| Citation Numb #10848 | er: | | Date: June 26, 2025 | | | | |
|---|--|---|-------------------------------|----------------------------------|-----------------------------|--|--|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey June 5 – | Dates: - June 19, 2025 | | | |
| Facility Address 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amount | Correction date | | |
| 58.19(2)j | residents. The resident facility shall provide, as required nursing service of qualified nurses with in these rules: 58.19(2) Medication and j. Provision of accurate intervention for all residuadverse symptoms which mental, emotional, or photographic provides and intervention for all residuadverse symptoms which mental, emotional, or photographic provides and intervention for all residuation for all res | appropriate, the following es under the 24-hour direction ancillary coverage as set forth discretion the discretion ancillary coverage as set forth discretion ancillary coverage as set forth discretion. The discretion and timely ents who have an onset of chirepresent a change in mysical condition. (I, II, III) If review, facility investigative expression after 2 of 3 residents and a change in condition. It is a change in condition on May and on the evening shifts. The is to assess the resident after to him. The resident developed and 7:00 PM and staff applied a PRN medication was not given his fever nor was the physician and the signs significantly ely 3:00 AM and was sent to antimate and the hospital | I | \$9000.00 | Upon Receipt | | |
| Facilit | y Administrator | Dat | | | Page 1 of 2 9 | | |

| Citation Numb #10848 | oer: | | | | Date: June 26 | , 2025 |
|---|--|---|---|--------|------------------|-----------------------------|
| Facility Name Caring Acres N | : Iursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Addre 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | failed to call the provide pain or an order to be e sent to the hospital 12 h left hip fracture. The factoresidents. Findings include: 1. According to the annuassessment tool with a documented Resident # Mental Status (BIMS) so suggested no cognitive documented he was fre bowel. The MDS indicat partial/moderate assistat transfers. The following Resident #1: Parkinson' disease and diabetes m The Care Plan focus are 2/4/2025 documented F Daily Living (ADLs) prefintolerance. The Care Prequired the assistance surfaces for every trans Review of Resident #1's following: | quently incontinent of urine and ted he required ance with toileting hygiene and diagnoses were listed for a Disease, coronary artery tellitus. The a with an initiation date of the esident #1 had Activities of the erence deficit related to activity than indicated Resident #1 of one staff to move between fer. The ameal intake revealed the | | | | Page 2 of 2 : |

Facility Administrator

Date

| Citation Numl #10848 | oer: | | | | Date: June 26 | , 2025 | |
|---|---|--|---|--|------------------|-------------|--|
| Facility Name Caring Acres N | : lursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | | |
| Facility Address 1000 Hillcrest Anita, Iowa 500 | | LG | | | | | |
| Rule or Code Section | Natur | re of Violation | Class Fine Amount Correcti date | | | | |
| | lunch and 51-75% of his c) On 5/18/2025 he ate lunch and refused his deceived the following: a) On 5/16/2025 he had documented at 12:41 A of a small formed bowe b) On 5/17/2025 he had documented at 1:39 AN was incontinent at 9:59 documented about the c) On 5/18/2025 he had documented at 1:09 PN soft bowel movement at d) On 5/19/2025 at 1:11 large soft bowel movement at d) On 5/19/2025 at 3:08 abnormal vital signs, fer of breath. Resident #1's his blood pressure was at 3:11 AM his fever was saturation was 75% oxyapplied. b) On 5/19/2025 at 4:1 rhonchi throughout lung | 76-100% of his breakfast and inner. Is bowel movement record and 10:20 AM, was continent and 10:20 AM, was incontinent of a large to 10:50 AM, was continent of a large to 10:50 AM, was continent and 10:20 AM, was continent an | | | | Page 3 of 2 | |

| Citation Numb #10848 | er: | | | | Date: June 26 | , 2025 |
|---|--|---|---|--------|------------------|---------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Addre 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | cannula a 4 liters (L). Re clammy, unable to verbout was notified of his status and given orders to trans (ER). The Progress Notes for documentation on 5/18/ Record review revealed following change in contat 3:08 AM: a) The change in conditicalling about are: abnornausea/vomiting, shorter the morning of 5/19/202 b) Vital signs document blood pressure was 116 apical heart rate of 121. respiratory rate of 28, a oxygen saturation of 75 oxygen via nasal cannuc) Additional information aspiration d) Altered mental status of consciousness or rest difficulties, associated waspiration, audible rhondifficulty coughing. | Staff D documented the dition evaluation on 5/19/2025 ion, symptoms or signs I am mal vitals, fever, less of breath, that started on 15. ed as: on 5/19/2025 at 3:09 AM 15/56 with a pulse of 124 and On 5/19/2025 at 3:11 AM temperature of 101.1 and 16%, applied supplemental Ia as required: signs of 16 with a sudden change in level ponsiveness, swallowing with new onset or progressive chi noted, resident to the change ent was relevant to the change | | | | Page 4 of 2 |

