

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00067482
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Incident Number: IA00067482
State Complaint Number: 67482-I

Received End Date: 04/17/2017
Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 05/25/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00068185
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00068185
State Complaint Number: 68185-C

Received End Date: 05/11/2017
Investigation Completed: 09/25/2017

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory: MEDICATION ADMINISTRATION
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2
Category: Quality of Care/Treatment
Subcategory: INADEQUATE NURSING SUPERVISION
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 4
Category: Resident/Patient/Client Rights
Subcategory: DIGNITY
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 5
Category: Quality of Care/Treatment
Subcategory: HYDRATION
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Printed: 07/31/2018
Due Date: 05/25/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00068185
Facility ID: IA0769
Provider Number: 165586
State Region: 001

Allegation #: 6

Category: Dietary Services

Subcategory: NUTRITIONAL NEEDS NOT MET

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 7

Category: Dietary Services

Subcategory: FOOD TEMPERATURES/PALATABLE

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 7

Printed: 07/31/2018
Due Date: 06/19/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00068548
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00068548
State Complaint Number: 68548-C

Received End Date: 06/05/2017
Investigation Completed: 09/25/2017

ALLEGATIONS

Allegation #: 1

Category: Resident/Patient/Client Assessment

Subcategory: Assessment/Intervention

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2

Category: Quality of Care/Treatment

Subcategory: INCONTINENCE CARE

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3

Category: Quality of Care/Treatment

Subcategory: Oral hygiene

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 4

Category: Quality of Care/Treatment

Subcategory: Care Plan Not Implemented

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 5

Category: Resident/Patient/Client Rights

Subcategory: PHYSICIAN NOTIFICATION

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 5

Printed: 07/31/2018
Due Date: 06/26/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00068936
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00068936 Received End Date: 06/12/2017
State Complaint Number: 68936-I Investigation Completed: 09/25/2017

ALLEGATIONS

Allegation #: 1

Category: Quality of Care/Treatment

Subcategory: INADEQUATE NURSING SUPERVISION

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 1

Printed: 07/31/2018
Due Date: 08/11/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00069637
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00069637
State Complaint Number: 69637-C

Received End Date: 07/28/2017
Investigation Completed: 09/25/2017

ALLEGATIONS

Allegation #: 1

Category: Resident/Patient/Client Assessment

Subcategory: Assessment/Intervention

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2

Category: Resident/Patient/Client Assessment

Subcategory: Care Plan Not Developed

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3

Category: Quality of Care/Treatment

Subcategory: INADEQUATE NURSING SUPERVISION

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 4

Category: Quality of Care/Treatment

Subcategory: FOLLOWING PHYSICIAN ORDERS

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 5

Category: Nursing Services

Subcategory: Call Lights

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Printed: 07/31/2018
Due Date: 08/11/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00069637
Facility ID: IA0769
Provider Number: 165586
State Region: 001

Allegation #: 6

Category: Resident/Patient/Client Rights

Subcategory: DIGNITY

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 7

Category: Unqualified Personnel

Subcategory: STAFF COMPETENCY

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 7

Printed: 07/31/2018
Due Date: 08/14/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00070121
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00070121 Received End Date: 07/31/2017
State Complaint Number: 70121-C Investigation Completed: 09/25/2017

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory: INADEQUATE NURSING SUPERVISION
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date: 09/13/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00070477
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00070477 Received End Date: 08/29/2017
State Complaint Number: 70477-M Investigation Completed: 10/26/2017

ALLEGATIONS

Allegation #: 1
Category: Resident/Patient/Client Abuse
Subcategory: UNREASONABLE PUNISHMENT
Findings: Substantiated:No deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 1

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00071438
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Incident Number: IA00071438
State Complaint Number: 71438-I

Received End Date: 10/06/2017
Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00071854
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00071854 Received End Date: 10/23/2017
State Complaint Number: 71854-I Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 01/03/2018
Priority: Non-IJ Medium

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00071958
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00071958 Received End Date: 10/26/2017
State Complaint Number: 71958-C Investigation Completed: 01/31/2018

