Citation Number: #10370					Date: May 20	, 2024
Facility Name: Keosauqua He	alth Care Center			<b>Survey Dates:</b> April 29, 2024 – May 2, 2024		
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.19(2)j	residents. The resident facility shall provide, as required nursing service of qualified nurses with in these rules: 58.19(2) Medication and j. Provision of accurate intervention for all resid adverse symptoms which mental, emotional, or plus DESCRIPTION:  Based on clinical record interview, resident interfacility failed to carry out interventions for 2 of 5 min condition (Resident # failed to carry out assess resident with a low blood carry out interventions a bowel movement for mureported a census of 58 Findings:  1. The MDS assessment Resident #10 scored a which indicated cognitions.	appropriate, the following es under the 24-hour direction ancillary coverage as set forth d treatment.  assessment and timely ents who have an onset of ch represent a change in hysical condition. (I, II, III)  d review, policy review, provider view and staff interviews, the it assessments and residents reviewed for a change e10, and #209). The facility esments/interventions for a d sugar (#10), and failed to after a resident did not have a ultiple days (#209). The facility		\$6750. (Held i Suspe	n	Upon Receipt

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Date

Citation Number #10370	er:		<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,	24			
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	The Care Plan revealed 4/23/24 for risk for alterarelated to diabetes diag 4/19/24 revealed glucage for signs/symptoms of hurse/provider as needes sweating, headache, nadizziness, tingling/numberseles.  The Progress Note date revealed the nurse called to Certified Nurse Aide funny. When the nurse afound lethargic and bare glucose checked and redeciliter). Two glucagon juice with sugar administ to swallow and continue only able to get resident notified and ordered gluinjection. The nurse adreontinued to monitor the residents blood glucose called and ordered for cresident though out the The e-Interact Transfer 3:48 PM revealed resides	I a focus area revised on ations in blood glucose levels nosis. The interventions dated gon kit as ordered; observation hypoglycemia and report to ed such as shakiness, ausea, fatigue, irritability, oness of lips, tongue, and ed 10/24/23 at 4:40 PM, ed into the resident's room due (CNA) stated that he acted arrived in the room the resident ely kept his eyes open. Blood ead 60 mg/dl (milligrams per a packets and 3 cups of orange stered due to resident still able ed to check blood glucose and at up to 75 mg/dl. The provider acagon 1 mg intramuscular ministered glucagon and eresident. Twenty minutes later awas in the 200s. The provider continued monitoring the					
		,, o,	II.	II.		Page <b>2</b> of <b>3</b> 4	

**Facility Administrator** 

Date

Citation Number: #10370		<b>Date:</b> May 20, 2024					
Facility Name: Keosauqua Health Care Center			<b>Survey Dates:</b> April 29, 2024 – May 2, 2024				
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565	LG						
Rule or Code Natur Section	re of Violation	Class	Fine A	Mount	Correction date		
vitals signs revealed 13 rate per minute; 14 bres 96.9 F; and pulse oxima 3.5 liters. The resident for cellulitis.  The Progress Note date of POA (Power of Attor resident and notified he local hospital for evalua assessments between 10/25/23 at 3:48 PM.  The Transfer to Hospita 3:55 PM revealed provice condition and received hospital for evaluation and notified; at 3:45 PM the condition and transferre (Emergency Medical Seand got the resident stat transported resident to room) for evaluation and incorrect documentation 8:03 PM.	cked documentation of 10/24/23 at 4:40 PM and al Summary dated 10/25/23 at der notified of resident's verbal order to transfer to local and treatment. At 5:43 PM, 911 POA notified of resident's ed to local hospital; and EMS ervices) arrived at the facility able. At 3:55 PM, EMS local hospital ER (emergency d treatment. This form revealed in and struck out on 2/7/24 at mary revealed the following:				Page <b>3</b> of <b>3</b>		

