Printed:	07/31/2018		In	itake Number:	IA00067482
Due Date:		ACTS Facility History, No Names	(F02): Timely	Facility ID:	IA0769
Priority:	No Action Necessary	Mission Nursing Hom	Prov	vider Number:	
		•		State Region:	001
		07/31/2013 to 07/31/20	18		
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	SNF/NF	
	City/State/Zip/County:	BUFFALO CENTER, IA, 50424, WINNEBAGO	Medicaid #:	0803999	
	Telephone:	(641)562-2494			
	Incident Number:	IA00067482	Received End Date:	04/17/2017	
St	ate Complaint Number:	67482-I	Investigation Completed:		
ALLEGATI	IONS				
A	llegation #: 0				
	Category:				
Su	bcategory:				

Findings:

Deficiencies Cited:

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	5
PROVIDER INFORMA	ATION:	
City/St	Name:TIMELY MISSION NURSING HOMELicense #:Address:109 MISSION DRIVEType:SNF/NFtate/Zip/County:BUFFALO CENTER, IA, 50424, WINNEBAGOMedicaid #:0803999Telephone:(641)562-2494Content for the second secon	
	int Number:IA00068185Received End Date:05/11/2017aint Number:68185-CInvestigation Completed:09/25/2017	
ALLEGATIONS		
Subcategory:	1 Quality of Care/Treatment MEDICATION ADMINISTRATION Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:	Build ID: S/S: N/A	
	2 Quality of Care/Treatment INADEQUATE NURSING SUPERVISION	
	: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited	
Deficiencies Cited:	Build ID: S/S: N/A	
Subcategory:	 Resident/Patient/Client Assessment Assessment/Intervention Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are 	
Deficiencies Cited:	cited Build ID: S/S: N/A	
Subcategory:	Resident/Patient/Client Rights	
	5 Quality of Care/Treatment HYDRATION	
	Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:	Build ID: S/S: N/A	

	/25/2017 n-IJ High	ACTS Facility History, No Names (F02): Timely Mission Nursing Home 07/31/2013 to 07/31/2018		Facility ID: Provider Number: State Region:	165586
Allega	ation #:	6			
•		Dietary Services			
Subca	tegory:	NUTRITIONAL NEEDS NOT MET			
Fir	ndings:	Unsubstantiated:Lack of sufficient evidence			
Deficiencies C	ited:	Bu	ild ID:	S/S: N/A	
Allega	ation #:	7			
Ca	tegory:	Dietary Services			
Subca	tegory:	FOOD TEMPERATURES/PALATABLE			
Fir	ndings:	Unsubstantiated:Lack of sufficient evidence			
Deficiencies C	ited:	Bu	ild ID:	S/S: N/A	

Total Number of Allegations for Complaint: 7

Printed:

07/31/2018

Intake Number: IA00068185

Printed: 07/31/2018 Due Date: 06/19/2017 Priority: Non-IJ High	ACTS Facility History, No Name Mission Nursing Ho 07/31/2013 to 07/31/2	DME Provider Number: 165586 State Region: 001
PROVIDER INFORMA		
City/Sta	Name: TIMELY MISSION NURSING HOME Address: 109 MISSION DRIVE te/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Telephone: (641)562-2494	License #: Type: SNF/NF Medicaid #: 0803999
	nt Number: IA00068548 nt Number: 68548-C	Received End Date: 06/05/2017 Investigation Completed: 09/25/2017
ALLEGATIONS		
Subcategory:	1 Resident/Patient/Client Assessment Assessment/Intervention Substantiated:Federal deficiencies related to alleg are cited, cited	, State deficiencies related to the alleg are
Deficiencies Cited:		Build ID: S/S: N/A
Subcategory:	2 Quality of Care/Treatment INCONTINENCE CARE Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategory:	Quality of Care/Treatment	, State deficiencies related to the alleg are Build ID: S/S: N/A
Subcategory:	4 Quality of Care/Treatment Care Plan Not Implemented Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategory:	5 Resident/Patient/Client Rights PHYSICIAN NOTIFICATION Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited: Total Number of A	llegations for Complaint: 5	Build ID: S/S: N/A

Printed: Due Date: Priority:	07/31/2018 06/26/2017 Non-IJ High		ACTS Facility History, N Mission Nur 07/31/2013 to	rsing Home	ely	ntake Number: Facility ID: vider Number: State Region:	IA0769 165586
PROVIDE	R INFORMAT	ION:					
		Name:	TIMELY MISSION NURSING HOME		License #:		
		Address:	109 MISSION DRIVE		Туре:	SNF/NF	
	City/Sta		BUFFALO CENTER, IA, 50424, WINNE (641)562-2494	BAGO	Medicaid #:	0803999	
	Incide	nt Number:	IA00068936	Receive	ed End Date:	06/12/2017	
St	ate Complai	nt Number:	68936-I	Investigation	Completed:	09/25/2017	
ALLEGAT	IONS						
А	llegation #:	1					
	Category:	Quality of C	Care/Treatment				
Su	bcategory:	INADEQUA	TE NURSING SUPERVISION				
	Findings:	Substantiat cited	ed:Federal deficiencies related to alle	g are cited, State deficiencie	s related to th	ne alleg are	

