

PRINTED: 10/24/2024  
FORM APPROVED  
OMB NO. 0938-0391

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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: D38P11

Facility ID: IA0818

If continuation sheet Page 1 of 7

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/16/2024
NAME OF PROVIDER OR SUPPLIER  HERITAGE SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 200 CLIVE DRIVE SW CEDAR RAPIDS, IA 52404		
(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 684	<p>Continued From page 1</p> <p>According to the Minimum Data Set (MDS) dated 10/4/2024, Resident #4 had diagnoses which included Non-traumatic brain dysfunction, Parkinson's, dementia, chronic pain, and a history of falls. The resident could ambulate independently in her room with the aide of a wheeled walker. The resident had a Brief Interview for Mental Status score of 11 which indicated moderate cognitive impairment. The MDS indicated the resident had 1 fall since the prior assessment completed on 7/5/24 which resulted in skin tears.</p> <p>Review of the Care Plan dated 8/19/24, the family reported the resident had a fall in her room but had the ability at that time to get herself up from the floor. The Care Plan directed the staff to remind the resident to use the call light to ask for assistance and identified the resident as a fall risk. The Care Plan informed staff the resident ambulated with the assist of 1 staff.</p> <p>Observation on 10/14/24 at 10:45 am, Resident #4 was sitting on the bed in her room. Observations of the resident's right forearm revealed a white circle bandage dated 10/12/24 with initials of Staff D, LPN, observations of the resident's left forearm revealed a white circle bandage dated 10/12/24 with initials of Staff D written in black pen.</p> <p>Observation on 10/15/24 at 2:55 pm with Staff A, Director of Nurses (DON) observed the resident's right and left forearm bandages, both white circle bandages were dated 10/12/24 with initials of Staff D written on the bandages in black pen.</p> <p>Review of the October Treatment Administration</p>	F 684	<p><b>How the center will identify other residents having potential to be affected by the same deficient practice:</b> Facility residents that have wound treatments ordered have the potential to be affected by said deficient practices.</p> <p><b>What changes will be put into place to ensure that the problem will be corrected and will not recur:</b> The DON provided wound treatment education to nursing staff on 10/31/2024. Education will continue to be provided to nursing staff on an ongoing basis. DON or designee will complete weekly audits of 5 resident wound treatments for 4 weeks. Audits will be decreased to monthly for 3 months as compliance is maintained.</p> <p><b>Continued on next page...</b></p>		

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F 684	<p>Continued From page 2</p> <p>Record revealed Resident #4 had 2 wound orders:</p> <p>a. Wound care to skin tear on the left forearm once daily. To cleanse the wound with normal saline, pat dry, paint with skin prep around the wound and cover with Tegaderm Foam Adhesive every day shift until healed. Ordered on 10/2/24.</p> <p>b. Wound care to skin tear on right upper extremity, cleanse wound with normal saline, pat dry, paint with skin prep around the wound and apply Tegaderm Foam Adhesive every other day until healed. Ordered on 10/2/24.</p> <p>Review of the October Treatment Administration Record revealed the following:</p> <p>a. The staff failed to complete the wound care to the resident's left forearm and right upper extremity on 10/4/24.</p> <p>b. Staff D signed off she completed the wound care to the resident's left forearm and the right upper extremity on 10/12/24.</p> <p>c. Staff E, CMA signed off on the treatment sheet they completed the left forearm dressing change for the resident on 10/13/24 day-shift.</p> <p>d. Staff B signed off on the treatment sheet she completed the left forearm and right upper extremity dressing on 10/14 and 10/15/24.</p> <p>During an interview with Staff B, Licensed Practical Nurse (LPN), on 10/15/24 at 2:45 pm, Staff B was questioned about the date on Resident #4's bilateral arm dressings which had a date of 10/12/24. Staff B quickly responded she hadn't gotten around to doing the dressing change yet and then stated, oh is it due today?</p> <p>Review of a Corrective Action Form dated 10/15/24, Staff B, LPN, received discipline on that date for documenting on 10/14 and 10/15 that</p>	F 684	<p><b>Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent:</b></p> <p>Identified concerns shall be reviewed by the facility's QAPI committee.</p>		