Facility Administrator Date

Citation Numb #10370	er:	<b>Date:</b> May 20, 2024			2024	
Facility Name: Keosauqua Hea	alth Care Center		Survey D April 29,		May 2, 20	24
Facility Addres 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	LPN (Licensed Practica incident on 10/25/23 and transfer form and docum stated he had a low blood up and then ended up s for a while.  During an interview on 8 (Assistant Director of Nowith Resident #10 on 10 and she stated she exposuch as what happened the night before. She stadocumented.  2. Due to Resident #208 facility, completed MDS review.  The Care Plan dated 4/self-care deficit as evide with ADLs, impaired bal required assistance and The interventions revise needed a person assist.  The EMR revealed the false incident and the solow transit constipation.	l/or walking, and incontinence. ed on 4/23/24 revealed resident with toileting. following Medical Diagnoses: ion m of left pubis, subsequent				Page <b>4</b> of <b>3</b>
e	. A decision to the				_	, ago <del>4</del> 01 <b>0-</b>
Facilit	y Administrator	Date	e			

Citation Numb #10370	er:	Date: May 20, 2			2024	
	alth Care Center		Survey I April 29,	24		
Facility Addres 819 County Lar Keosauqua, low		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	pooped in 5 days. they in help. He stated if they go tomatoes, that would open the Physician Orders remedications: a. ordered 4/30/24- Milk (MOM) 7.75 %- give 30 24 hours as needed for b. ordered 4/30/24- Eneinsert 1 application rectafor constipation c. ordered 4/30/24- Bisa (milligrams)- insert 1 su hours as needed for consuppository per rectum d. ordered 4/14/24- Oxymg- give 1 tablet orally expain e. ordered 4/14/24- Sentablet orally every 12 hoconstipation  The April MAR (Medicat revealed the resident regized AM.  The April MAR revealed Senna-time tab one time	evealed the following  of Magnesia Suspension ml (milliliter) by mouth every constipation ma Disposable Rectal Enema- ally every 24 hours as needed acodyl Suppository 10 mg ppository rectally every 24 nstipation Give 10 mg daily PRN constipation acodone/acetaminophen 5/325 every 6 hours as needed for ana-time tablet 8.6 mg- give 1 burs as needed for slow  attion Administration Record) aceived MOM on 4/27/24 at  at the resident didn't receive a during the month.				Page <b>5</b> of <b>3</b>

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Citation Numb #10370	er:				<b>Date:</b> May 20, 2024	
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,		May 2, 20	24
Facility Addres 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Fine Amour			Correction date
	revealed Resident #209 movement from 4/25/24 2:42 AM.  During an interview on 8 (Registered Nurse) state and the night shift nurse every morning. Staff C s her about the resident's resident had this issue a came in and brought thi they received good resu  During an interview on 8 queried on Resident #20 they gave him an enem day before that. She sta protocol and if in 3 days resident received MOM a suppository, and then stated everyone usually admitted and Resident s her about his constipatio ordered. She stated the	at 1:59 AM through 5/2/24 at 5/2/24 at 1:32 PM, Staff C, RN ed the facility had a bowel list e left a bowel list for the nurses stated no one said anything to constipation. She stated the before and his home caregiverings that worked for him and ults.  5/2/24 at 3:25 PM, the ADON 09 constipation and she stated a the day before and MOM the sted they used a 3-day bowel is no bowel movement, the and if no results, they received after that an enema. She gets an order set when #209 didn't and they came to on and they got the order set y should have noticed on Day to look at the bowel list every				Page 6 of 3
 Facilit	y Administrator	Dat	e			-

Citation Number: #10370			<b>Date:</b> May 20, 2024			2024	
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,	24			
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
58.19(2)b	481—58.19(135C) Required nursing services for residents. The resident shall receive and the facility shall provide, as appropriate, the following required nursing services under the 24-hour direction of qualified nurses with ancillary coverage as set forth in these rules: 58.19(2) Medication and treatment.  b. Provision of the appropriate care and treatment of wounds, including pressure sores, to promote healing, prevent infection, and prevent new sores from developing; (I, II)			\$7500. (Held in Suspen	n	Upon Receipt	
	interview, resident interview, resident interventions for 2 of 5 r in condition (Resident # failed to carry out assess resident with a low blood carry out interventions a bowel movement for mureported a census of 58 Findings:  1. The MDS assessmer Resident #10 scored a which indicated cognition interventions.	residents reviewed for a change 10, and #209). The facility issments/interventions for a d sugar (#10), and failed to after a resident did not have a ultiple days (#209). The facility	views, the d for a change the facility ons for a failed to not have a The facility  vealed BIMS exam, trevealed				