Facility Administrator

Date

| Citation Numb #10848 | er: | | | | Date: June 26 | , 2025 |
|---|--|---|---|--------|------------------|---------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Addre 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | of shortness of breath, ff) A cardiovascular assection change in condition being experiencing a resting puthan 50. g) An abdominal assess change in condition being experiencing nausea an intermittent recurrent nath) Things that make the are oxygen saturations; i) Other relevant informatesident on bedsheet. j) Summarize your observecommendations: resident on bedsheet. j) Summarize your observecommendations: resident your observecommendations: your observecommendations: your observecommendations: your observecommendations: your observecommendations: your observecommendations: your observecommendation | essment was relevant to the ng reported due to the resident bulse greater than 100 or less sment was relevant to the ng reported due to the resident ad/or vomiting associated with nusea and vomiting. condition or symptom worse not improving. ation: visible emesis noted near ervations, evaluation and dent likely aspirated. In was notified on 5/19/2025 at additions to send to the ER. Intative (wife) was notified on sident #1 death certificate that a of death of 5/19/2025 at 8:03 cause of death listed as sepsis ence of aspiration pneumonia. May 2025 Medication MAR) revealed the following as ablet 325 milligrams (mg), give by 4 hours PRN for pain/fever, //2025. The order was not | | | | Page 5 of 2 |

Facility Administrator

Date

| #10848 | er: | | | | Date: June 26 | , 2025 |
|--|--|---|---|--------|------------------|---------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Address 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | hours, PRN for constipate 5/1/2025 and end date of not signed out as being order, c) gentle laxative rectal suppository rectally everonstipation with a start was not signed out as being May. On 6/12/2025 at 12:29 if Assistant (CNA) stated on May 17th and 18th dishift. He was fine on Sathe 18th she came in the have a bowel movement or right before they laid her shift on the 18th he movement during her shift during her shift on the 18th her shift during her shift during her shift duri | Adate of 5/1/2025. The order leing given in the month of PM Staff H Certified Nursing she took care of Resident #1 luring her 6:00 AM-2:00 PM lturday, a normal day for him. It work and he would always at in the morning and after lunch him down for the day. During | | | | Page 6 of 2 |

Facility Administrator Date

| Facility Name: Caring Acres Nursing Facility Address/Cit 1000 Hillcrest Drive Anita, Iowa 50020 | | LG | | | | |
|---|--|--|-----------------------------------|---|---------------------------|--|
| 1000 Hillcrest Drive | ty/State/Zip | LG | | Survey Dates: June 5 – June 19, 2025 | | |
| | | | | | | |
| Rule or Code Section | Natur | e of Violation | Class Fine Amount Correction date | | | |
| him Stat roor outs con and Stat 10:0 to h was goir she On care 6:00 Satr Sun sou was mer rem beir On wor 17th (Ma the Who | because he was no ff H stated Staff I wo m after he said he w side or doing other the front Staff I about go he would tell her "yeff H added this irritated on PM CNA's came have the night nurse is not sure what was and on with him. When told this to, she stated of the | that he needed to go check on tright and his color was off. uld not go in the resident's ould. She would find him nings instead. She would bing in to check on Resident #1 ea I will be there in a minute". ed her. When the 2:00 PM-on for this shift, she told them check in on the resident. She going on, but something was nasked which staff member ed Staff F CNA. M Staff A CNA stated she took May 17th and 18th during her Resident #1 seemed fine on the ordinary. Staff A stated on m in bed after lunch, he old the nurse about this and on it. The resident did not not feeling well. She could not she told about the resident M Staff F CNA stated he PM on the weekend of May care of Resident #1 on Sunday went to check on him later in ately noticed a foul smell. esident, he had soiled himself. It is bowel movement. When mell he stated it smelled like a | | | Page 7 of 2 | |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

| Citation Numbe #10848 | r: | | | | Date: June 26 | , 2025 | |
|---|--|---|----------------------|--------|------------------|---------------------------|--|
| Facility Name: Caring Acres Nu | rsing and Rehab | | Survey I June 5 – | | 9, 2025 | | |
| Facility Address 1000 Hillcrest Dr Anita, Iowa 5002 | ive | LG | | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | Amount | Correction date | |
| | It was a deep dark brow cover. He told Staff D ar at the resident. When as over the weekend, he st the resident's forehead a could not recall which datelling Staff D, in which I had a fever. Staff F statedinner on Sunday. On 6/12/2025 at 3:12 Pl Resident #1 on May 16t 6:00 PM-6:00 AM shift. Weekend, different resid Staff told him Resident # Saturday morning he go Sunday he aspirated. Whe stated when he went rhonchi lung sounds. Widid not see anything; no note a little bit of emesis Resident #1 had a foul sweekend. When asked i Staff I stated he thought stated when he assesses some difficulty breathing sounds and did have a f Resident #1 cough or ar the weekend. He noted saturations to be low so | soft and pudding consistency. In color, it had a green mucous and assumed he went in to look sked if the resident ran a fever rated he remembered feeling and it was really hot. Staff F ay it was. He did remember he went in and confirmed he ed the resident did not eat M Staff I stated he worked with h, 17th and 18th during his He added that was a bad lents had a lot of behaviors. If I was in bed all day, early of him up with a snack and on then asked how he knew that to assess him he noted hen he looked in his mouth he he mesis, loose food. He did son his bed. Staff I denied that smelling bowel movement that if Resident #1 had a fever, at one point he did. He then ad the resident he was having the was having the was having the was having the denied hearing any cognitive changes during | | | | Page 8 of 2 | |
| Facility | Administrator | Dat | | | _ | .g 3. - | |

