

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

PRINTED: 02/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MISSISSIPPI VALLEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 MESSENGER RD</b> <b>KEOKUK, IA 52632</b>		
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F 000 ✓ ok/CP	INITIAL COMMENTS  Correction date: <u>February 16, 2024</u>  The following deficiencies resulted from investigation of Complaint #118208-C, conducted on January 18, 2024 to January 24, 2024.  Complaints #118208-C was substantiated.  See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.  F 689 Free of Accident Hazards/Supervision/Devices SS=G CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and staff interviews the facility failed to identify increased water temperatures during a shower that resulted in second degree burns to one of three residents reviewed (Resident #1). The facility reported a census of 60 residents.  Findings include:  The Quarterly Minimum Data Set (MDS) Assessment for Resident #1 dated 12/14/23, listed diagnoses including debilitating cardiorespiratory (relating to the action of both heart and lungs) condition, quadriplegia (paralysis	F 000	<i>Please see separate attachment for POC in "Word" document</i>		
F 689		F 689			

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

TITLE

(X6) DATE

*Michael Blume CNHA, LSW, ALCA, BS - Administrator* *2-7-2024*

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.

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F 689	<p>Continued From page 1</p> <p>of all four limbs) and respiratory failure. The MDS identified Resident #1 in a persistent vegetative state, and dependent on staff for all activities of daily living (ADL).</p> <p>The Care Plan for Resident #1 dated 11/21/219, directed staff as follows: the resident required total assistance of 2 staff with bed mobility, positioning, dressing, grooming, hygiene and transfers with a full body lift.</p> <p>Resident #1's Event Report dated 1/16/24 at 10:25 p.m., documented that a Certified Nurses Aid (CNA) alerted Staff B, Registered Nurse (RN) that he failed to realize as he sprayed water over Resident #1's chest and torso that the water temperature got hot and caused the resident skin to turn red. The Note described Resident #1's abdomen/torso appeared red from the nipple line to just below umbilicus (belly button) and across abdomen, a small intact blister to the left border. Staff applied a normal saline soaked gauze to the area, obtained vitals and assessed pain on a "faces" scale at 4 out of 10. The nurse notified the Physician, who ordered a wound treatment to start as soon as the pharmacy delivered, ordered to continue saline soaks as needed to cool the area, monitor for blister worsening throughout the night and call with changes.</p> <p>The Medication Administration Record (MAR) dated January 2024, showed on 1/16/24 staff administered an as needed (PRN) Oxycodone 5 milligrams (mg) at 10:44 p.m., and a PRN Acetaminophen 650 mg at 2:42 a.m.</p> <p>The Wound Information for Resident #1 dated 1/17/23 at 8:46 a.m., identified a burn to the mid chest, anterior (front) torso 60 centimeters (cm)</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>long by 47 cm wide. The description reflected a large amount of serous (clear, amber, thin and watery) drainage, and described the burn type as partial thickness: redness, blistered, moist, painful.</p> <p>The Progress Notes included a Wound note dated 1/20/24 at 11:31 a.m., from Staff C, Nurse Practitioner (NP) Chronic Wound Care Nurse (CWCN) documented: Resident#1 recent burn injury to anterior torso from chest to navel. The burn reportedly caused from hot water during a shower. The burns covered with Silvadene cream. The burns classified as superficial partial thickness with blisters that have unroofed (skin rubbed off), moist, red, weeping areas. Some burn areas are dried with dried drainage encrusted wound bed. Planned to continue Silvadene cream and add Xeroform gauze (fine mesh gauze occlusive dressing) over Silvadene, then dry gauze or abdominal (ABD) pad for drainage. The NP started oral antibiotic as the patient is febrile (fever) today. The note confirmed Resident #1 needed a dietary consult and labs checked.</p> <p>On 1/18/24 at 9:01 a.m., Staff E, Maintenance Supervisor, reported both of the water heaters set at 115 degrees, as of the day before. Staff E, stated the water heaters previously were set at 120 degrees. Staff E, revealed management directed the water temperature lowed because someone received a burn.</p> <p>On 1/18/24 at 10:25 a.m., Resident #1's right upper chest appeared like a popped blister, approximately greater than 50% of the torso affected, reddened to the left mid chest underneath the left nipple area extended in the</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>direction of the resident's back, and a blistered left middle chest. Staff D, RN, treated the wounds with cream per the Physician's order.</p> <p>On 1/18/24 at 10:48 a.m., the Director of Nursing (DON) reported the Physician ordered scheduled pain medication, increased free water flushes via tube feeding and ordered labs done. The DON identified the burn as second-degree burns.</p> <p>On 1/22/24 at 2:52 p.m., Staff A, Certified Nurses Aid, (CNA) explained and demonstrated the process of the shower he provided Resident #1 on 1/16/24. He explained at the end of the shift on 1/16/24 about 10:00 p.m. the nurse reminded him of the shower and he thought he'd get it done fast. Staff A, reported he got Resident #1 in the shower chair, took him in the shower room. Staff A, demonstrated he took the hand-held shower head off the mount with his gloved hands and turned the water on. He reported the water temperature felt warm with his gloved hand, but not hot. Staff A reported he held the shower head in one hand, wet the resident and washed the resident with the other hand. Staff A, confirmed he kept the water on Resident #1 as he washed him to keep him warm. Staff A confirmed he failed to notice the water temperature got increased. Staff A, revealed he identified something's wrong as he dried Resident #1 and his skin peeled off. Staff A, stated he immediately reported to the nurse. Staff A reported the whole shower took about 10 minutes.</p> <p>The facility provided a document signed by the DON dated 1/18/24, that included her investigation summary. The document reflected Staff A failed to notice that the temperature of the water changed during the shower he gave</p>	F 689			

