STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165226	A. BUILDING _____ B. WING _____	08/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANLY SPECIALTY CARE	601 E SOUTH STREET MANLY, IA 50456

(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 9/17/2021 The following deficiencies relate to the facility's annual health survey and the investigation of incidents #96888-I and #98233-I, and complaints #97466-C and #99178-C completed August 16-19, 2021. Complaint #97466 was not substantiated. Complaint #99178 was not substantiated. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C)	F 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Manly Specialty Care does not admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The facility reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to follow physician's orders for 1 of 16 residents reviewed, (Resident #15). The physician's oxygen order for Resident #15 directed staff to administer oxygen at 1 liter per nasal cannula on an as needed basis. The facility did not follow the physician's oxygen order when the facility administered oxygen at a higher rate (2.5 liters) and at a continuous flow. The facility reported a census of 37. Findings include: A Minimum Data Set (MDS) with an Assessment	F 658	F658 A correct order was received for Resident #15 on 8/18/2021. This order reads staff is to administer oxygen 1-3L per nasal cannula PRN to keep saturations above 89%. A 100% audit will be performed by the Interim Director of Nursing on all residents who use oxygen to ensure the current order correctly fits resident's needs. Education was provided to all nurses that if a resident needs an increase in oxygen to notify the physician and obtain an order to do so. During daily rounds current physician orders for oxygen will be monitored.	9/17/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rachel Bowser — TITLE: Administrator — (X6) DATE: 9/3/2021

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 658	Continued From page 1	F 658		

Reference Date of 6/7/21, documented Resident #15"s diagnoses included Huntington's disease, anxiety disorder, and abnormal posture. A Brief Interview for Mental Status (BIMS) revealed a score of 9, indicating moderate cognitive impairment. Resident #15 required extensive assist of 1 staff for bed mobility, toilet use, and personal hygiene.

In an observation on 8/16/21 during initial walk through, it was noted Resident #15 had oxygen running per nasal cannula. When staff were asked to verify the noise they stated it was coming from the oxygen concentrator and not a low air loss mattress.

On 8/17/21 at 2:31 PM, it was noted the oxygen continued to run. The oxygen flow rate was set at 2.5 liters and was delivered via nasal cannula. Resident #15 stated she has oxygen on at all times. When asked if she has it on every day she stated "yes, every day." Resident stated it helps her to breath. The oxygen order was checked at this time and it read oxygen was to be given on an as needed (PRN) basis at the flow rate of 1 liter(L) to keep an oxygen saturation (POX) above 89%.

On 8/17/21 at 3:43 PM, it was noted the oxygen (O2) remained on at 2.5L per nasal cannula.

On 8/18/21 at 8:46 AM, Staff A, RN, had just given Resident #15 her feeding. The O2 was on at 2.5 L. When asked about the O2, Staff A verified that it was on at 2.5L. When asked about the PRN order of 1L she turned the O2 down to 1L, Staff A said she hadn't checked the order yet.

On 8/18/21 at 10:28 AM, the Interim Director of

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F 658	Continued From page 2 Nursing (DON), stated she just obtained an order for O2 to be titrated 1-3L. She said the nurse today had turned the oxygen up because this resident's POX was 89%. When told the RN earlier had said she had not had time to look at the oxygen order and did not know what the order was, the DON said she didn't realize that. The DON stated understanding that a doctor's order was not being followed. On 8/18/21 at 4:22 PM, Staff C Senior DON for the facility corporation, stated understanding the facility was not following doctor's orders when administering the oxygen at 2.5L. Staff C verified the order was to administer oxygen at 1L PRN for a POX above 89%. A Medicaiton Administration Record dated 8/1/21-8/31/21, directed staff to administer O2 at 1L PRN to keep saturations above 89%. The order had a discontinue date of 8/18/21 at 9:00 AM. This record revealed no documentation of liter flow, O2 saturations or when it was administered PRN. The same Medication Administration Record revealed a clarification from the facility's physician. The order directed staff to administer oxygen 1-3L per nasal cannula PRN to keep saturations above 89%. The start date for this order was 8/18/21 at 9:15 AM.	F 658		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 761	F761 The expired medications were immediately removed and wasted by the Interim Director of Nursing on 8/16/2021.	9/17/2021

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F 761	Continued From page 3 applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, policy review and staff interviews, the facility failed to discard expired medications for 1 of 2 medication carts and 1 of 1 medication storage room observed. The facility reported a census of 37. Findings include: Observation on 8/16/21 at 4:47 p.m., revealed the medication storage room contained the following medications stored and ready for use: a. 1 bottle of antacid relief with an expiration date of 2/21 b. 2 bottles of antacid relief with an expiration date of 3/21 c. 1 bottle of mint antacid tablets with an expiration date of 6/21 d. 1 bottle of mixed fruit antacid tablets with no	F 761	Education was provided to all nurses to ensure they are checking for expiration dates and removing expired medications per nursing protocol. This will be monitored on an ongoing basis by the Nurse Management team through audits.	