Facility Administrator Date

Citation Numb #10370	er:	<b>Date:</b> May 20, 20			2024	
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,		May 2, 20	24
Facility Address 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	bladder, and diabetes may bladder, and diabetes may bladder, and diabetes may bladder, and diabetes may bladder, and diabetes diagration of the continued to may bladder. The Progress Note date revealed the nurse called to Certified Nurse Aider funny. When the nurse a found lethargic and bare glucose checked and redeciliter). Two glucagon juice with sugar administ to swallow and continued only able to get resident notified and ordered gluinjection. The nurse administration of the continued to monitor the continued to the continued to monitor the continued to monitor the continued to the con	l a focus area revised on ations in blood glucose levels nosis. The interventions dated gon kit as ordered; observation hypoglycemia and report to ed such as shakiness, tusea, fatigue, irritability, oness of lips, tongue, and ed 10/24/23 at 4:40 PM, ed into the resident's room due (CNA) stated that he acted arrived in the room the resident ely kept his eyes open. Blood ead 60 mg/dl (milligrams per a packets and 3 cups of orange stered due to resident still able ed to check blood glucose and tup to 75 mg/dl. The provider cagon 1 mg intramuscular ministered glucagon and e resident. Twenty minutes later was in the 200s. The provider				
	3:48 PM revealed reside	Form V5 dated 10/25/23 at ent sent to the local hospital on hypoglycemia. The blood				Page <b>8</b> of <b>3</b> 4
Facilit	y Administrator		e			

Citation Number: #10370					Date: May 20,	2024
Facility Name: Keosauqua Health			<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24
Facility Address/0 819 County Lane F Keosauqua, Iowa 5	Road	LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
vit ra 96 3. fo Th of re loc Th as 10 Th 3: co ho no co (E ar tra ro in 8: Th blu a.	itals signs revealed 130 ate per minute; 14 brea 6.9 F; and pulse oxime .5 liters. The resident sor cellulitis.  The Progress Note date of POA (Power of Attornational Positional Forest Notes Included I	ked documentation of 10/24/23 at 4:40 PM and I Summary dated 10/25/23 at der notified of resident's verbal order to transfer to local nd treatment. At 5:43 PM, 911 POA notified of resident's d to local hospital; and EMS ervices) arrived at the facility ble. At 3:55 PM, EMS ocal hospital ER (emergency d treatment. This form revealed and struck out on 2/7/24 at hary revealed the following				Page <b>9</b> of <b>3</b>

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Facility Administrator

Date

Citation Numb #10370	er:			<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,		/lay 2, 20	24		
Facility Address 819 County Lar Keosauqua, lov		LG						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date		
	LPN (Licensed Practica incident on 10/25/23 an transfer form and docum stated he had a low blood up and then ended up sfor a while.  During an interview on a (Assistant Director of Nowith Resident #10 on 10 and she stated she expessuch as what happened the night before. She stadocumented.  2. Due to Resident #209 facility, completed MDS review.  The Care Plan dated 4/self-care deficit as evided with ADLs, impaired bal required assistance and The interventions revised needed a person assist.  The EMR revealed the facility as slow transit constipation.	d/or walking, and incontinence. ed on 4/23/24 revealed resident with toileting.  following Medical Diagnoses: ion m of left pubis, subsequent				Page <b>10</b> of <b>3</b>		
	·····				_	i ago io oi o		
Facilit	y Administrator	Dat	:e					