| Citation Numb #10848 | er: | | | | Date: June 26 | , 2025 |
|--|---|--|----------------------|--------|------------------|---------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey I June 5 – | | 9, 2025 | |
| Facility Address 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | was nothing reported to report at shift change. He concerns about Resider himself. On 6/13/2025 at 9:10 Al Resident #1 on May 17t 6:00 PM shift. Staff I stafacility on the 18th, Resident when the denied staff reporting concerns Staff He had at being notified by Staff He resident to the bathroon weak while standing. Staff He resident to the bathroon weak while standing. Staff He resident to the bathroon weak while standing. Staff He resident to the bathroon weak while standing where was anything out the stated there was not he did appear more tire that day. At 9:44 AM Staff He also state medication was effective the day; the 17th or 18th On 6/13/2025 at 12:50 F (DON) stated she had not the stated she had not show the stated she she show the stated she had not show the stated she she she show the stated she | and tired. He stated there him during the nurse to nurse he denied family reporting at #1 being lethargic or not M Staff I stated he worked with the and 18th during his 6:00 AMated when he was leaving the ident #1 was fine. He caught dining room after dinner. Staff I bencerns to him about Resident When he was informed of the bout Resident #1, he denied H. Staff I stated he assisted the non Saturday and he was aff I stated he was a little in a pills on the 17th and 18th, he is in taking them. When asked if of the ordinary for Resident #1 hing out of the norm for him. It do not he 18th but he was up aff I stated he gave Resident inesia later in the shift but could the it was and whether or not he is do not because it was later in | | | | Page 9 of 2 |
| Facilit | y Administrator | | e | | _ | - |

| Citation Numb #10848 | er: | | | Date: June 26 | , 2025 |
|--|---|-----------------------------|----------------------|------------------|----------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey I June 5 – | | |
| Facility Address 1000 Hillcrest Danita, Iowa 500 | | LG | | | |
| Rule or Code Section | Natur | e of Violation | Class | Correction date | |
| | smile on his face. She to smiled so big. She indicurinary tract infections (major health issues sind recently had a UTI and 9th. He was in the processor for his UTI's. She indicated have done that weekend they sent Resident #1 of follow up interview on 6 was informed of the information. When asked done, she stated staff sto get more direction on time they should have up he had a fever at 7:00 Freached out to his provious waited. When asked who feel like the nurses are requests, she stated the charge nurse is not beir On 6/17/2025 at 12:39 For care of Resident #1 dur on May 17th and 18th. She was new to the facilities resident something was asked if he was ok, he so She told Staff D that son | ey can also call her if the | | | Page 10 of 2 |
| Eacilit | v Administrator | | | | g |

| Citation Number #10848 | er: | | | | Date: June 26, | 2025 |
|--|--|---|---|---------|--------------------------|------------------------------|
| Facility Name: Caring Acres No | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Addres 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine Ar | mount | Correction date |
| | Staff J told her he place J was unsure if he gave with his fever or did any looked back in on Resid forehead. When asked i movement that day, she assisted the resident with noted the bowel movem mushy. She added this of bothered her. He did weekend, but he did repshe got him a blanket. However, so she thought that was tired on Sunday, refused stayed in bed all weekend was not normal for him. The 16th during her shift resident's room to speal. The wife stated that was up since she had been to when asked if he had votated she heard he had around his mouth but the because he liked to sna cleaned his mouth up. I were reported during she staff. She felt Staff D coput a cold rag on the reshad a fever. | iday the 18th about 7:00 PM. Id a cold rag on his head. Staff If the resident a PRN to help If other interventions. When she Ident #1 he did have a rag on his If the resident had a bowel If stated yes and Staff F had It getting cleaned up. She If the getting cleaned up. She If the stated yes and Staff F had It getting cleaned up. She If the resident had a bowel If the resident due to be large, green and If yet out of bed for them that If yet out of yet out | | | | Page 11 of 2 : |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

