

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER AAASE HAUGEN HOME		STREET ADDRESS, CITY, STATE, ZIP FOUR OHIO STREET DECORAH, IA 52101	
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 0582 Level of harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on clinical record review and staff interview, the facility failed to provide beneficiary notification to the resident and/or resident representative with the ending of skilled care for 2 of 3 residents reviewed. (Resident #64 & #30) The facility census was 66 residents. Findings include: 1. The Advance Beneficiary Notice of Non-coverage provided to Resident #30's representative as notice of skilled services ending on 11/5/19 revealed that Form CMS-R-131 was utilized instead of CMS- . No Form CMS- was provided to the residents representative according to the SNF Beneficiary Protection Notification Review form completed by the facility. 2. The Advance Beneficiary Notice of Non-coverage provided to Resident #64's representative as notice of skilled services ending on 2/28/20 revealed the CMS- was utilized, however the resident representative chose to have the decision appealed. In review the SNF Beneficiary Protection Notification Review form indicated Form CMS- was issued to the residents representative but it was not returned to the facility. During interview on 3/12/20 at 8:34 a.m., the Social Services Director acknowledged no follow up conversation was held with the residents representative to provide clarification of their choice for an appeal or to find out about Form CMS- that had not been returned to the facility.		
F 0625 Level of harm - Potential for minimal harm Residents Affected - Some	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review and staff interview, the facility failed to provide notice to the resident and/or resident representative of the facility's Bed- Hold Notice prior to or at the time of transfer to the hospital for 1 of 4 residents reviewed (Resident #63) The facility census was 66 residents. Findings include: 1. Review of Resident #63's medical record revealed no documentation of notification to the resident or resident representative regarding Bed- Hold Notice when the resident transferred to the hospital on [DATE] and 2/2/20. The facility's Bed- Hold Policy identified the facility would provide written information to the resident and/or the resident representative regarding bed hold prior to or at the time of transfer. During interview on 3/12/20 at 8:34 a.m., the Social Services Director acknowledged there was no documentation the Bed- Hold Notice was given to the resident or representative when transferred to the hospital on [DATE] or 2/2/20.		
F 0638 Level of harm - Potential for minimal harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. Based on clinical record review, the facility failed to complete and submit required MDS (Minimum Data Set) assessments within the required timeframe for 1 of 21 residents reviewed (Resident #1). The facility census was 66 residents. Findings include: 1. The EMR (Electronic Medical Record) revealed the quarterly minimum data set assessment for Resident #1 was completed 10/25/19. The annual MDS assessment was not completed until 2/19/20. Federal regulations require no more than 3 months between MDS assessments and are to be submitted with 14 days of completion which the facility failed to do.		
F 0698 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Past noncompliance - remedy proposed **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to perform assessments before and after (pre & post) [MEDICAL TREATMENT] as required for one resident on [MEDICAL TREATMENT]. (Resident #39) The facility census was 66 residents. Findings include: 1. The EMR (Electronic Medical Record) listed [DIAGNOSES REDACTED],#39. The facility failed to complete Pre/Post [MEDICAL TREATMENT] Assessments on 3/2 & 6/20, 2/3,14, 17 & 28/20 & 1/8, 15, 22, 24 & 31/20. During interview on 3/11/20 at 1:05 p.m., the Director of Nursing stated they were aware there was a problem with staff documenting pre and post [MEDICAL TREATMENT] assessments for the resident.		

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.