

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINN HAVEN REHAB &amp; HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>530 SOUTH LINN AVENUE NEW HAMPTON, IA 50659</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0688  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on clinical record review, facility document review and resident and staff interviews, the facility failed to maintain a restorative program for 2 of 5 residents reviewed (#1 and #2). The facility identified a census of 46 residents. Findings include: 1. The MDS (Minimum Data Set) assessment for Resident #1 dated 1/11/20, listed [DIAGNOSES REDACTED]. The MDS documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive deficits. The MDS documented the resident required the assistance of 2 staff for transfers, dressing and personal hygiene. The MDS documented limited range of motion of both lower extremities. The resident's Care Plan, updated on 1/17/20, did not document an intervention of restorative activities. During an interview at 8:25 a.m. on 3/5/20, Resident #1 stated he used to have a regular restorative exercise program with Staff A, but they put Staff A on the medication cart last fall and he had no staff assistance to do restorative programs now. The resident stated Staff A worked him hard and he could feel his legs getting stronger. The resident stated he had physical therapy for a while and it ended on 3/3/20. 2. The MDS assessment for Resident #2 with a completion date of 2/27/20, listed [DIAGNOSES REDACTED]. The MDS documented a BIMS score of 15 which indicated no cognitive deficits. During an interview at 8:30 a.m. on 3/5/20, Resident #2 stated he needed support for his right leg stump. He stated he had talked with physical therapy and they were looking into it. Observation at the time revealed his right leg hung loosely over the seat of his wheelchair without support. During an interview at 9:30 a.m. on 3/11/20, Resident #2 stated he had no solutions yet for stump support and Physical Therapy staff wanted him to start upper extremity exercises. The resident stated he was already pretty strong so that was not his problem and he was not sure why they would want that. During an interview at 4:30 p.m. on 3/4/20, the Director of Nursing (DON) stated the facility did not have a restorative aide at present. The DON stated the facility used to have a restorative nurse doing restorative programs but he left to work the floor in 11/2019. The DON stated the facility would like to have Certified Nursing assistants (CNAs) complete training so restorative activities are a part of the resident's daily lives. The DON stated CNAs are expected to do restorative activities now and are completing 'walk-to-dine' activities with residents. The DON stated no CNAs have begun or completed specialized restorative training. Review of the facility's Therapy Communication sheets located in the Physical Therapy offices revealed the programs went back to 10/15/19 with the most recent restorative program documented on 10/22/19. Review of the facility's Therapy Communication sheets at the North nursing station revealed instructions for resident walking and positioning programs but no direction regarding other restorative activities or exercises. Review of the facility's Therapy Communication sheets at the South nursing station revealed instructions for resident walking and transfers. A Therapy Communication sheet dated 2/10/20, directed staff to assist Resident #1 with wrist weights and free weights in the afternoon. During an interview at 11:53 a.m. on 3/10/20, Staff B, CNA, stated the aides learned about resident restorative exercises via a book in the therapy room and restorative nursing books regarding the walk-to-dine programs. Staff B stated she completed no other restorative activities for residents and the walk-to-dine was the primary restorative activity for CNA's. During an interview at 12 p.m. on 3/10/20, Staff C, CNA, stated the aides did not implement resident restorative activities besides walk-to-dine for willing residents. The facility did a group exercise program. During an interview at 12:30 p.m. on 3/10/20, Staff D, CNA, stated she was not familiar with resident restorative programs and no one had asked the aides to complete restorative exercises. Staff D stated she performed range of motion exercises for a resident's stiff shoulder once but she stated she did that on her own. During an interview at 12:45 p.m. on 3/10/20, Staff E, CNA, stated she did not implement resident restorative programs and the aides walk residents who can walk. During an interview at 1:30 p.m. on 3/10/20, Staff F, CNA, stated she was not involved in any resident restorative activities. During an interview at 5:20 a.m. on 3/11/20, Staff G, CNA, stated she had received no instructions to do restorative exercises with the residents. Staff G stated she worked as a restorative aide in another facility, so she would sometimes stretch and do range of motion exercises with residents. Staff G stated she had not received any direction to do so though. During interview at 7:45 a.m. on 3/11/20, Staff A, LPN (Licensed Practical Nurse and the facility's former Restorative Nurse) stated that in 9/19, he was brought into the office and told he must move to the medication cart and off of restorative care. Staff A stated the DON and Administrator were not happy and had been instructed to move him by corporate staff. Staff A stated they moved him to the medication cart on 10/1/19 and the facility had no replacement restorative nurse or aide. Staff A stated the CNA's walk residents as they (the residents) allow and Activities staff did a group exercise program. Staff A stated when he worked in the position Restorative Nurse the Physical Therapy staff would write up a resident's program and he would implement it. Staff A stated he held 2 or 3 small group exercises per day, completed individual exercises in resident rooms, and assisted with walk-to-dine activities. During an interview at 1:30 p.m. on 3/18/20, the DON stated when Staff A transitioned out of the restorative position, the CNA's took over the walk-to-dine programs for residents. Staff A also developed an activity program for group participation. The DON stated the facility was currently on lock down (due to the Covid-19 virus) and the group exercise program was not meeting at this time. The DON stated going forward she planned to educate the CNA's on stretching residents during dressing and to encourage as much independent resident participation as possible.</p>		
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.