Citation Numb #10370	er:	<b>Date:</b> May 20, 20			2024	
Facility Name: Keosauqua Hea	alth Care Center			<b>urvey Dates:</b> pril 29, 2024 – May 2, 2024		
Facility Addres 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	pooped in 5 days. they in help. He stated if they go tomatoes, that would open the Physician Orders remedications: a. ordered 4/30/24- Milk (MOM) 7.75 %- give 30 24 hours as needed for b. ordered 4/30/24- Eneinsert 1 application rectafor constipation c. ordered 4/30/24- Bisa (milligrams)- insert 1 su hours as needed for consuppository per rectum d. ordered 4/14/24- Oxymg- give 1 tablet orally expain e. ordered 4/14/24- Sentablet orally every 12 hoconstipation  The April MAR (Medical revealed the resident regized AM.  The April MAR revealed Senna-time tab one time	evealed the following  of Magnesia Suspension ml (milliliter) by mouth every constipation ma Disposable Rectal Enema- ally every 24 hours as needed acodyl Suppository 10 mg ppository rectally every 24 nstipation Give 10 mg daily PRN constipation acodone/acetaminophen 5/325 every 6 hours as needed for ana-time tablet 8.6 mg- give 1 burs as needed for slow  tion Administration Record) aceived MOM on 4/27/24 at at the resident didn't receive e during the month.				Page <b>11</b> of <b>3</b>

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five

Date

percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10370	er:	<b>Date:</b> May 20, 20			2024	
	alth Care Center		Survey D April 29,		/lay 2, 20	24
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	revealed Resident #209 movement from 4/25/24 2:42 AM.  During an interview on 8 (Registered Nurse) state and the night shift nurse every morning. Staff C sher about the resident's resident had this issue a came in and brought this they received good resulting an interview on 8 queried on Resident #20 they gave him an enemy day before that. She staprotocol and if in 3 days resident received MOM a suppository, and then stated everyone usually admitted and Resident sher about his constipation ordered. She stated the	at 1:59 AM through 5/2/24 at 5/2/24 at 1:32 PM, Staff C, RN ed the facility had a bowel list e left a bowel list for the nurses stated no one said anything to constipation. She stated the pefore and his home caregiverings that worked for him and alts.  5/2/24 at 3:25 PM, the ADON 09 constipation and she stated a the day before and MOM the atted they used a 3-day bowel and bowel movement, the and if no results, they received after that an enema. She gets an order set when #209 didn't and they came to on and they got the order set y should have noticed on Day o look at the bowel list every				
						Page <b>12</b> of <b>3</b>

Facility Administrator

Date

Citation Numb #10370	er:		<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,	)24			
Facility Address 819 County Lan Keosauqua, lov		LG					
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date	
58.28(3)e	facility shall be response and maintenance of a second maintenance of the second	afe environment for residents  y. eceive adequate supervision to from self, others, or ment. (I, II, III)  d review, policy review, provider view and staff interviews, the t assessments and residents reviewed for a change 10, and #209). The facility isments/interventions for a d sugar (#10), and failed to after a resident did not have a ultiple days (#209). The facility is residents.  at dated 3/27/24 revealed 14 out of 15 on the BIMS exam, on intact. The MDS revealed d chronic respiratory failure with enal insufficiency, neurogenic	I	\$23,25 (\$7750 treblec (Held i Suspe	x3 d) n	Upon Receipt	
						Page <b>13</b> of <b>3</b> 4	
Facilit	y Administrator		 е				

Citation Numbe #10370	er:		<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Heal	Ith Care Center			<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	4/23/24 for risk for alterarelated to diabetes diag 4/19/24 revealed glucage for signs/symptoms of hurse/provider as needes weating, headache, nadizziness, tingling/numberselect.  The Progress Note date revealed the nurse called to Certified Nurse Aide funny. When the nurse afound lethargic and bare glucose checked and redeciliter). Two glucagon juice with sugar administ to swallow and continue only able to get resident notified and ordered gluinjection. The nurse administration of the residents blood glucose called and ordered for cresident though out the The e-Interact Transfer 3:48 PM revealed reside 10/25/23 at 3:55 PM for glucose registered 62 o vitals signs revealed 13	ed 10/24/23 at 4:40 PM, ed into the resident's room due (CNA) stated that he acted arrived in the room the resident ely kept his eyes open. Blood ead 60 mg/dl (milligrams per a packets and 3 cups of orange stered due to resident still able ed to check blood glucose and tup to 75 mg/dl. The provider acagon 1 mg intramuscular ministered glucagon and eresident. Twenty minutes later awas in the 200s. The provider continued monitoring the				Page <b>14</b> of <b>3</b>	
Facility	Administrator				_	-	