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F 689	Continued From page 4 Resident #1. The document reflected staff A received and signed a disciplinary action form.  The facility Progressive Discipline Notification System for Employees dated 1/16/24, identified Staff A, rushed during care resulting injury.  The facility provided the Bathing The Patient Procedure undated, that directed at point number seven, fill the tub half full of water at a temperature of 110 degrees Fahrenheit and check it with a bath thermometer. Or turn on the shower and adjust the water temperature.	F 689			

7 February 2024

Iowa Department of Inspection, Appeals, & Licensing  
Health Facilities Division  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0083

To the Department of Inspections, Appeals, & Licensing

**RE: Plan of Correction, Mississippi Valley Healthcare & Rehab Center, Complaint Inspection #118208-C, conducted 1/18/2024 through 1/24/2024, Provider #165151.**

**2567 Finding Document received: 6 February 2024**

*Preparation and execution of this written response and Plan of Correction does not constitute any admission or agreement by this provider regarding any alleged findings or conclusions set forth in the 2567 statement of deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal & State law. For the purpose of any allegations that the facility is not in substantial adherence with Federal & State regulations of participation, this response and submitted Plan of Correction constitutes the facility's allegation of adherence in accordance with the State Operations Manual.*

**F 000**

Date of Correction: The process of identifying & implementing the corrective steps contained in this Plan of Correction, which also included establishing the preventive measures to ensure the corrections are maintained, were initiated on 1/16/2024 and shall be in effect on 16 February 2024.

**Identified F Tag: F-689**

**Alleged Deficient Practice: It is alleged that the facility failed to identify increased water temperatures during a shower that resulted in second degree burns to one of three residents reviewed (Resident #1). The facility reported a census of 60 residents**

**Corrective Action**

On 1/16/2024, the facility DON issued discipline action and provided re-instruction regarding the expected practices of providing proper showers at safe temperature, to the specific staff member that was involved in the showering event with the resident. On 1/17/2024, the facility Administrator instructed the facility Maintenance Director to re-adjust downward, boiler water temperature settings from 120 F to 115 F. On 1/18/2024, the Maintenance Director issued to all shower rooms, thermometer temperature probes so safe water temperatures could be directly ascertained to provide proper temperature for showers. On 1/18/2024, the DON and other administrative nursing department staff provided re-education to all nursing department staff on the proper procedures that are

expected to be utilized when providing showers to residents which included proper temperatures to be used. On 1/23/2024, the Maintenance Director did order specialized shower heads that have a temperature gauge built into the shower head that records the temperature of the water output from the shower head so water temperature can be assessed quickly and a safe temperature can be adjusted when providing a shower. These specialized shower heads were installed in each shower room being used on 1/29/2024 by the Maintenance Director.

### **Preventive Measures**

The following identified preventive measures, as noted below, shall be implemented to maintain all corrective actions performed to alleviate the alleged deficient practice, as identified in the 2567 Statement of Deficiencies.

For **F-689**, the Maintenance Department Personnel will conduct & document shower water temperature audits at least 5x a week for the next 60 days to ensure water output temperatures are in a safe range to what the hot water boiler temperature settings are established. If there are temperature discrepancies, the Maintenance Department will report this to the Administrator so proper action can be determined and applied to make temperatures consistent & safe for all applied showers. The DON or her designee, shall conduct random visual audits of showers being provided by staff to ensure proper practices are being followed by staff when providing a shower to a resident that includes using a safe temperature range. Any concerns that are determined during an audit, shall be addressed immediately by the DON or designee with the applicable staff, so corrective action is maintained. Both the facility QAPI committee & daily QA stand-up group, over the next 60 days, shall review applicable documentation pertaining to this Plan of Correction AND any written & verbal statements from staff regarding showers. Any concerns found by either body shall initiate an immediate response to maintain corrective action of this Plan of Correction.

### **Statement of Adherence**

The facility believes the implemented corrective action and preventive measures identified shall ensure those corrections are maintained, as identified under the following:

Under **F-689**, the corrective action & preventive measures, will protect **Resident 1**, along with all other residents of a similar nature residing in this facility from any future potential harm. This facility believes that this submitted Plan of Correction meets the stated requirements for a plan of correction and has resolved the alleged deficient practice. As a result, this facility is under the belief it is in adherence to State and Federal regulatory expectations. If you have questions or concerns regarding this submitted Plan of Correction, please contact the facility Administrator.