

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

PRINTED: 02/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2021
NAME OF PROVIDER OR SUPPLIER LONGVIEW HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LONGVIEW ROAD MISSOURI VALLEY, IA 51555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date <u>2-20-21</u> A COVID-19 Focused Infection Control Survey and an investigation of Complaint #95025 was conducted by the Department of Inspections and Appeals on 12/30/20 to 1/5/21. The facility was found to be in compliance with CMS and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Complaint #95025 was not substantiated. Total residents: 69 See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not	F 656			

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

James D. Newton

TITLE

Administrator

(X6) DATE
2/15/21
02/10/2021

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 656	<p>Continued From page 2</p> <p>had a Brief Interview Mental (BIMS) score of 12 out of 15 indicating mild cognitive deficits. According to the MDS, the resident required extensive assistance with the help of one staff for transferring, toileting and bed mobility.</p> <p>On 12/30/20 at 1:30 pm, observation revealed Resident #2 asleep in her recliner with supplemental oxygen on at 3.5 liters. A physician's order dated 9/22/20 at 3:00 pm, directed the resident's supplemental oxygen at 3 liters via nasal cannula.</p> <p>A review of the care plan for Resident #2 revealed (canned text), entered on 12/22/20 that directed staff to monitor the oxygen per order and make sure it is functioning properly. The care plan lacked any specifics respiratory goals or directives.</p> <p>2. According to the MDS dated 12/19/20, Resident #3 had a BIMS score of 8 out of 15, indicating moderate cognitive impairment. The MDS documented the resident admitted on 2/11/20 with diagnoses that included chronic respiratory failure with hypoxia. The MDS documented the resident required extensive assistance of one for transfers, ambulation and dressing.</p> <p>Observation on 12/30/20 at 2:20 pm, revealed the resident sitting in his chair with supplemental oxygen via nasal cannula.</p> <p>A review of the electronic chart revealed a physician's order entered on 3/28/19 at 2:45 pm, for supplemental oxygen at 2-4 liters as needed via nasal cannula, this order was discontinued on 2/6/20. A new order was entered on 11/10/20 at 3:00 pm, for supplemental oxygen up to 4 liters to</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>Observation on 12/3/20 at 2:15 pm, revealed an oxygen concentrator sitting next to the resident's bed with the tubing draped over the top of the concentrator.</p> <p>A review of the electronic chart revealed a physician's order dated 10/20/20 at 4:45 pm, for oxygen via nasal cannula to keep oxygen saturation equal to or above 90%.</p> <p>A review of the resident's care plan revealed a (canned text), entered on 10/14/20, to monitor that the oxygen is on per order and that it is functioning. The care plan was not updated to include the specific goals or directives.</p> <p>In an interview on 1/5/21 at 3:50 pm, Staff J, Registered Nurse (RN) stated that she updated the care plans. She said when there are changes in status or a new order for a resident they don't have a specific time frame for getting the directives into the residents care plan. She continued, that the care conferences were done quarterly but they don't necessarily update the care plans at that time. She agreed that some of the care plan goals could be more resident-specific.</p>	F 656			