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F 761	Continued From page 4 label on the back of the bottle and no expiration date. e. 1 bottle of mint flavored milk of magnesia with an expiration date of 1/21 f. 8 suppositories in the medication fridge with an expiration date of 2/21. Observation on 8/16/21 at 4:53 p.m., revealed the medication cart contained Muro 128 5% eye ointment (used to help with corneal swelling) with an open date of 7/8/21 and discard date of 8/5/21. Review of the policy titled Medication Storage dated February 2020 edition revealed all outdated, deteriorated, or unusable drugs shall be stored in a designated area away from other drugs. During interview on 8/16/21 at 5:04 p.m, the Director of Nursing revealed she would expect to have all expired medications out of the storage room and she had not gotten to cleaning the storage out.	F 761		

DEPARTMENT OF INSPECTIONS AND APPEALS

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	IA0742	A. BUILDING: _____ B. WING _____	08/19/2021

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N 101 SS=D	50.7(1) 481- 50.7 (10A,135C) Additional notification. 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): 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. This Statute is not met as evidenced by: Based on record review and staff interview the facility failed to report to the Department of Inspections and Appeals (DIA) a reportable	N 101	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Manly Specialty Care does not admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The facility reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. N101 Administrator and Director of Nursing at the time of incident #1 and #2 are no longer employed at Manly Specialty Care. New Administration has been educated of the regulation involving timely reporting. Staff will be reminded of this regulation through daily newsletters and through all-staff education.	9/7/2021

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rachel Bowser
TITLE: Administrator
(X6) DATE: 9/3/2021

DEPARTMENT OF INSPECTIONS AND APPEALS

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N 101	Continued From page 1 incident involving a resident in a timely manner for 2 of 4 incidents/complaints reviewed, (Resident #28 and Resident #88). The facility census was 37 residents. Findings include: 1. Review of documentation for Resident #88 revealed an incident involving the resident occurred the evening of 3/26/21. The facility took appropriate steps to intervene and ensure the safety of the resident and informed the family and physician that same evening. Further review of documentation revealed the facility did not report this incident to DIA as required until 4/8/21, not within the 24 hours required by regulation. During an interview on 8/18/21 at 10:05 am the facility Nurse Consultant verified that administrative staff at the time of the incident involving Resident #88 did not report it to DIA within the time required. 2. The facility reported Resident #28 had a fall with major injury to DIA on 6/28/21. The fall occurred on 6/24/21. The facility did not report the fall within the 24 hours required by DIA. During interview on 8/18/21 at 1:35 PM, the Nurse Consultant, stated she was aware the incident was not reported to DIA within the regulated timeframe, (24 hours). She acknowledged the fall occurred on 6/24/21, the resident was hospitalized with serious injury on 6/25/21 and the facility reported the fall with injury on 6/28/21.	N 101		

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F 000	INITIAL COMMENTS Correction date_____ The following deficiencies relate to the facility's annual health survey and the investigation of incidents #96888-I and #98233-I, and complaints #97466-C and #99178-C completed August 16-19, 2021. Complaint #97466 was not substantiated. Complaint #99178 was not substantiated. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C)	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to follow physician's orders for 1 of 16 residents reviewed, (Resident #15). The physician's oxygen order for Resident #15 directed staff to administer oxygen at 1 liter per nasal cannula on an as needed basis. The facility did not follow the physician's oxygen order when the facility administered oxygen at a higher rate (2.5 liters) and at a continuous flow. The facility reported a census of 37. Findings include: A Minimum Data Set (MDS) with an Assessment	F 658		

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 658	Continued From page 1 Reference Date of 6/7/21, documented Resident #15"s diagnoses included Huntington's disease, anxiety disorder, and abnormal posture. A Brief Interview for Mental Status (BIMS) revealed a score of 9, indicating moderate cognitive impairment. Resident #15 required extensive assist of 1 staff for bed mobility, toilet use, and personal hygiene. In an observation on 8/16/21 during initial walk through, it was noted Resident #15 had oxygen running per nasal cannula. When staff were asked to verify the noise they stated it was coming from the oxygen concentrator and not a low air loss mattress. On 8/17/21 at 2:31 PM, it was noted the oxygen continued to run. The oxygen flow rate was set at 2.5 liters and was delivered via nasal cannula. Resident #15 stated she has oxygen on at all times. When asked if she has it on every day she stated "yes, every day." Resident stated it helps her to breath. The oxygen order was checked at this time and it read oxygen was to be given on an as needed (PRN) basis at the flow rate of 1 liter(L) to keep an oxygen saturation (POX) above 89%. On 8/17/21 at 3:43 PM, it was noted the oxygen (O2) remained on at 2.5L per nasal cannula. On 8/18/21 at 8:46 AM, Staff A, RN, had just given Resident #15 her feeding. The O2 was on at 2.5 L. When asked about the O2, Staff A verified that it was on at 2.5L. When asked about the PRN order of 1L she turned the O2 down to 1L, Staff A said she hadn't checked the order yet. On 8/18/21 at 10:28 AM, the Interim Director of	F 658		