Citation Number: #10370			<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Health Ca	are Center			<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Natu		e of Violation	Class	Class Fine Amount Correction date			
3.5 li for contract of PC residulocal The assection 10/25 The 3:55 cond hosp notification (Emergence and general section of transport of the blood a. 10 b. 10 Durir	iters. The resident sellulitis.  Progress Note date OA (Power of Attornation and notified here) hospital for evaluation and received of the resident states and transferred at 3:45 PM the dition and transferred at 3:45 PM.  Blood Sugar Summand glucose readings 0/25/23 at 3:19 PM the dition and interview on the dition at 3.50 PM the dition at	/110.0 mg/dL					

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five

Date

percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number #10370	er:				Date: May 20,	2024
Facility Name: Keosauqua Hea	alth Care Center		Survey D April 29,		May 2, 20	24
Facility Addres 819 County Lan Keosauqua, Iow		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	transfer form and docun stated he had a low block up and then ended up stor a while.  During an interview on a comparison of the compariso	l/or walking, and incontinence. ed on 4/23/24 revealed resident				
	a. slow transit constipation fracture of superior rilencounter for fracture w     On 4/29/24 at 11:48 AM	m of left pubis, subsequent ith routine healing.  I the resident stated he hadn't				
Encility	pooped in 5 days, they g	gave him MOM and that didn't			_	Page <b>16</b> of <b>3</b> /

Citation Number: #10370					Date: May 20,	2024
Facility Name: Keosauqua Hea	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	(MOM) 7.75 %- give 30 24 hours as needed for b. ordered 4/30/24- Ene insert 1 application recta for constipation c. ordered 4/30/24- Bisa (milligrams)- insert 1 sur hours as needed for cor suppository per rectum d. ordered 4/14/24- Oxymg- give 1 tablet orally opain e. ordered 4/14/24- Sen tablet orally every 12 hoconstipation  The April MAR (Medical revealed the resident re 9:21 AM.  The April MAR revealed Senna-time tab one time	evealed the following  tof Magnesia Suspension ml (milliliter) by mouth every constipation ma Disposable Rectal Enema- ally every 24 hours as needed acodyl Suppository 10 mg ppository rectally every 24 nstipation Give 10 mg daily PRN constipation codone/acetaminophen 5/325 every 6 hours as needed for ana-time tablet 8.6 mg- give 1 burs as needed for slow  tion Administration Record) ceived MOM on 4/27/24 at  I the resident didn't receive e during the month.  the resident received enema				
						Page <b>17</b> of <b>3</b> 4

Facility Administrator

Date

Citation Numb #10370	oer:			0, 2024			
Facility Name: Keosauqua He	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024				
Facility Address 819 County Law Keosauqua, lov		LG					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date		
	revealed Resident #209 movement from 4/25/24 2:42 AM.  During an interview on 8 (Registered Nurse) state and the night shift nurse every morning. Staff C sher about the resident's resident had this issue became in and brought this they received good resulting an interview on 8 queried on Resident #2 they gave him an enem day before that. She staprotocol and if in 3 days resident received MOM a suppository, and then stated everyone usually admitted and Resident in the rabout his constipation ordered. She stated the	at 1:59 AM through 5/2/24 at 5/2/24 at 1:32 PM, Staff C, RN ed the facility had a bowel list e left a bowel list for the nurses stated no one said anything to constipation. She stated the before and his home caregiverings that worked for him and ults.  5/2/24 at 3:25 PM, the ADON 09 constipation and she stated a the day before and MOM the ated they used a 3-day bowel is no bowel movement, the and if no results, they received after that an enema. She gets an order set when #209 didn't and they came to on and they got the order set y should have noticed on Day to look at the bowel list every			Page 18 of 3		
Facilit	ty Administrator	Dat			<b>3</b> 12 11 <b>3</b>		