Build ID: S/S: N/A

Deficiencies Cited:

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 (F Mission Nursing Home 07/31/2013 to 07/31/2018	Provider Number: 165586 State Region: 001
PROVIDER INFORMA	TION:	
City/St	Name: TIMELY MISSION NURSING HOME Address: 109 MISSION DRIVE te/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Telephone: (641)562-2494	License #: Type: SNF/NF Medicaid #: 0803999
•	nt Number: IA00069637 Int Number: 69637-C In	Received End Date: 07/28/2017 nvestigation Completed: 09/25/2017
ALLEGATIONS		
Subcategory:	1 Resident/Patient/Client Assessment Assessment/Intervention Substantiated:Federal deficiencies related to alleg are cited, State cited	e deficiencies related to the alleg are
Deficiencies Cited:		Build ID: S/S: N/A
Subcategory:	2 Resident/Patient/Client Assessment Care Plan Not Developed Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategory:	3 Quality of Care/Treatment INADEQUATE NURSING SUPERVISION Substantiated:Federal deficiencies related to alleg are cited, State cited	e deficiencies related to the alleg are
Deficiencies Cited:		Build ID: S/S: N/A
•••	4 Quality of Care/Treatment FOLLOWING PHYISICAN ORDERS	
Findings:	Substantiated:Federal deficiencies related to alleg are cited, State cited	e deficiencies related to the alleg are
Deficiencies Cited:		Build ID: S/S: N/A
Allegation #: Category: Subcategory:	Nursing Services	
Findings:	Substantiated:Federal deficiencies related to alleg are cited, State cited	e deficiencies related to the alleg are
Deficiencies Cited:		Build ID: S/S: N/A

Printed: Due Date: Priority:	07/31/2018 08/11/2017 Non-IJ High	ACTS Facility History, No Names (F02): Timely Mission Nursing Home 07/31/2013 to 07/31/2018	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586		
All	egation #:	6				
	Category:	Resident/Patient/Client Rights				
Sub	ocategory:	DIGNITY				
	Findings:	Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related cited	ed to the alleg are			
Deficiencies	s Cited:	Build	ID: S/S: N/A			
All	egation #:	7				
	Category:	Unqualified Personnel				
Sub	ocategory:	STAFF COMPETENCY				
	Findings:	Unsubstantiated:Lack of sufficient evidence				
Deficiencies	s Cited:	Build	ID: S/S: N/A			
Total N	umber of A	llegations for Complaint: 7				

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Priority:	07/31/2018 08/14/2017 Non-IJ High		Mission N	No Names (F02): Timely ursing Home to 07/31/2018	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDE	R INFORMAT	ION:				
		Name:	TIMELY MISSION NURSING HOME	Lice	ense #:	
		Address:	109 MISSION DRIVE		Type: SNF/NF	
	City/Sta		BUFFALO CENTER, IA, 50424, WIN (641)562-2494	NEBAGO Medi	caid #: 0803999	
	Complair	nt Number:	IA00070121	Received End	Date: 07/31/2017	,
St	tate Complai	nt Number:	70121-C	Investigation Comp	leted: 09/25/2017	,
ALLEGATI	IONS					
Α	llegation #:	1				
	J	•				
	Category:	Quality of C	Care/Treatment			
Su	Category:	Quality of C	Care/Treatment ATE NURSING SUPERVISION			
Su	Category: Ibcategory:	Quality of C	ATE NURSING SUPERVISION	illeg are cited, State deficiencies relate	ed to the alleg are	
Su Deficiencie	Category: bcategory: Findings:	Quality of C INADEQUA Substantiat	ATE NURSING SUPERVISION	-	ed to the alleg are	
Deficiencie	Category: bcategory: Findings:	Quality of C INADEQUA Substantiat cited	ATE NURSING SUPERVISION	-	-	
Deficiencie	Category: Ibcategory: Findings: es Cited: Ilegation #:	Quality of C INADEQUA Substantiat cited 2	ATE NURSING SUPERVISION	-	-	
Deficiencie A	Category: Ibcategory: Findings: es Cited: Ilegation #: Category:	Quality of C INADEQUA Substantiat cited 2 Resident/P	ATE NURSING SUPERVISION ted:Federal deficiencies related to a	-	-	
Deficiencie A	Category: Ibcategory: Findings: es Cited: Ilegation #: Category: Ibcategory:	Quality of C INADEQUA Substantiat cited 2 Resident/P Assessmen	ATE NURSING SUPERVISION ted:Federal deficiencies related to a vatient/Client Assessment nt/Intervention	-	ID: S/S: N/A	
Deficiencie A	Category: Ibcategory: Findings: es Cited: Ilegation #: Category: Ibcategory: Findings:	Quality of C INADEQUA Substantiat cited 2 Resident/P Assessmer Substantiat	ATE NURSING SUPERVISION ted:Federal deficiencies related to a vatient/Client Assessment nt/Intervention	Build	ID: S/S: N/A	