| Facility Name: Caring Acres Nursing and Rehab Facility Address/City/State/Zip 1000 Hillcrest Drive | Survey I June 5 – | Dates: June 19, 2025 | |
|--|----------------------|--------------------------------|----------------------------|
| 1000 Hillcrest Drive | | | |
| Anita, Iowa 50020 | | | |
| Rule or Code Nature of Violation Section | Class | Fine Amount | Correction date |
| AM shift before he went out. When she got report fro the prior shift they reported to her he was not doing very well and she could tell. He had some chest congestion and it was a little worse than normal. Late in the shift Staff D took the crash cart to Resident #1' room and put supplemental oxygen on him and later sent him to the hospital. When asked how long between the oxygen being applied and the resident being sent to the hospital, she stated it was about an hour or so. When asked if Resident #1 had a fever during her shift, she stated she believed so because she remembered seeing a rag on his forehead. When asked if the resident had a bowel movement during his shift she stated she remembered someone had a bowel movement that was a weird color but not sure it was Resident #1 or not. He was breathing heavily which was not normal for him. She told Staff D about her findings and questioned if the resident was transitioning even though he was not on hospice. She could not recall if Staff D said anything when she informed him of her concerns. 2. According to the quarterly MDS assessment tool with a reference date of 4/16/2025, Resident #4 had Brief Interview of Mental Status BIMS score of 6. A BIMS score of 6 suggested mild cognitive impairmen The MDS documented she was independent with mobility but required supervision or touching assistance to walk 10 feet, 50 feet with two turns, and 150 feet. Resident #4 was always continent of urine and frequently incontinent of bowel. The following diagnoses were listed for Resident #4: dementia, anxiety, depression, bipolar, post-traumatic stress | n ner if e | | Page 12 of 2 |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

| Citation Number: #10848 | | Date: June 26, 2025 | | , 2025 |
|--|--|-------------------------------|----------|------------------------------|
| Facility Name: Caring Acres Nursing and Rehab | | Survey Dates June 5 – June | | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | LG | | | |
| Rule or Code Nature Section | e of Violation | Class | e Amount | Correction date |
| and cognitive communication of the Care Plan focus are 1/8/2025 documented Refalls related to confusion anticipate and meet the is wearing the appropriation is within reach, encoura as needed. She needs a for assistance. Record review revealed a) On 5/18/2025 at 9:21 nurse to resident's room observed to be lying on pants around her ankles head of the bed and her exit door in her room. The trying to roll over and go of bed. Note was document b) On 5/19/2025 at 8:41 room approximately 30 with cares. Resident #4 the slightest touch or wholed. She was holding her bending her leg to ease medical provider was can be was documented to c) On 5/19/2025 at 9:53 the facility after this nurs resident sent to the hos | ea with an initiation date of Resident #4 was low risk for n. Staff were encouraged to resident's needs, ensure she ate foot wear and her call light ge her to use it for assistance prompt response to all requests. I the following Progress Note: PM nursing staff alerted the n where Resident #4 was the floor with two pairs of s. Her head was pointed to the resident stated she was et a drink of water and fell out nented by Staff D. AM staff went in to resident's minutes ago to assist resident was screaming out in pain with then staff slide resident in her er left hip but extending and the pain. Resident #4's alled in regards to her pain. by Staff H LPN. AM the ambulance arrived to se called for orders to have | | | Page 13 of 2 9 |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

| Citation Numb #10848 | er: | Date: June 26 | | | , 2025 | |
|--|--|--|----------------------|--------|--------|----------------------------|
| | ursing and Rehab | | Survey I June 5 – | | , 2025 | |
| Facility Address 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | weekend. Resident plea in pain during transfer fr noted to left hip or leg, r this time. d) On 5/19/2025 at 12:0 from the hospital. Resid fracture with mild angular Record review revealed a) was sent to Resident 5/18/2025 labeled as a documented on the fax: in her room. Resident st complained of mild discontising or obvious injur left leg and bear weight fax had a printed date of medical provider returned Mith no new orders, b) was sent to Resident 5/19/2025. Staff M docuto the ER for evaluation fall and uncontrolled pain provider returned the factor of the text of Resident #4's contain a PRN medicati returned from the hospital returned from the formal returned from the hospital returned from the hospital returned from the formal returned from the formal returned from the hospital returned from the formal returned fr | the follow facsimile (fax): #4's medical provider dated routine fax. Staff D resident observed on the floor tated I rolled off the bed. She omfort to her left hip. No ries noted, she is able to flex. Will continue to monitor. The f 5/18/2025 at 9:45 PM. The red the fax on 5/20/2025 at 4:55 #4's medical provider dated amented on the fax: ok to send and treatment due to previous in to left hip/leg. The medical of the fax on 5/20/2025 at 4:55 PM with se MAR revealed it did not on for pain until after she | | | | Page 14 of 2 |