Citation Numb #10370	er:			<b>Date:</b> May 20, 2024				
Facility Name: Keosauqua Hea	alth Care Center		Survey D April 29,	<b>Dates:</b> 2024 – Ma	ay 2, 20	24		
Facility Addres 819 County Lar Keosauqua, low		LG						
Rule or Code Section	Natur	e of Violation				Correction date		
58.24(4)d	d. The facility shall ensuacceptable parameters such as body weight, ur condition demonstrates III)  DESCRIPTION:  Based on observations, review, staff interviews, interviews, the facility fainterventions to prevent residents reviewed for #52) and failed to provid 5 residents reviewed for #34). The facility report Findings include:  1. The Minimum Data Stated 3/27/24, listed diaincluded dementia, adul weakness. The MDS st partial/moderate assistates.	ets and nutritional status.  are that each resident maintains of nutritional status, nless the resident's clinical that this is not possible. (I, II,  clinical record review, policy family interview and resident niled to develop and implement threat weight loss for 2 of 5 nutrition (Residents #13 and de ordered supplements for 2 of a nutrition (Residents #18 and need a census of 58 residents.  Set (MDS) assessment tool, agnoses for Resident #52 which let failure to thrive, and muscle tated the resident required ance with eating and listed her all Status (BIMS) score as 7 out by impaired cognition.  dated 3/26/24 listed the		\$8000.00 (Held in Suspens		Upon Receipt		
Encilit	v Administrator				-	. ago 10 01 0-		

Citation Numb #10370	er:			2024		
Facility Name: Keosauqua Hea	alth Care Center		Survey I April 29,		May 2, 20	24
Facility Addres 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	resident weighed 99.8 II 4/16/24, which calculate 4/16/24, which calculate care Plan entries, dated had the potential for altedirected staff to: a. provide alternate meserved; b. offer milkshakes with c. provide supervision an eeded; d. notify the physician of the Care Plan did not a loss and did not include assist the resident in gas A 4/24/24 Clinic Note diweight loss and stated in The facility lacked documentation of furthe 4/16/24 until the start of On 4/29/24 at 4:00 p.m. in her room and a plate her. The utensils clean On 5/1/24 at 3:30 p.m.,	d 3/26/24, stated the resident ered nutritional status and als if she did not like the meal meals; and assistance at meals as of significant weight changes. Independent of the resident's weight additional interventions to ining weight.  In the resident of the resident's mursing reported no concerns.				Page <b>20</b> of <b>3</b>
	Adatata				_	<u> </u>
Facilit	y Administrator	Date	e			

Citation Numb #10370	er:		Date: May 20			20, 2024	
Facility Name: Keosauqua He	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24	
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	and the provider. She shere was any physician provider.  On 5/2/24 at 10:04 a.m. obtained an order for suimplemented that nurse She stated she spoke wheeding assistance to the The facility policy "Nutring Skin Integrity", revised the procedure would provid assessment of resident development of an individirected staff to conduct each resident as indicated and to define meaning for at risk for or with impaired. The MDS assessment Resident #13 scored at which indicated moderal MDS revealed the residual assistance with eating, of depression, schizoph dementia. The MDS revenant or 10% in 6 months.	, the ADON stated the facility applements and they is would document the weights. With staff about providing it resident.  Ition and Hydration to Maintain Doctober 2010, stated the is guidelines for the inutritional needs to aide in the ridualized care plan. The policy it nutritional assessments for ited by a change in condition all interventions for the resident interventions.  In dated 3/5/24 revealed in out of 15 on the BIMS exam, itely impaired cognition. The intervention in the impaired set up or clean up item in the intervention in the intervention in the intervention in the intervention in the intervention.				Page <b>21</b> of <b>3</b>	

Facility Administrator

Date

Citation Number: #10370	:				<b>Date:</b> May 20, 2024		
Facility Name: Keosauqua Health	h Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24	
Facility Address/City/State/Zip 819 County Lane Road Keosauqua, Iowa 52565		LG					
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date	
3 pares a T4 o (9 e a relo de f. g	3/18/24 for dysphagia as pneumonia, excessive so and dehydration. The intervention is appropriate diet consister appropriate diet appropriate diet appropriate diet appropriate diet appropriate diet appropriate diet texture. Rester alter appropriate diet appropriate diet texture. Rester appropriate diet app	calivation, airway obstruction terventions dated 10/19/23 ident to eat slowly and take ngle sips and provide ency as ordered.  The focus area revised on problem related to her history nellitus hyperlipidemia, GERD and the need for a mechanically sident at risk for weight loss decreased appetite (significant I April 2024). The interventions to honor food preferences and the chocolate, orange juice, or ckened to nectar consistency.				Page 22 of 3	