Printed: Due Date: Priority:	07/31/2018 09/13/2017 Non-IJ High		ACTS Facility History, No Mission Nursi 07/31/2013 to 0	ng Home	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER	R INFORMATION	۱:				
		Name:	TIMELY MISSION NURSING HOME	License	e #:	
		Address:	109 MISSION DRIVE	נד	/pe: SNF/NF	
			BUFFALO CENTER, IA, 50424, WINNEBAG (641)562-2494	GO Medicaio	1#: 0803999	
	Incident N	umber:	IA00070477	Received End Da	ite: 08/29/2017	7
Sta	ate Complaint N	Number:	70477-M	Investigation Complet	ed: 10/26/2017	7
ALLEGATI	ONS					
AI	llegation #: 1					
	Category: Rea	sident/Pa	tient/Client Abuse			
Su	bcategory: UN	IREASON	IABLE PUNISHMENT			
	Findings: Sub	bstantiate	d:No deficiencies related to the alleg are	e cited		

Deficiencies Cited:

Total Number of Allegations for Complaint: 1

Printed:	07/31/2018		Ir	take Number:	IA00071438
Due Date: Priority:	No Action Necessary	ACTS Facility History, No Nam Mission Nursing H 07/31/2013 to 07/31/	ome	Facility ID: vider Number: State Region:	165586
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	SNF/NF	
	City/State/Zip/County:	BUFFALO CENTER, IA, 50424, WINNEBAGO	Medicaid #:	0803999	
	Telephone:	(641)562-2494			
	Incident Number:	IA00071438	Received End Date:	10/06/2017	
St	ate Complaint Number:	71438-I	Investigation Completed:		
ALLEGAT	IONS				
А	llegation #: 0 Category:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed:	07/31/2018		Ir	take Number:	IA00071854
Due Date: Priority:	No Action Necessary	ACTS Facility History, No Nam Mission Nursing H 07/31/2013 to 07/31	lome	Facility ID: vider Number: State Region:	165586
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	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	
St	ate Complaint Number:	71854-I	Investigation Completed:		
ALLEGATI	ONS				
A	llegation #: 0 Category:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed: Due Date: Priority:	07/31/2018 01/03/2018 Non-IJ Medium	ACTS Facility History, No Name Mission Nursing He 07/31/2013 to 07/31/	OME Provider Number: 165586 State Region: 001
PROVIDEF	R INFORMATION:		
	Address City/State/Zip/County	: TIMELY MISSION NURSING HOME : 109 MISSION DRIVE : BUFFALO CENTER, IA, 50424, WINNEBAGO :: (641)562-2494	License #: Type: SNF/NF Medicaid #: 0803999
St	Complaint Number ate Complaint Number		Received End Date: 10/26/2017 Investigation Completed: 01/31/2018
ALLEGATI	IONS		
	-		Build ID: S/S: N/A
A	llegation #: 2 Category: Falsification bcategory: RECORD	-	Build ID. 3/3. N/A
Deficiencie Total N	es Cited: Number of Allegations	for Complaint: 2	Build ID: S/S: N/A

Printed: Due Date: Priority:	07/31/2018 No Action Necessary	ACTS Facility History, No Names Mission Nursing Hor 07/31/2013 to 07/31/20	s (F02): Timely ne	take Number: Facility ID: vider Number: State Region:	IA0769 165586
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	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	
St	ate Complaint Number:	72036-C	Investigation Completed:		
ALLEGATI	IONS				
A	llegation #: 0				

Category:

Subcategory:

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed: Due Date: Priority:	07/31/2018 01/16/2018 Non-IJ Mediu	m		No Names (F02): ursing Home to 07/31/2018	Timely	Intake Number: Facility ID: rovider Number: State Region:	IA0769 165586
PROVIDER	R INFORMAT	ION:					
			TIMELY MISSION NURSING HOME 109 MISSION DRIVE			: SNF/NF	
	City/Sta		BUFFALO CENTER, IA, 50424, WINN (641)562-2494	EBAGO	Medicaid #	: 0803999	
	Complaiı	nt Number:	IA00072222	Re	eceived End Date	e: 11/07/2017	
St	ate Complai	nt Number:	72222-C	Investig	ation Completed	I: 01/31/2018	8
ALLEGATI	IONS						
A	llegation #: Category:		atient/Client Rights				
Su	bcategory:		-				
	Findings:	Substantiat cited	ed:Federal deficiencies related to a	leg are cited, State defici	encies related to	the alleg are	
Deficiencie	es Cited:				Build ID:	S/S: N/A	

Total Number of Allegations for Complaint: 1

Printed: Due Date: Priority:	07/31/2018 12/01/2017 Non-IJ High		ACTS Facility History, No Na Mission Nursing	Home	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER			07/31/2013 to 07/3	31/2018		
PROVIDER		-				
			TIMELY MISSION NURSING HOME 109 MISSION DRIVE	Licens	e#: ype: SNF/NF	
	Citv/Sta		BUFFALO CENTER, IA, 50424, WINNEBAGO		d #: 0803999	
			: (641)562-2494	incurcu		
	Complair	nt Number:	IA00072403	Received End Da	ate: 11/16/2017	
Sta	ite Complai	nt Number:	: 72403-C	Investigation Complet	ed: 01/31/2018	
ALLEGATIO	ONS					
All	egation #:	1				
	Category:	Fraud/Fals	e Billing			
Sub	ocategory:	Resident In	ncorrectly Billed By Facility			
	Findings:	Unsubstant	tiated:Lack of sufficient evidence			
Deficiencies	s Cited:			Build ID	: S/S: N/A	
All	egation #:	2				
	Category:	Resident/P	Patient/Client Rights			
Sub	ocategory:	RESIDENT	Γ FUNDS			
	Findings:	Substantiat cited	ted:Federal deficiencies related to alleg are o	ited, State deficiencies related	to the alleg are	
Deficiencies	s Cited:			Build ID	: S/S: N/A	
All	egation #:	3				
	Category:	Administrat	tion/Personnel			
Sub	ocategory:	ADMINIST	RATION			
	Findings:	Unsubstant	tiated:Lack of sufficient evidence			
Deficiencie	s Cited:			Build ID	: S/S: N/A	
T . 4 . 1 M	umber of A	llawatiawa f				

Printed: Due Date: Priority:	07/31/2018 03/13/2018 Non-IJ High		ACTS Faci	lity History, No Nar Mission Nursing 07/31/2013 to 07/3	Home	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER		ION:					
		Name:	TIMELY MISSION	NURSING HOME	Licens	e #:	
		Address:	109 MISSION DRI	VE	I	ype: SNF/NF	
	City/Stat		BUFFALO CENTE (641)562-2494	R, IA, 50424, WINNEBAGO	Medica	d #: 0803999	
	Complain	t Number:	IA00074318		Received End D	ate: 02/27/2018	1
Sta	ate Complaiı	nt Number:	74318-C		Investigation Comple	ed: 06/25/2018	1
ALLEGATI	ONS						
	Category:		atient/Client Asses	ssment			
	-	Substantiat cited	ted:Federal deficie	encies related to alleg are cit	ed, State deficiencies related	to the alleg are	
Deficiencie	es Cited:				Build ID	: S/S: N/A	
AI	legation #:	2					
	Category:	Resident/P	atient/Client Right	S			
Sul	bcategory:	PHYSICIAN	N NOTIFICATION				
	-	Substantiat cited	ted:Federal deficie	encies related to alleg are cit	ed, State deficiencies related	to the alleg are	
	- O'te d				D. Status	0/0- 1//4	
Deficiencie	es Cited:				Build ID	: S/S: N/A	

Printed:	07/31/2018		Ir	take Number:	IA00074345
Due Date: Priority:	No Action Necessary	ACTS Facility History, No Name Mission Nursing He 07/31/2013 to 07/31/	ome	Facility ID: vider Number: State Region:	165586
PROVIDE	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	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	
St	tate Complaint Number:	74345-I	Investigation Completed:		
ALLEGAT	IONS				
A	llegation #: 0 Category:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed: Due Date: Priority:	07/31/2018 08/14/2018 Non-IJ High		ACTS Fac	•	No Names (F02): ursing Home	: Timely	Intake Number: Facility ID: ovider Number: State Region:	IA0769 165586
				07/31/2013	to 07/31/2018			
PROVIDER		ON:						
				N NURSING HOME		License #		
			109 MISSION DF				: SNF/NF	
	City/State/		BUFFALO CENT (641)562-2494	ER, IA, 50424, WIN	NEBAGO	Medicaid #	: 0803999	
	Complaint	Number:	IA00077324		R	Received End Date	e: 07/31/2018	}
Sta	ate Complaint				Investi	gation Completed	l:	
ALLEGATIO	ONS							
	legation #:	4						
	legation #: Category: N		nvices					
	bcategory: (TVICE5					
	Findings:							
Deficiencie	s Cited:					Build ID:	S/S: N/A	
All	legation #:	2						
	Category: 0	Quality of C	Care/Treatment					
Sub	bcategory:	NADEQUA	TE NURSING S	UPERVISION				
	Findings:							
Deficiencie	s Cited:					Build ID:	S/S: N/A	
Total N	umber of Alle	egations fo	or Complaint: 2					