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F 684	Continued From page 3 daily skin treatments were completed but the bandages noted on the resident's arm on 10/15/24 revealed a date of 10/12/24. The form stated the staff not only failed to complete the treatments as ordered but falsified the documents to show they were completed.  During an interview with Staff A, DON, on 10/16/24 at 2:10 pm, Staff A acknowledged the dressing observed on 10/15 in fact had a date on them of 10/12/24. Staff A stated she would expect the staff to complete physician's orders as prescribed.  Review of a Administration Medications policy dated April 2019 directs the staff to administer medications in accordance with prescribers orders, including any required time frames.	F 684	<b>F 725 Sufficient Nursing Staff</b>  <b>Corrective action taken for residents found to have been affected by deficient practice:</b> Residents #4 and #10 had were assisted with the needs that they had when activating their call lights.  <b>How the center will identify other residents having potential to be affected by the same deficient practice:</b> Facility residents have the potential to be affected by said deficient practices.		
F 725 SS=D	<b>Sufficient Nursing Staff</b> CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with	F 725	<b>What changes will be put into place to ensure that the problem will be corrected and will not recur:</b> On 10/31/2024 the DON provided education to staff related to call light response. Ongoing education will be provided. Education included staff responsibility in answering call lights within 15 minutes. The Administrator or designee will conduct 5 random audits of call light activation and response per week for 4 weeks. Audits will be reduced to 5 random audits per month for 3 months as compliance is achieved and maintained. <b>Continued on next page...</b>		

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F 725	<p>Continued From page 4</p> <p>resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff and resident interviews, and observations the facility failed to answer resident call lights within 15 minutes of activation for 2 of 6 residents reviewed (Residents #4 and #10). The facility reported a census of 143 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) dated 10/4/2024, Resident #4 had diagnoses which included Non-traumatic brain dysfunction, Parkinson's, dementia, chronic pain, and a history of falls. The resident could ambulate independently in her room with the aide of a wheeled walker. The resident had a Brief Interview for Mental Status score of 11 which indicated moderate cognitive impairment.</p> <p>Review of the Care Plan dated 8/19/24 the family reported the resident had a fall in her room and had the ability at that time to get herself up from the floor. The Care Plan directed the staff to remind the resident to use the call light to ask for assistance.</p> <p>Observation on 10/14/24 at 10:45 am revealed</p>	F 725	<p><b>Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent:</b></p> <p>Identified concerns shall be reviewed by the facility's QAPI committee.</p>		

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F 725	<p>Continued From page 5</p> <p>Resident #4 sitting on her bed, the room was dark, the curtains were pulled. At the foot of the bed was a wheeled walker. An interview with the resident at this time revealed she was frustrated because the staff fail to answer her call light timely, she stated due to her disease she sometimes needs assistance going to the bathroom and the staff just do not answer her call light so she has to go to the bathroom by herself. She reported she has had several falls in her room going to the bathroom.</p> <p>The resident activated her call light with the Surveyor present at 10:55 am. Staff C, Certified Nurses Aide (CNA), answered the resident's call light at 11:18 am - 23 minutes after the call light was activated.</p> <p>During an interview with Staff C, Certified Nurses Aide to inquire why the staff took 23 minutes to answer the resident's call light, the staff stated she was walking back from her lunch when she noted Resident #4's call light on. She stopped to inquire what she needed. The aide stated they have 4 staff on this hall but 2 were at lunch, 1 aide was doing a 1:1 with a resident so that left only 1 staff to answer the call lights at that time.</p> <p>2. According to the MDS dated 9/6/24, Resident #10 had a BIMS score of 15 which indicated she was alert and oriented and able to give accurate information. The resident had diagnoses which include paraplegia and neuromuscular dysfunction. The resident required total assistance to transfer, toilet, and for personal hygiene needs.</p> <p>During an interview on 10/14/24 at 11:06 am, Resident #10 revealed last weekend she had to</p>	F 725			

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F 725	<p>Continued From page 6</p> <p>wait for 1 hour for the staff to answer her call light, she was wanting to get out of bed for a meal. She stated it is a constant problem in the facility, the staff do not answer the resident call lights for a long time.</p> <p>Observation of the resident's room revealed a white wall clock hanging directly over her bed, visible to her while in bed.</p> <p>During an interview with Staff A, Director of Nurses on 10/16/24 at 4:00 pm, the DON stated the floor nurses audit the resident call lights to assure the staff answer their call lights timely. Staff A stated she expects the staff to answer the resident's call lights within 15 minutes of activation.</p>	F 725			