Facility Administrator

Date

| Citation Number #10848 | r: | Date: June 26, 2025 | | | | , 2025 |
|--|--|--|----------|--------|--------|----------------------------|
| Facility Name: Caring Acres Nur | rsing and Rehab | | Survey D | | , 2025 | |
| Facility Address 1000 Hillcrest Dri Anita, Iowa 5002 | ive | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| | the night of 5/18/2025 I as I passed Resident #4 PM) I heard a crash. WI Resident #4 on the floor I leaned out the door to Practical Nurse (LPN), a Staff D came in about 2 she had on two pairs of asking the resident if sh and she said no, from m bad. We got her vital sigunder the arm and assis bed. After Resident #4 when I found her in her was across the supporte mentioned there was a of her left thigh. Again, sher leg and Resident #4 just wanted to go back to over her, told her to use sleep". b) An email statement w Staff D. The following stands my shift on 5/18/2025 and documenting when I her name from hall 1. As I manother resident passed resident on the floor. I of the floor next to her bed needed to take vitals. I we regarding her pain and its regarding her pai | ing Assistant (CNA) wrote: "on was walking down hall one and d's room (around 9:00 PM-9:15 hen I opened the door, I found r. Upon seeing her on the floor, call for Staff D Licensed and he activated the call light. minutes later. We then noticed pants. Then Staff D started he can straighten her leg out my hip to my knee hurts really gns, Staff D told me to grab her sted the resident back to her was in bed, I told Staff D that room, the back of her head her bar of her overbed table. I bruise forming on the outside Staff D asked her to straighten as said she would be fine and to sleep. We put her quilt on the her call light, and left her to was provided to the facility by tatement was made: while on the approximately 8:50 PM, I was ard the male CNA scream my made my way down there, diby and said there was a observed the resident sitting on I. I went to grab the equipment was asking her questions if she could move her leg. As the being transferred from the | | | | Page 15 of 2 |
| Facility | Administrator | Dat | | | | go 10 31 - |

| Citation Number: #10848 | | Date: June 26, 2025 | | | | |
|---|---|-------------------------------|-----------|----------------------------|--|--|
| Facility Name: Caring Acres Nursing and Rehab | | Survey Dates June 5 – June | | | | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | LG | | | | | |
| Rule or Code Natur Section | e of Violation | Class Fir | ne Amount | Correction date | | |
| which she could. Review of Staff D's employment atted 5/22/25 and titled Termination. The docur of his employment, this and documentation of nelated to your performation-improper handling of a transferring a resident in facility protocols, failure to arrange timel to notify the DON and According to make the crash come from her roughly handled to he saw Resident #4 on the foot base of her over towards the door. She had were down around here the asked her, what hap reaching for her water and D, he walked in 2-3 min scream in pain when should him to grab under he back to bed. During a foat 11:43 AM Staff F staff Resident #4 to put her leposition as if she was serious titled. | n a manner inconsistent with y medical evaluation and failure administrator. M Staff F stated one night he ne floor in her room around 9:00 ked down her hall, he heard a om. When he opened the door, the floor, her neck rested on er bed table and her feet were nad two pairs of pants on that ankles and a t-shirt on. When spened she stated she was and fell. Staff F yelled for Staff butes later. Resident #4 would ne would move that leg. Staff D ner arm and they both lifted her follow up interview on 6/18/2025 | | | Page 16 of 2 | | |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

| Citation Numb #10848 | er: | | | | Date: June 26 | , 2025 |
|--|--|---|----------------------|---------------------------|-------------------------|----------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey I June 5 – | Dates: June 19, | 2025 | |
| Facility Address 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine An | nount | Correction date |
| | Resident #4 if you are n you will have to go to the hospital you post the stated it was obtained in the floor to the bed pain. He later learned the mechanical lift to assist her bed. They should not putting their arms under her back to bed. Staff F like a blood blister startithe shape of a L. It look broken and blood was powas located he stated homeets her hip, on the outhis to Staff D but he bleed on 6/18/2025 at 1:00 Ple laborate on the following termination paperwork: resident fall, including the that is inconsistent with a resident falls staff are (full body lift) and he did lifted her up and put her arrange timely medical of the DON and Admin. Stromplaining about pain, interventions and ended | Resident #1 from the floor to be have lifted her off the floor by Resident #1's arms and lifted stated he noticed what looked ng to form on the left, it was in ed like her blood vessels had booling. When asked where this er upper leg where her leguter part of her leg. He reported wit off. M the DON was asked to ng statement found on Staff D's | | | | Page 17 of 2 |
| | | | | | _ | Page 17 of 2 |