Printed: Due Date: Priority:	07/31/2018 02/25/2014 Non-IJ High	ACTS Facility History, No Nan Mission Nursing H 07/31/2013 to 07/3 [,]	Home	Intake Number: Facility ID: rovider Number: State Region:	IA0769 165586
PROVIDER			1/2010		
		Name: TIMELY MISSION NURSING HOME	License	#:	
		Address: 109 MISSION DRIVE	Тур	e: SNF/NF	
	City/Sta	te/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Telephone: (641)562-2494	Medicaid	#: 0803999	
	Complai	nt Number: IA00047149	Received End Dat	e: 02/10/2014	
Sta	ate Complai	nt Number: 47149-C	Investigation Complete	d: 02/21/2014	
ALLEGATI	ONS				
AI	llegation #:	1			
	Category:	Resident/Patient/Client Rights			
Su	bcategory:	DIGNITY			
	Findings:	Unsubstantiated:Lack of sufficient evidence			
Deficiencie	es Cited:		Build ID:	S/S: N/A	
AI	legation #:	2			
	Category:	Resident/Patient/Client Assessment			
Su	bcategory:	Assessment/Intervention			
	Findings:	Unsubstantiated:Lack of sufficient evidence			
Deficiencie	es Cited:		Build ID:	S/S: N/A	
AI	llegation #:	3			
	Category:	Quality of Care/Treatment			
Su	bcategory:	TRANSFER TECHNIQUE			
	Findings:	Unsubstantiated:Lack of sufficient evidence			
Deficiencie	es Cited:		Build ID:	S/S: N/A	
Total N	lumber of A	legations for Complaint: 3			

Printed: Due Date: Priority:	07/31/2018 05/07/2014 Non-IJ High		ACTS Facility History, N Mission Nur 07/31/2013 to	sing Home	Timely	Intake Number: Facility ID: ovider Number: State Region:	IA0769 165586
PROVIDER		ION:					
	City/Stat	e/Zip/County:	TIMELY MISSION NURSING HOME 109 MISSION DRIVE BUFFALO CENTER, IA, 50424, WINNEI (641)562-2494	BAGO		: :: SNF/NF : 0803999	
St	ate Complair		IA00048066 48066-C		eceived End Date ation Completed		
	bcategory:	Resident/Pa DIGNITY	atient/Client Rights ed:Federal deficiencies related to alle	g are cited. State deficie	encies related to	the alleg are	
Deficiencie Total N	es Cited:	cited	or Complaint: 1		Build ID:	-	

Printed:	07/31/2018			take Number:	IA00052628
Due Date: Priority:	No Action Necessary	ACTS Facility History, No Nam Mission Nursing H 07/31/2013 to 07/31	ome	Facility ID: vider Number: State Region:	165586
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	SNF/NF	
	City/State/Zip/County:	BUFFALO CENTER, IA, 50424, WINNEBAGO	Medicaid #:	0803999	
	Telephone:	(641)562-2494			
	Incident Number:	IA00052628	Received End Date:	04/10/2015	
St	ate Complaint Number:	52628-I	Investigation Completed:		
ALLEGATI	ONS				
Al	llegation #: 0 Category:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed: Due Date: Priority:	07/31/2018 10/27/2015 Non-IJ High		ACTS Facil	lity History, No Nan Mission Nursing H 07/31/2013 to 07/31	lome	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDE	R INFORMAT	ION:					
	City/Sta	Address: te/Zip/County:	TIMELY MISSION I 109 MISSION DRIV BUFFALO CENTEI (641)562-2494			se#: Type: SNF/NF aid#: 0803999	
St	Complaiı tate Complai		IA00055826 55826-C		Received End I Investigation Comple	Date: 10/12/2015 eted: 12/04/2015	
ALLEGAT	IONS						
А	llegation #:	1					
	Category:	Quality of C	Care/Treatment				
Su	bcategory:	MEDICATIO	ON ADMINISTRAT	ΓΙΟΝ			
	Findings:	Unsubstant	iated:Lack of suffic	cient evidence			
Deficiencie	es Cited:				Build II	D: S/S: N/A	
A	llegation #:	2 Desident/D	ationt/Client Diabt	-			
Su	ibcategory:		atient/Client Rights	5			
	Findings:	Unsubstant	iated:Lack of suffic	cient evidence			
Deficiencie Total N		llegations fo	or Complaint: 2		Build II	D: S/S: N/A	