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	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	o2/23/2024, the residen is a -10.93 % Loss. On 10/02/2023, the resi 04/04/2024, the residen a -14.26 % Loss.  The Physician Orders real ordered on 3/7/24- resident a sist for dysphagia b. start date of 3/12/24-times a day  The Progress Note date the Dietician recommen 60 ml (milliliter) BID (twing The resident representation order, and the doctor factor of the dieter of the die	4/25/24 at 8:15 PM, revealed weight of 113 pounds (4/4), sed significant weight losses of 6 x 6 mo. She triggered for loss diet texture downgraded on ent 60 ml BID between meals all continue this intervention. 50-60% at meals. Noted GDR 4/11, which had the potential to Care plan updated. Requested				Page <b>23</b> of <b>3</b>

Facility Administrator

Date

Citation Number #10370	er:	Date: May 20, 2			2024	
Facility Name: Keosauqua Hea	alth Care Center		Survey D April 29, 2	<b>Dates:</b> 2024 – I	May 2, 20	24
Facility Address 819 County Lan Keosauqua, Iow		LG				
Rule or Code Section	Nature of Violation (		Class Fine A		Amount	Correction date
	The April MAR revealed resident did not received medication not available a. 4/13/24 at 10:00 AM b. 4/13/24 at 2:00 PM c. 4/14/24 at 10:00 AM d. 4/14/24 at 2:00 PM e. 4/15/24 at 10:00 AM f. 4/15/24 at 10:00 AM f. 4/16/24 at 2:00 PM g. 4/16/24 at 10:00 AM h. 4/16/24 at 2:00 PM i. 4/17/24 at 10:00 AM j. 4/17/24 at 10:00 AM j. 4/18/24 at 2:00 PM m. 4/18/24 at 2:00 PM m. 4/19/24 at 10:00 AM n. 4/19/24 at 2:00 PM o. 4/28/24 at 2:00 PM p. 4/29/24 at 10:00 AM g. 4/29/24 at 10:00 AM g. 4/30/24 at 10:00 AM s. 4/30/24 at 10:00 AM s. 4/30/24 at 2:00 PM p. 4/29/24 at 10:00 AM g. 4/30/24 at 2:00 PM g. 4/30/24 at 2:00	the following dates the difference the house supplement due to e:  4/30/24 at 9:17 AM, the stated Resident #13 had difference a hard time swallowing. She it like the soft food and it being sident representative thought				Page <b>24</b> of <b>3</b> 4
Facilit	y Administrator	Dat	 e		_	

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Facility Name: Keosauqua Hea	alth Care Center		Survey Dates: April 29, 2024 – May 2, 2024			24
Facility Addres 819 County Lan Keosauqua, low		LG				
Rule or Code Section	Natur	e of Violation	Class	Correction date		
	resident served lunch of milk. The meal served in beans and franks in one blend vegetables in and During an observation of came over to the reside in front of her, and the resideways. The staff mer continued to drink her modern the continued th	on 4/30/24 at 12:36 PM, staff nt and pushed her plate gently esident shook her head mber left and the resident nilk.				
	Manager queried if the nat meals and she stated She stated they get what Dietary Manager asked she didn't eat what she never really thought about asked if anyone prompt stated she prompted he think the CNA prompted.	5/2/24 at 1:18 PM, Staff C, RN				
		ed at times it was hard to get aff C stated they gave her ild her weight back up.				Page <b>25</b> of <b>3</b> 4
	Advisit				_	1 ago <b>20</b> of <b>0</b> -
Facilit	y Administrator	Date	e			