ALLEGATIONS

Allegation #: 1
Category: Nursing Services
Subcategory: Insufficient Number of Staff
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Falsification of Records/Reports
Subcategory: RECORDS
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00072036
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00072036 Received End Date: 10/31/2017
State Complaint Number: 72036-C Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 01/16/2018
Priority: Non-IJ Medium

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00072222
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00072222 Received End Date: 11/07/2017
State Complaint Number: 72222-C Investigation Completed: 01/31/2018

ALLEGATIONS

Allegation #: 1

Category: Resident/Patient/Client Rights

Subcategory: RESIDENT FUNDS

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 1

Printed: 07/31/2018
Due Date: 12/01/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00072403
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00072403 Received End Date: 11/16/2017
State Complaint Number: 72403-C Investigation Completed: 01/31/2018

ALLEGATIONS

Allegation #: 1
Category: Fraud/False Billing
Subcategory: Resident Incorrectly Billed By Facility
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Rights
Subcategory: RESIDENT FUNDS
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 3
Category: Administration/Personnel
Subcategory: ADMINISTRATION
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 3

Printed: 07/31/2018
Due Date: 03/13/2018
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00074318
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00074318 Received End Date: 02/27/2018
State Complaint Number: 74318-C Investigation Completed: 06/25/2018

ALLEGATIONS

Allegation #: 1
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Rights
Subcategory: PHYSICIAN NOTIFICATION
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00074345
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00074345 Received End Date: 02/28/2018
State Complaint Number: 74345-I Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 08/14/2018
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00077324
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00077324 Received End Date: 07/31/2018
State Complaint Number: 77324-C Investigation Completed:

ALLEGATIONS

Allegation #: 1
Category: Nursing Services
Subcategory: Call Lights
Findings:

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Quality of Care/Treatment
Subcategory: INADEQUATE NURSING SUPERVISION
Findings:

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date: 02/25/2014
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00047149
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00047149
State Complaint Number: 47149-C

Received End Date: 02/10/2014
Investigation Completed: 02/21/2014

ALLEGATIONS

Allegation #: 1
Category: Resident/Patient/Client Rights
Subcategory: DIGNITY
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3
Category: Quality of Care/Treatment
Subcategory: TRANSFER TECHNIQUE
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 3

Printed: 07/31/2018
Due Date: 05/07/2014
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00048066
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00048066 Received End Date: 04/23/2014
State Complaint Number: 48066-C Investigation Completed: 06/03/2014

ALLEGATIONS

Allegation #: 1

Category: Resident/Patient/Client Rights

Subcategory: DIGNITY

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 1

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00052628
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Incident Number: IA00052628
State Complaint Number: 52628-I

Received End Date: 04/10/2015
Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 10/27/2015
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00055826
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00055826 Received End Date: 10/12/2015
State Complaint Number: 55826-C Investigation Completed: 12/04/2015

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory: MEDICATION ADMINISTRATION
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Rights
Subcategory: DIGNITY
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date: 01/06/2016
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00056972
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00056972 Received End Date: 12/21/2015
State Complaint Number: 56972-C Investigation Completed: 02/11/2016

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory: FOLLOWING PHYSICIAN ORDERS
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00056492
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00056492 Received End Date: 11/19/2015
State Complaint Number: 56492-C Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 01/21/2016
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00057181
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00057181
State Complaint Number: 57181-C

Received End Date: 01/06/2016
Investigation Completed: 02/11/2016

ALLEGATIONS

Allegation #: 1

Category: Quality of Care/Treatment

Subcategory: INCONTINENCE CARE

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2

Category: Quality of Life

Subcategory: Meeting residents needs

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3

Category: Resident/Patient/Client Rights

Subcategory: DIGNITY

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 4

Category: Resident/Patient/Client Assessment

Subcategory: Assessment/Intervention

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 4

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00059639
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Incident Number: IA00059639
State Complaint Number: 59639-I

Received End Date: 04/26/2016
Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

Printed: 07/31/2018
Due Date: 11/07/2016
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00063087
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00063087
State Complaint Number: 63087-C