Facility Administrator

Date

| Citation Number: #10848 | | Date: June 26, 2025 | | | , 2025 |
|--|--|---|--------|-------|----------------------------|
| Facility Name: Caring Acres Nursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | LG | | | | |
| Rule or Code Nat Section | ure of Violation | Class | Fine A | mount | Correction date |
| at time, she stated he order. | should have called to get an | | | | |
| | An interview with Staff D was not able to be conducted, he was deceased at the time of the survey. | | | | |
| Condition Change an of 12/2024. The purp that the resident's far medical provider are -an accident or incide the potential for need -a significant change or psychosocial statu a) sudden or b) onset of a higher with or with sy c) significant d) emesis/dia e) mobility ch f) change in lethargy, sudden lack When any of the abo nurse will contact the their medical practitic practitioner the nurse background, assessment. Calls wirepresentative until the provider will be contal emergencies regardles. | set of shortness of breath temperature of 101 degrees mptoms chant in/or unstable vital signs urrhea anges evel of consciousness such as | | | | Page 18 of 2 |
| Facility Administrator | Dat | te | | _ | - |

| Citation Numb #10848 | er: | | | | Date: June 26 | , 2025 |
|--|--|---|---|--------|------------------|-----------------------------|
| Facility Name: Caring Acres N | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Address 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | that medical provider is of the charge nurse can transportation to the em significant changes will record. Charting will inc | dical director will be called. If cannot be reached, the DON make arrangements for regency department. All be recorded in the resident lude an assessment of the as it related to the change in | | | | Page 19 of 20 |
| | | | | | | Page 19 of 29 |
| Facilit | y Administrator | Da | te | | - | |

| Citation Number #10848 | er: | | Date: June 26, 2025 | | | |
|-------------------------------------|--|---|---|-----------|----------------------------|--|
| Facility Name: Caring Acres No | ursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine Amou | nt Correction date | |
| 58.43(9) | | | II | \$500.00 | Upon Receipt | |
| | resident shall receive ki considerate care at all ti mental, physical, sexua exploitation, neglect, an shall be free from chem restraints except as folk by a physician for a spe when necessary in an eresident from injury to the which case restraints merofessional personnel action taken to the physintellectually disabled in writing by a physician and qualified intellectual disause during behavior mosupports used in normal proper body position and considered to be a restress. | imes and shall be free from I, and verbal abuse, Id physical injury. Each resident ical and physical bws: when authorized in writing orified period of time; Imergency to protect the ne resident or to others, in ay be authorized by designated who promptly report the sician; and in the case of an idvidual when ordered in authorized by a designated abilities professional for diffication sessions. Mechanical tive situations to achieve d balance shall not be raint. (II) dependent adult abuse. In adult abuse shall be reported ant to lowa Code chapter 235E | | | Page 20 of 2 | |
| Facilit | y Administrator | Dat | e | | 3 | |

| Citation Number #10848 | er: | | | | Date: June 26 | , 2025 |
|---|--|---|----------------------|--------|------------------|----------------------------|
| Facility Name: Caring Acres Nu | ırsing and Rehab | | Survey I June 5 – | | , 2025 | |
| Facility Address 1000 Hillcrest Dr Anita, Iowa 5002 | rive | LG | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | mount | Correction date |
| | review, employee file refacility policy review the an allegation of abuse to staff member. The facilitiresidents. Findings include: According to the quarter assessment tool with a Resident #4 had a Brief (BIMS) score of 6. A BIN cognitive impairment. The independent with mobilitiouching assistance to with truns, and 150 feet. Resof urine and frequently infollowing diagnoses were dementia, anxiety, depressives disorder (PTSD), anger, and cognitive control of the Care Plan focus are 1/8/2025 documented Resolution and able to transfer herself in encourage her to use the The Care Plan focus are 1/8/2025 documented Resolutions. | rly Minimum Data Set (MDS) reference date of 4/16/2025, Interview of Mental Status MS score of 6 suggested mild he MDS documented she was ty but required supervision or walk 10 feet, 50 feet with two sident #4 was always continent incontinent of bowel. The re listed for Resident #4: ression, bipolar, post-traumatic atrial fibrillation, irritability and mmunication deficit. rea with an initiation date of resident #4 was independently. Staff were to re call light for assistance. rea with an initiation date of resident #4 had a behavior relling at staff and residents. | | | | Page 21 of 2 |

Date

| Citation Numb #10848 | er: | | | | Date: June 26 | Date: June 26, 2025 | |
|---|--|---|----------------------|--------|------------------|-------------------------------|--|
| | ursing and Rehab | | Survey I June 5 – | | , 2025 | | |
| Facility Address 1000 Hillcrest D Anita, Iowa 500 | | LG | | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | mount | Correction date | |
| | development of more ap and interacting, assist happropriately. The Care Plan focus are 1/8/2025 documented Recognitive function/deme processes related to deshe liked to sit herself of going on around her. Stigust one thought, idea, of the Care Plan focus are 1/8/2025 documented Refalls related to confusion anticipate and meet the is wearing the appropriatis within reach, encoura as needed. She needs pfor assistance. Record review revealed a) On 5/18/2025 at 9:21 nurse to resident's room observed to be lying on pants around her ankles head of the bed and her exit door in her room. To trying to roll over and ge of bed. | to assist the resident in the opropriate methods of coping er to express her feelings ea with an initiation date of Resident #4 had impaired entia or impaired though mentia. The care plan indicated in the floor and observe what's aff were encouraged to present question or command at a time. ea with an initiation date of Resident #4 was low risk for in. Staff were encouraged to resident's needs, ensure she ate foot wear and her call light ge her to use it for assistance prompt response to all requests the following Progress Note: PM nursing staff alerted the in where Resident #4 was the floor with two pairs of its. Her head was pointed to the infect were pointed toward the her resident stated she was et a drink of water and fell out | | | | Dags 22 of 6 | |
| | | | | | | Page 22 of 2 9 | |