Printed: Due Date: Priority:	07/31/2018 01/06/2016 Non-IJ High		y History, No Names Mission Nursing Hom 7/31/2013 to 07/31/20	e	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER	R INFORMA	ION:				
		Name: TIMELY MISSION NU	RSING HOME	License	#:	
		Address: 109 MISSION DRIVE		Ту	pe: SNF/NF	
	City/Sta	e/Zip/County: BUFFALO CENTER, Telephone: (641)562-2494	IA, 50424, WINNEBAGO	Medicaid	#: 0803999	
	Complai	t Number: IA00056972		Received End Da	te: 12/21/2015	i
St	ate Compla	nt Number: 56972-C		Investigation Complete	ed: 02/11/2016	
ALLEGATI	ONS					
Δ	llegation #:	1				
	-	Quality of Care/Treatment				
Su		FOLLOWING PHYISICAN ORD	ERS			
	Findings:	Unsubstantiated:Lack of sufficie	nt evidence			
Deficiencie	es Cited:			Build ID:	S/S: N/A	
A	llegation #:	2				
		Resident/Patient/Client Assessr	nent			
Su	bcategory:	Assessment/Intervention				
	Findings:	Substantiated:Federal deficienc cited	ies related to alleg are cited, St	ate deficiencies related to	o the alleg are	
Deficiencie	es Cited:			Build ID:	S/S: N/A	
Total N	Number of A	legations for Complaint: 2				

Printed:	07/31/2018		Ir	ntake Number:	IA00056492
Due Date: Priority:	No Action Necessary	ACTS Facility History, No Nam Mission Nursing H 07/31/2013 to 07/31	lome	Facility ID: vider Number: State Region:	165586
DDO)//DEE		01/31/2013 10 01/31	12010		
PROVIDER	R 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	
St	ate Complaint Number:	56492-C	Investigation Completed:		
ALLEGATI	ONS				
A	llegation #: 0				
	Category:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Due Date:	07/31/2018 01/21/2016 Non-IJ High		ACTS	Mis	History, No ssion Nursi 31/2013 to 0	ng Home)	nely	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER	INFORMAT	ION:								
	City/Sta	Address: te/Zip/County:	109 MISSIC	CENTER, IA, 5	NG HOME 50424, WINNEBAG	60			se#: Гуре: SNF/NF id#: 0803999	
	te Complai	nt Number: nt Number:		31					ate: 01/06/2016 ted: 02/11/2016	
ALLEGATIC	DNS									
Sub	category:	Quality of (ENCE CAR	E						
	Findings:	Substantiat cited	ted:Federal	deficiencies r	related to alleg a	re cited, Stat	e deficiencie	es related	to the alleg are	
Deficiencies	s Cited:							Build ID): S/S: N/A	
		2 Quality of L Meeting res		ds						
	Findings:	Unsubstant	tiated:Lack	of sufficient e	vidence					
Deficiencies	s Cited:							Build ID	: S/S: N/A	
Sub	category:	Resident/P DIGNITY		C C	related to alleg a	re cited, Stat	e deficiencie	es related	to the alleg are	
Deficiencies	s Cited:							Build ID): S/S: N/A	
Sub	category:	Resident/P Assessmer Substantiat	nt/Interventio		t related to alleg a	re cited, Stat	e deficiencie	es related	to the alleg are	
Deficiencies Total Nu		cited	or Complai	nt: 4				Build ID	9: S/S: N/A	

Printed: Due Date: Priority:	07/31/2018 No Action Necessary	ACTS Facility History, No Nam Mission Nursing H	les (F02): Timely Iome	take Number: Facility ID: vider Number: State Region:	IA0769 165586
		07/31/2013 to 07/31	/2018		
PROVIDER	R INFORMATION:				
	Name:	TIMELY MISSION NURSING HOME	License #:		
	Address:	109 MISSION DRIVE	Туре:	SNF/NF	
	City/State/Zip/County:	BUFFALO CENTER, IA, 50424, WINNEBAGO	Medicaid #:	0803999	
	Telephone:	(641)562-2494			
	Incident Number:	IA00059639	Received End Date:	04/26/2016	
St	ate Complaint Number:	59639-I	Investigation Completed:		
ALLEGATI	IONS				
	llegation #: 0 Category: bcategory:				

