

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

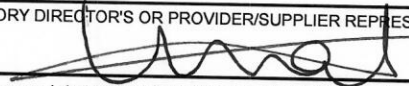
PRINTED: 02/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/18/2024
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NAME OF PROVIDER OR SUPPLIER CASA DE PAZ HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 WEST 19TH STREET SIOUX CITY, IA 51103
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Correction date: <u>02/15/2024</u></p> <p>The [Name] Nursing Home is not in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities due to the following deficiencies written during an investigation of complaints #114421-C, # 115826-C, # 118152-C, and # 118153-C, conducted January 16, 2024 to January 18, 2024.</p> <p>Total Census: 52</p> <p>Complaints #114421-C was substantiated. Complaints #115826-C, #118152-C, and #118153-C were not substantiated.</p>	F 000	<p>This plan of correction does not constitute an admission or agreement by Casa De Paz Health Care Center of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law. This plan of correction shall serve as Casa De Paz Health Care Center's credible allegation of compliance.</p>	
F 925 SS=E	<p>Maintains Effective Pest Control Program CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility documents, pest management company documents, pest management staff interview, resident and staff interviews, the facility failed to maintain pest control in the facility.</p> <p>Findings include:</p> <p>Interviews, and concurrent observations of mouse traps in resident rooms, with the following residents reporting:</p> <p>1. In an interview on 1/16/24 at 2:55 PM, Resident #1 reported that she saw a mouse in her room as well as in her bed. She reported this</p>	F 925	<p>1. Administrator or designee interviewed Residents #5, #11, and #4 in regards to spotting mice in the facility on 2/13/24 and they denied seeing any mice since surveyor exited on 1/29/24. Resident #1 discharged on Oct 25, 2023.. The Maintenance Director had Pest Control came in for treatment on or before 1/19/2024 and returned on 1/26/24. On 1/29/24 inspection occurred to assess entry points for mice, all concerns address at the time of the inspection. Pest control will be visiting on a monthly basis and prn.</p> <p>2. On or before 1/19/2023 and 2/9/24 Administrator or designee audited resident rooms and interviewed residents for any concerns related to pests. All concerns were addressed at the time of the audit.</p> <p>3. Administrator/Designee completed education with maintenance director on or before 1/19/24 to ensure proper pest control measures are in place to eliminate pests in the facility.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 2/15/2024

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 925	<p>Continued From page 1</p> <p>to the Maintenance Director and told her that the pest control company was coming tomorrow but she never saw pest control staff at the facility.</p> <p>2. In an interview on 1/17/24 at 3:00 PM, Resident #5 reported that he saw a mouse in his room. He reported this to both the Maintenance Director and the Administrator over 2 months ago.</p> <p>3. In an interview on 1/17/24 at 11:55 AM, Resident #11 reported she had mice in her room. She reported it to one of the Certified Nurse Assistants (CNA) who said that she passed the information on to the Maintenance Director.</p> <p>4. In an interview on 1/18/24 at 9:10 AM, Resident #4 reported she saw a mouse in her room 1 time.</p> <p>Resident Council Meeting Minutes revealed:</p> <p>1. 10/4/23: Resident #1 reported that a mouse joined her in her bed the previous night.</p> <p>2. 11/1/23: Resident #5 reported mice in his room at the meeting.</p> <p>The Pest Management company documentation listed services provided to the facility in July 2023 and August 2023.</p> <p>In an interview on 1/17/24 at 2:25 PM, Staff A, Pest Control Service Company employee, reviewed the communication and service logs from the facility. They found August 2023 listed as the last time the company serviced the facility and due to the facility not paying their bill, the company didn't provide additional services. The records showed the facility called the company in November 2023 to pay their bill. Staff A gave the facility the contact information for the company's bad debt department. The records didn't show any services arranged after the facility called the</p>	F 925	<p>4. The Maintenance Director or designee will complete an audit weekly for 4 weeks then monthly for 2 months to ensure pest control measures continue to be in place to control entry into the facility. Results of these audits will be submitted to the QAPI committee monthly for 3 months for review and recommendations as needed. The administrator is responsible for monitoring and follow up as needed.</p> <p>Compliance date: 02/15/2024</p>	02/15/2024	

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F 925	<p>Continued From page 2 company.</p> <p>In an interview on 1/17/24 at 3:25 PM, the Maintenance Director reported it is his second winter working at the facility. He has not needed as many mouse traps this year, as compared to last year. He reported that he knew of the issue with mice in resident rooms. The pest management company the facility used stopped services after their last visit in August 2023 due to the bill not being paid.</p> <p>During the interview with the Maintenance Director on 1/17/24 at 3:25 PM, the Administrator came in and reported the Pest Management Company stopped coming because of non-payment. After the facility paid the bill, the company was supposed to come but no one has come. The Admin hadn't followed up with them on why they hadn't come. During the fall, she took family medical leave (FMLA) for a few weeks, and she assumed they came during that time. The Administrator went to call the Pest Management Company to see what happened. The Maintenance Director explained when he left for the day, the Administrator said she paid the Pest Management Company and had service scheduled.</p> <p>On 1/18/24 at 10:00 AM, a request was made for a pest management policy from the Administrator and Regional Nurse Consultant. As of 1/18/24 at 2:50 PM, the facility still didn't provide a policy via Electronic Mail (email).</p>	F 925			