 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included dementia.</p> <p>The facility Diet Roster showed the resident on a regular, mechanical soft diet.</p> <p>The current Care Plan revised 12/12/18, identified the resident with a history of difficulty swallowing and a risk for aspiration pneumonia. The interventions included providing the resident with the appropriate diet with mechanical soft texture.</p>	F 805			

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F 805	<p>Continued From page 18</p> <p>2) According to the MDS assessment dated 12/5/19, Resident #24 scored 12 on the BIMS indicating some cognitive impairment. The resident's diagnoses included a stroke.</p> <p>The facility Diet Roster showed the resident on a regular, mechanical soft diet.</p> <p>The current Care Plan dated 12/19/18, identified the resident with a swallowing problem related to coughing or choking during meals. The interventions included providing the resident with a mechanical soft texture diet.</p> <p>During an observation on 1/14/20 at 12:10 p.m. Staff F, cook started the noon meal service. During the meal service the cook served Resident #24 and Resident #2 a baked sweet potato with the skin on.</p> <p>During an interview on 1/14/20 at 12:57 p.m., the Dietary Supervisor (DS) brought a page from the facility Simplified Diet Manual showing foods to avoid included vegetables with tough skin. He said usually they would use a big can of sweet potatoes but had none so they were forced to bake sweet potatoes. He verified the skins were not appropriate on a mechanical soft diet.</p>	F 805		



DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IA0407	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/16/2020
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NAME OF PROVIDER OR SUPPLIER  KINGSLEY SPECIALTY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 305 WEST THIRD BOX 10 KINGSLEY, IA 51028
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N 101 SS=D	<p>50.7(1) 481- 50.7 (10A,135C) Additional notification.</p> <p>481-50.7 (10A,135C) Additional notification. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):</p> <p>50.7(1) Of any accident causing major injury. a. " Major injury " shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a " major injury " based upon the circumstances of the accident, the previous functional ability of the resident, and the resident ' s prognosis. b. The following are not reportable accidents: (1) An ambulatory resident, as defined in rules 481-57.1(135C), 481-58.1(135C), and 481-63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or (2) Spontaneous fractures; or (3) Hairline fractures.</p> <p>This Statute is not met as evidenced by: Based on record review and staff interview, the facility failed to report and accident with a major injury to the Department of Inspections and</p>	N 101		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

DEPARTMENT OF INSPECTIONS AND APPEALS

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N 101	<p>Continued From page 1</p> <p>Appeals for 1 resident reviewed, (Resident #9). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated 11/7/19, Resident #9 scored 4 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident's diagnoses included Alzheimer's disease.</p> <p>A Progress Note dated 1/2/20 at 9:05 a.m. documented a Certified Nursing Assistant (CNA) ambulated with the resident after breakfast to the shower room down hall 1. The resident ambulated faster than normal with the CNA. The resident lost her balance falling down onto her right hip and right elbow. The resident did not hit her head. No internal/external rotation noted to the resident's extremities, and the resident denied pain/discomfort at the time of fall. The resident assisted up with assist of 2 and partial weight bearing on the right leg, and full weight bearing on the left. The resident transferred to the wheel chair. Appointment made with the resident's provider. The resident experienced increased pain to the right hip at rest. At 5:23 p.m. received notification from the emergency room the resident admitted with acute fracture of the right trochanter.</p> <p>A hospital History and Physical dated 1/2/20 documented the resident had an acute transverse impacted fracture of the subcapital region of the femur.</p> <p>An Operative/Procedure Report dated 1/3/20 documented the resident underwent right hip cemented hemiarthroplasty (surgical procedure</p>	N 101		

DEPARTMENT OF INSPECTIONS AND APPEALS

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N 101	Continued From page 2  that involves replacing half of the hip joint).  During an interview on 1/13/20 at 1:30 p.m. the Director of Nursing (DON) stated they did not report the resident's fall with a fractured hip.	N 101		