Findings:

Deficiencies Cited:

Total Number of Allegations for Complaint: 0

Printed: 07/31/201 Due Date: 11/07/201 Priority: Non-IJ Hig	ACTS Facility History, No Na Mission Nursing 07/31/2013 to 07/3	Home Provider Number: 165586 State Region: 001
PROVIDER INFORM	ATION:	
City	Name: TIMELY MISSION NURSING HOME Address: 109 MISSION DRIVE tate/Zip/County: BUFFALO CENTER, IA, 50424, WINNEBAGO Telephone: (641)562-2494	License #: Type: SNF/NF Medicaid #: 0803999
	int Number: IA00063087 aint Number: 63087-C	Received End Date: 12/12/2016 Investigation Completed: 03/06/2017
ALLEGATIONS		
Subcategor	 1 Admission, Transfer & Discharge Rights Discharge Planning Unsubstantiated:Lack of sufficient evidence 	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategor	 2 Quality of Care/Treatment INADEQUATE NURSING SUPERVISION Substantiated:Federal deficiencies related to alleg are cirilated 	ted, State deficiencies related to the alleg are
Deficiencies Cited:	cited	Build ID: S/S: N/A
•	 3 Administration/Personnel STAFF TRAINING 	
Finding	: Unsubstantiated:Lack of sufficient evidence	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategor Finding	Resident/Patient/Client Rights	
Deficiencies Cited:		Build ID: S/S: N/A
Subcategor	 Quality of Life Meeting residents needs Substantiated:Federal deficiencies related to alleg are circular to alleg are circular	ted, State deficiencies related to the alleg are
Deficiencies Cited:	cited	Build ID: S/S: N/A

n-IJ High	ACTS Facility History, No Names (F02): Timely Mission Nursing Home 07/31/2013 to 07/31/2018	P		
tion #:	6			
egory:	Quality of Care/Treatment			
egory:	INCONTINENCE CARE			
idings:	Substantiated:Federal deficiencies related to alleg are cited, State deficiencies rela cited	ted to	the alleg are	
ted:	Buil	d ID:	S/S: N/A	
tion #:	7			
egory:	Resident/Patient/Client Assessment			
egory:	Assessment/Intervention			
dings:	Unsubstantiated:Lack of sufficient evidence			
ted:	Build	d ID:	S/S: N/A	
tion #:	8			
egory:	Quality of Care/Treatment			
egory:	MEDICATION ADMINISTRATION			
dings:	Unsubstantiated:Lack of sufficient evidence			
ted:	Build	d ID:	S/S: N/A	
ber of A	llegations for Complaint: 8			
	tion #: egory: egory: dings: ted: tion #: egory: dings: ted: tion #: egory: egory: dings: ted:	High Mission Nursing Home 07/31/2013 to 07/31/2018 tion #: 6 egory: Quality of Care/Treatment egory: INCONTINENCE CARE dings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related ted: Build tion #: 7 egory: Resident/Patient/Client Assessment egory: Assessment/Intervention dings: Unsubstantiated:Lack of sufficient evidence ted: Build tion #: 8 egory: Quality of Care/Treatment egory: Quality of Care/Treatment egory: Mission sufficient evidence ted: Build	High Mission Nursing Home 07/31/2013 to 07/31/2018 tion #: 6 egory: Quality of Care/Treatment egory: INCONTINENCE CARE dings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to cited ted: Build ID: tion #: 7 egory: Resident/Patient/Client Assessment egory: Assessment/Intervention dings: Unsubstantiated:Lack of sufficient evidence ted: Build ID: tion #: 8 egory: Quality of Care/Treatment egory: Quality of Care/Treatment egory: Quality of Care/Treatment egory: MEDICATION ADMINISTRATION dings: Unsubstantiated:Lack of sufficient evidence ted: Wisubstantiated:Lack of sufficient evidence	High Mission Nursing Home 07/31/2013 to 07/31/2018 Provider Number: State Region: 07/31/2013 to 07/31/2018 tion #: 6 egory: Quality of Care/Treatment egory: INCONTINENCE CARE dings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited Build ID: S/S: N/A tion #: 7 egory: Resident/Patient/Client Assessment egory: Assessment/Intervention dings: Unsubstantiated:Lack of sufficient evidence Build ID: S/S: N/A tion #: 8 egory: Quality of Care/Treatment egory: Mission function tion #: 8 egory: Quality of Care/Treatment egory: Build ID: S/S: N/A tion #: 8 egory: Quality of Care/Treatment egory: MEDICATION ADMINISTRATION dings: Unsubstantiated:Lack of sufficient evidence ted: Build ID: S/S: N/A