Received End Date: 12/12/2016
Investigation Completed: 03/06/2017

ALLEGATIONS

Allegation #: 1
Category: Admission, Transfer & Discharge Rights
Subcategory: Discharge Planning
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2
Category: Quality of Care/Treatment
Subcategory: INADEQUATE NURSING SUPERVISION
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 3
Category: Administration/Personnel
Subcategory: STAFF TRAINING
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 4
Category: Resident/Patient/Client Rights
Subcategory: DIGNITY
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 5
Category: Quality of Life
Subcategory: Meeting residents needs
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Printed: 07/31/2018
Due Date: 11/07/2016
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00063087
Facility ID: IA0769
Provider Number: 165586
State Region: 001

Allegation #: 6

Category: Quality of Care/Treatment

Subcategory: INCONTINENCE CARE

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 7

Category: Resident/Patient/Client Assessment

Subcategory: Assessment/Intervention

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 8

Category: Quality of Care/Treatment

Subcategory: MEDICATION ADMINISTRATION

Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 8

Printed: 07/31/2018
Due Date: 01/27/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00065106
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00065106 Received End Date: 01/12/2017
State Complaint Number: 65106-I Investigation Completed: 03/06/2017

ALLEGATIONS

Allegation #: 1

Category: Quality of Care/Treatment

Subcategory: INADEQUATE NURSING SUPERVISION

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 1

Printed: 07/31/2018
Due Date: 01/03/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00064689
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Complaint Number: IA00064689 Received End Date: 12/16/2016
State Complaint Number: 64689-C Investigation Completed: 03/06/2017

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory: INADEQUATE NURSING SUPERVISION
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Allegation #: 2
Category: Quality of Care/Treatment
Subcategory: MEETING RESIDENTS NEEDS
Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Deficiencies Cited: Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date: 02/06/2017
Priority: Non-IJ High

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00065675
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME
Address: 109 MISSION DRIVE
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO
Telephone: (641)562-2494

License #:
Type: SNF/NF
Medicaid #: 0803999

Complaint Number: IA00065675
State Complaint Number: 65675-C

Received End Date: 01/23/2017
Investigation Completed: 05/16/2017

ALLEGATIONS

Allegation #: 1
Category: Resident/Patient/Client Rights
Subcategory: FAMILY NOTIFICATION
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Allegation #: 2
Category: Resident/Patient/Client Assessment
Subcategory: Assessment/Intervention
Findings: Unsubstantiated:Lack of sufficient evidence

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 2

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00065677
Facility ID: IA0769
Provider Number: 165586
State Region: 001

PROVIDER INFORMATION:

Name: TIMELY MISSION NURSING HOME License #:
Address: 109 MISSION DRIVE Type: SNF/NF
City/State/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Medicaid #: 0803999
Telephone: (641)562-2494

Incident Number: IA00065677 Received End Date: 02/01/2017
State Complaint Number: 65677-I Investigation Completed:

ALLEGATIONS

Allegation #: 0
Category:
Subcategory:
Findings:

Deficiencies Cited:

Build ID: S/S: N/A

Total Number of Allegations for Complaint: 0

END OF SUMMARY

Printed: 07/31/2018
Due Date:
Priority: No Action Necessary

**ACTS Facility History, No Names (F02): Timely
Mission Nursing Home
07/31/2013 to 07/31/2018**

Intake Number: IA00065677
Facility ID: IA0769
Provider Number: 165586
State Region: 001

REPORT DEFINITIONS

Allegation Type	All
Base time frame on	Received End Date
Close Reason	All
D/R/S RO Response	All
Date Range	07/31/2013 - 07/31/2018
Intake Subtype	All
Intake Type	All
Location Received	All
Management Unit	All
Onsite/Offsite	All
Overall Findings	All
Priority	All
Provider	TIMELY MISSION NURSING HOME Provider ID: 165586; City: BUFFALO CENTER, IA
Received By	All
Responsible Team	All
Source	All
State Region	All
Status	All
Transplant Program Type	All