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F 658	Continued From page 2 Nursing (DON), stated she just obtained an order for O2 to be titrated 1-3L. She said the nurse today had turned the oxygen up because this resident's POX was 89%. When told the RN earlier had said she had not had time to look at the oxygen order and did not know what the order was, the DON said she didn't realize that. The DON stated understanding that a doctor's order was not being followed. On 8/18/21 at 4:22 PM, Staff C Senior DON for the facility corporation, stated understanding the facility was not following doctor's orders when administering the oxygen at 2.5L. Staff C verified the order was to administer oxygen at 1L PRN for a POX above 89%. A Medicaiton Administration Record dated 8/1/21-8/31/21, directed staff to administer O2 at 1L PRN to keep saturations above 89%. The order had a discontinue date of 8/18/21 at 9:00 AM. This record revealed no documentation of liter flow, O2 saturations or when it was administered PRN. The same Medication Administration Record revealed a clarification from the facility's physician. The order directed staff to administer oxygen 1-3L per nasal cannula PRN to keep saturations above 89%. The start date for this order was 8/18/21 at 9:15 AM.	F 658		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 761		

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F 761	Continued From page 3 applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, policy review and staff interviews, the facility failed to discard expired medications for 1 of 2 medication carts and 1 of 1 medication storage room observed. The facility reported a census of 37. Findings include: Observation on 8/16/21 at 4:47 p.m., revealed the medication storage room contained the following medications stored and ready for use: a. 1 bottle of antacid relief with an expiration date of 2/21 b. 2 bottles of antacid relief with an expiration date of 3/21 c. 1 bottle of mint antacid tablets with an expiration date of 6/21 d. 1 bottle of mixed fruit antacid tablets with no	F 761		

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F 761	Continued From page 4 label on the back of the bottle and no expiration date. e. 1 bottle of mint flavored milk of magnesia with an expiration date of 1/21 f. 8 suppositories in the medication fridge with an expiration date of 2/21. Observation on 8/16/21 at 4:53 p.m., revealed the medication cart contained Muro 128 5% eye ointment (used to help with corneal swelling) with an open date of 7/8/21 and discard date of 8/5/21. Review of the policy titled Medication Storage dated February 2020 edition revealed all outdated, deteriorated, or unusable drugs shall be stored in a designated area away from other drugs. During interview on 8/16/21 at 5:04 p.m, the Director of Nursing revealed she would expect to have all expired medications out of the storage room and she had not gotten to cleaning the storage out.	F 761		

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MANLY SPECIALTY CARE	601 E SOUTH STREET MANLY, IA 50456

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N 101 SS=D	50.7(1) 481- 50.7 (10A,135C) Additional notification. 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): 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. This Statute is not met as evidenced by: Based on record review and staff interview the facility failed to report to the Department of Inspections and Appeals (DIA) a reportable	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IA0742	A. BUILDING: _____ B. WING _____	08/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANLY SPECIALTY CARE	601 E SOUTH STREET MANLY, IA 50456

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N 101	Continued From page 1 incident involving a resident in a timely manner for 2 of 4 incidents/complaints reviewed, (Resident #28 and Resident #88). The facility census was 37 residents. Findings include: 1. Review of documentation for Resident #88 revealed an incident involving the resident occurred the evening of 3/26/21. The facility took appropriate steps to intervene and ensure the safety of the resident and informed the family and physician that same evening. Further review of documentation revealed the facility did not report this incident to DIA as required until 4/8/21, not within the 24 hours required by regulation. During an interview on 8/18/21 at 10:05 am the facility Nurse Consultant verified that administrative staff at the time of the incident involving Resident #88 did not report it to DIA within the time required. 2. The facility reported Resident #28 had a fall with major injury to DIA on 6/28/21. The fall occurred on 6/24/21. The facility did not report the fall within the 24 hours required by DIA. During interview on 8/18/21 at 1:35 PM, the Nurse Consultant, stated she was aware the incident was not reported to DIA within the regulated timeframe, (24 hours). She acknowledged the fall occurred on 6/24/21, the resident was hospitalized with serious injury on 6/25/21 and the facility reported the fall with injury on 6/28/21.	N 101		