ACTS Facility History, No Names (F02): Timely

Printed:

07/31/2018

Due Date: 11/07/2016

Intake Number: IA00063087

Facility ID: IA0769

Printed: Due Date: Priority:	07/31/2018 01/27/2017 Non-IJ High		ACTS Facility History, No Mission Nurs 07/31/2013 to	ing Home	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER		ION:				
		Name:	TIMELY MISSION NURSING HOME	License	#:	
		Address:	109 MISSION DRIVE	Ту	e: SNF/NF	
	City/Stat	e/Zip/County:	BUFFALO CENTER, IA, 50424, WINNEBA	GO Medicaid	#: 0803999	
		Telephone:	(641)562-2494			
	Inciden	t Number:	IA00065106	Received End Dat	e: 01/12/2017	,
Sta	ate Complair	nt Number:	65106-I	Investigation Complete	d: 03/06/2017	,
ALLEGATI	ONS					
AI	legation #:	1				
	Category:	Quality of C	Care/Treatment			
Sul	bcategory:	INADEQUA	TE NURSING SUPERVISION			
	-	Substantiat cited	ed:Federal deficiencies related to alleg	are cited, State deficiencies related to	the alleg are	
Deficiencie	s Cited:			Build ID:	S/S: N/A	

Total Number of Allegations for Complaint: 1

Due Date:	07/31/2018 01/03/2017 Non-IJ High		ACTS Fac	ility History, No I Mission Nursir 07/31/2013 to 0	ng Home		Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER	INFORMATIC	ON:						
		Name:	TIMELY MISSION	I NURSING HOME		License	#:	
		Address:	109 MISSION DR	IVE		Ту	be: SNF/NF	
	City/State/		BUFFALO CENTE (641)562-2494	ER, IA, 50424, WINNEBAG	0	Medicaid	#: 0803999	
	Complaint	Number:	IA00064689		R	eceived End Dat	e: 12/16/2016	i
Stat	te Complaint				Investig	ation Complete	d: 03/06/2017	
(egation #: 1 Category: C	Quality of C	Care/Treatment	JPERVISION				
	-	Substantiat	ed:Federal deficie	encies related to alleg ar	e cited, State defici	encies related to	the alleg are	
Deficiencies	Cited:					Build ID:	S/S: N/A	
	egation #: 2 Category: C		Care/Treatment					
Sub	category: N	MEETING F	RESIDENTS NEE	EDS				
	•	Substantiat	ed:Federal deficie	encies related to alleg ar	e cited, State defic	encies related to	the alleg are	
	C	neu						
Deficiencies		ateu				Build ID:	S/S: N/A	

Printed: Due Date: Priority:	07/31/2018 02/06/2017 Non-IJ High			ity History, No Na Mission Nursing 07/31/2013 to 07/3	Home	Intake Number: Facility ID: Provider Number: State Region:	IA0769 165586
PROVIDER	R INFORMAT	ION:					
			TIMELY MISSION N 109 MISSION DRIV		License Ty	#: pe: SNF/NF	
	City/Sta		BUFFALO CENTEF (641)562-2494	r, IA, 50424, WINNEBAGO	Medicaid	#: 0803999	
St	Complair ate Complai		IA00065675 65675-C		Received End Da Investigation Complete		
ALLEGATI	ONS						
		Resident/P	atient/Client Rights DTIFICATION	3			
	Findings:	Unsubstant	iated:Lack of suffic	cient evidence			
Deficiencie	es Cited:				Build ID:	S/S: N/A	
	bcategory:	Resident/P Assessmer	atient/Client Asses t/Intervention iated:Lack of suffic				
Deficiencie Total N		llegations fo	or Complaint: 2		Build ID:	S/S: N/A	

Printed: Due Date: Priority:	07/31/2018 No Action Necessary	ACTS Facility History, No Nan Mission Nursing H 07/31/2013 to 07/31	hes (F02): Timely Home State	lumber: IA00065677 sility ID: IA0769 lumber: 165586 Region: 001
PROVIDER	R INFORMATION:			
	City/State/Zip/County:	TIMELY MISSION NURSING HOME 109 MISSION DRIVE BUFFALO CENTER, IA, 50424, WINNEBAGO (641)562-2494	License #: Type: SNF Medicaid #: 0803	
St	Incident Number: ate Complaint Number:		Received End Date: 02/0 Investigation Completed:	1/2017
ALLEGATI	ONS			
Su Deficiencie	legation #: 0 Category: bcategory: Findings: es Cited: lumber of Allegations fo	or Complaint: 0 END OF SUMMARY	Build ID: S/S: N	Ά

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

REPORT DEFINITIONS

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