Facility Administrator Date

| Citation Numb #10848 | per: | Date: June 26, 2025 | | | , 2025 | |
|---|---|--|---|--------|--------|----------------------------|
| Facility Name Caring Acres N | : lursing and Rehab | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Addre 1000 Hillcrest I Anita, Iowa 500 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | the night of 5/18/2025 I as I passed Resident #4 PM) I heard a crash. Will Resident #4 on the floor I leaned out the door to Practical Nurse (LPN), a Staff D came in about 2 making belittling commedid you fall out of bed, the We then noticed she has stated to Resident #4, "fell. Maybe you should so Staff D turned to me anneed to scream my naminappropriate and not the asking the resident if she and she said no, from model. Staff D again made her vital signs, Staff D tearm and as we lifted he "they need to stop feeditimes the size of the result of the result in her room, the across the supporter based of her left thigh. Again, sher leg then stated or elent hospital and I don't think Resident #4 said she will go back to sleep. We put the state of the result of the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. We put the sident #4 said she will go back to sleep. | sing Assistant (CNA) wrote: "on was walking down hall one and 4's room (around 9:00 PM-9:15 hen I opened the door, I found r. Upon seeing her on the floor, call for Staff D Licensed and he activated the call light". minutes later and started ents to Resident #4 like: "aww, hat was kind of a dumb idea". It don't wo pairs of pants. Staff D well that's probably why you start using your call light". Then desaid by the way you don't he, this happens all the time, it's nat urgent. Then Staff D started he can straighten her leg out hay hip to my knee hurts really be belittling comments. We got had me to grab her under the restaff D made the comment hip you so much, your trunk is 4 st of you and it's getting gross". In bed, I told Staff D that when I he back of her head was are of her overbed table. I bruise forming on the outside Staff D asked her to straighten as you'll have to go to the keyou want that. Eventually ould be fine and just wanted to ut her quilt on over her, told her I left her to sleep. Then, later | | | | Page 23 of 2 |
| Facili | ty Administrator | Dat | | | _ | 3 - 1 - |

| Citation Number: #10848 | | | | | Date: June 26 | , 2025 |
|--|--|--|----------------------|--------|------------------|----------------------------|
| Facility Name: Caring Acres Nursing and | | | Survey I June 5 – | | , 2025 | |
| Facility Address/City/Sta 1000 Hillcrest Drive Anita, Iowa 50020 | ate/Zip | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | mount | Correction date |
| her that I home ald "sometim more fund) An em Staff D. The shape of th | ther cats and do one or gone. The nes you gotta polit. The following statement volume on 5/18/2025 and ting when I have an and the control of the floor. I control on and she can be founded the floor of flex her leg, where the floor of the floor of flex her leg, where the floor of flex her floor of fle | as harassing Resident #5 telling ags were not here, either at hen he turned to me and said iss them off to make the night was provided to the facility by tatement was made: "while on t approximately 8:50 PM, I was and the male CNA scream my made my way down there, d by and said there was a abserved the resident sitting on I. I went to grab the equipment he resident required me to be any since she requires be impulsive at times. I was garding her pain and if she she sat on her bed, after being or, I again asked her to see if which she could. I did have to be scream for me since it can resident to become anxious. The since it is an any assessment toward interaction I had with that minimal". Sologee file revealed a Notice of on effective 5/22/2025 for the toal abuse allegation reported the was substantiated through | | | | Page 24 of 2 |

Facility Administrator

Date

| Citation Number: #10848 | | | | | Date: June 26 | , 2025 |
|--|---|---|----------------------|--------|------------------|----------------------------|
| Facility Name: Caring Acres Nursing and Rehab | | | Survey I June 5 – | | , 2025 | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | | LG | | | | |
| Rule or Code Section | Nature | e of Violation | Class | Fine A | mount | Correction date |
| author Manor On 6, was to stated was jumper of the hard them very swere what ask howould thing that homore in her down When floor, table pairs and a she so Staff later. weird | orities. Staff D complatory Reporter Translatory Resident and had a conchable with resident and the resident and he would say happened to them had been and her kids were a say they know you have behaviors and a say they know you have behaviors and a say they know you have behaviors and her hall, he heard in he opened the down and her feet were of pants on that we a t-shirt on. When he stated she was read a t-shirt on. When he stated she was read F yelled for Staff D After he asked whill stuff: "oh wow you | d escalated to the appropriate pleted Dependent Adult Abuse aining on 2/14/2025. AM Staff G CNA stated Staff D e left the overnight shift. She he talking with residents, he is tone to his voice and was not ents. M Staff F stated Staff D could so, he's cold and abrasive with a lot of behaviors and he was would ask him where her cats they were gone, I don't know and I don't care. She would coming to see her and he is are here. Staff F stated those want to be saying to residents I dementia; just agitates them found Resident #4 on the floor of PM-9:45 PM as he walked a crash come from her room. For, he saw Resident #4 on the in the foot base of her over bed towards the door. She had two ere down around her ankles he asked her what happened ching for her water and fell. The walked in 2-3 minutes at happened, he started to say a fell, good job that was really our f***ing water, use the call | | | | Page 25 of 2 |

Facility Administrator

Date

| Citation Number: #10848 | | | | | Date: June 26 | , 2025 |
|--|--|--|----------------------|--------|------------------|----------------------------|
| Facility Name: Caring Acres Nursing and Rehab | | | Survey I June 5 – | |), 2025 | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | | LG | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date |
| | making smart decision". pain when she would m grab under her arm and bed. As they did this Sta "Jesus they need to stop trunk is 4 times bigger the gross". He also said I ne your hip. If you don't I we hospital. Resident #4 sta When asked what Staff speaking to Resident #4 and mean, he was so not stated at the time he did a report, so he waited un been educated that if the Director of Nursing (that they have a 2 hour the State Agency. An interview with Staff Econducted, he was decended Staff D's employing Self-Reported Incident to completed their investig should be in the facility staff F was concerned at the resident after she fer how he spoke was not a with residents. The risk | the stated in between joking onchalant about it. Staff F though the not know who to call to make ntil the next day. He has since is happens again, he can call (DON). He was also educated window to report allegations to | | | | Page 26 of 2 |
| | | | | | | Page 26 of 2 |

_

Facility Administrator

Date

| Citation Number: #10848 | | | | | Date: June 26 | , 2025 |
|--|---|--|---|--------|------------------|------------------------------|
| Facility Name: Caring Acres Nursing and Rehab | | | Survey Dates: June 5 – June 19, 2025 | | | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | | LG | | | | |
| Rule or Code Section | Nature of Violation | | Class | Fine A | mount | Correction date |
| | when it should have bee educated on the abuse timeframes. On 6/17/2025 at 10:40 A interview Resident #4 be span and was unable to had continuous non-sen not able to discuss any a The facility provided a description, and Prohibited to facility provided a description, and Prohibited to facility staff, or volunteers, staff of other family members or legal individuals. The facility provided as: the use of oral, writted willfully includes disparates or their familied distance, regardless of the comprehend, or disability. The facility provided a description, and Prohibited to facility provided and Prevention, and Prohibited to facility staff, or volunteers, staff of other educations. | ocument titled Abuse, tion Policy with an approved cy stated each resident has the use by anyone including but not other residents, consultants or agencies serving the resident, I guardians, friends, or other prohibits mistreatment, neglect the policy defined verbal abuse een or gestured language that aging and derogatory terms to es, or within the hearing their age, ability to ty. | | | | Page 27 of 2 9 |

Facility Administrator Date

| Citation Number: #10848 | | | | | Date: June 26, 2025 | | |
|--|--|---|----------------------|--------|-------------------------------|----------------------------|--|
| Facility Name: Caring Acres Nursing and Rehab | | | Survey I June 5 – | |), 2025 | | |
| Facility Address/City/State/Zip 1000 Hillcrest Drive Anita, Iowa 50020 | | LG | | | | | |
| Rule or Code Section | Natur | e of Violation | Class | Fine A | Amount | Correction date | |
| | or abuse of residents. Tas: the use of oral, writte willfully includes dispararesidents or their familie distance, regardless of tomprehend, or disabilit Reporting/Response: a) The facility employee of abuse or neglect, including or alleged misapposhall immediately report Administrator of his/her the Administrator of his/her the Administrator's abset b) All alleged violations exploitation, or mistreati unknown source and mi property will be reported Administrator. The person of abuse or neglect OR allegations of abuse and agency and law enforces | their age, ability to ty. e or agent, who becomes aware luding injuries of unknown propriation of resident property, the matter to the facility designated representative in ence. involving abuse, neglect, ment, including injuries of isappropriation of resident d immediately to the on made aware of allegations the Administrator will report the d neglect to the mandated state ement. The allegation will be hours, or per state regulations, ade. | | | | Page 28 of 2 | |
| Facilit | y Administrator | Dat | e | | | - | |

| Citation Number: #10848 | | Date : June 26 | 5, 2025 |
|---|-----------------|----------------------------------|-------------------|
| | | | · |
| Facility Name: Caring Acres Nursing and Rehab | Survey June 5 | Dates: - June 19, 2025 | |
| Facility Address/City/State/Zip | 3 | | |
| 1000 Hillcrest Drive | | | |
| Anita, Iowa 50020 | | | |
| Bulgar | | Fine America | O a mana a ti a m |
| Rule or Code Nature | Violation Class | Fine Amount | Correction date |
| | | <u> </u> | |
| | | | |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date