Citation Numb #10370	er:				2024	
Facility Name: Keosauqua Hea	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			24
Facility Address 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	(Advanced Registered Midn't see Resident #13 doctor alternate.)  During an interview on Stated Resident #13 felt sometimes the resident wouldn't eat at all. Staff of the texture or someth resident did eat, it took an eeded to approach her stated she thought the rand they could give her.  During an interview on Squeried on Resident #15 she knew they had issue tried to implement differ time they had issues ge but now they hired some ADON stated the nurse on the computer otherw pop up. She stated she the weights, the community her and the provider. The came up, the resident in fax needed sent at the Midney the residents had a 3 poneeded notified. The All received choices or providers.	5/2/24 at 1:44 PM, the ARNP Nurse Practitioner) stated she for weight loss but her and the 5/2/24 at 2:03 PM, Staff J, tike a hit and miss situation, ate everything and other times J didn't know if it was because hing else. She stated when the a lot of encouraging and she multiple times to eat. Staff J resident's drink were optional cottage cheese or yogurt.  5/2/24 at 2:51 PM, the ADON 3 weight loss and she stated es with her weight loss and ent things. She stated at one atting her weights completed, eone to do the weights. The needed to put in the weights rise the weight loss wouldn't hoped with the nurse putting in unication would improve with the ADON stated if the alert eeded assessed earlier, and a very least. The ADON stated if bund weight loss, the doctor DON asked if the resident mutted to eat her meals and				
		nt #13, it was difficult because before and the resident wouldn't				Page <b>26</b> of <b>3</b> 4
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Facility Addre 819 County Lan Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	choices, but if the reside eat. She stated the staff residents options.  3. Review of the MDS a Resident #18 revealed to understood.  The Physician Order da revealed, an order for Haday for Dietary Supple Review of the resident's Record (MAR) dated Apin the month of April who was marked with a code medication was not avaus.  4. The MDS assessment 2/1/24 revealed the resident's ISBIMS assessment, which cognition.  The Physician Order da order for House Supplements.	s Medication Administration oril 2024 revealed 21 instances en the resident's supplement e of 11, which indicated the ilable.  In the for Resident #34 dated dent scored 00 out of 15 on a ch indicated severely impaired ted 10/28/22 documented, an ment three times a day 120 ml.  Is Medication Administration oril 2024 revealed 26 instances en the resident's supplement				Page <b>27</b> of <b>3</b>

Facility Administrator

Date

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Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
the qu an ba it c of too	e facility's Assistant Di peried about trouble ge nd responded there wa ack ordered and not be did take a little while to	ducted on 5/2/24 at 12:56 PM, irector of Nursing (ADON) etting the house supplement, as a time when had issues with eing available. Per the ADON, o come in, and with the change oliers there were a few times it				Page <b>28</b> of <b>3</b>
Eacility Ac	dministrator					-

Citation Numb #10370	er:				Date: May 20,	<b>Date:</b> May 20, 2024	
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Facility Address 819 County Lan Keosauqua, low		LG					
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date	
50.7(1)	director or the director '	or the next business day, by		\$500.0 (Held i Suspe	n	Upon Receipt	
	interviews, the facility fa						
	10/27/23, listed diagnos included fracture of the Alzheimer's dementia, a stated the resident requ assistance for transfers during the review period injury and 2 falls with a listed the Brief Interview score as 6 out of 15, incognition.  The 7/21/23 Fall Report floor of his room on the	and walking. The MDS stated d, the resident had 1 fall with non-major injury. The MDS of for Mental Status (BIMS) dicating severely impaired a stated the resident laid on the right side. The resident to the right side of his nose and				Page <b>29</b> of <b>3</b>	
 Facilit	y Administrator	Dat	e			1 aye 29 01 3	

Citation Numb #10370	er:			2024			
Facility Name: Keosauqua Hea	alth Care Center		Survey D April 29,		ates: 2024 – May 2, 2024		
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
	right hip. On 8/2/23 the resident radiagnosis of right hip fincision. On 8/4/23 the resident radiagnosis of right hip fincision. On 8/4/23 the resident radiagnosis of right hip. On 8/9/23 Medicare Parawork with the resident of the sident of the sident of the sident of the right wrist and an absolute facility educated the Ce (CNAs) to place the bed and the sident of the facility carried out a regarding frequent toiler following meals.  The Nurse Notes docume following: On 9/10/23 the resident the call light. On 9/14/23 the family rediuretic (a medication used to the sident of the side	thad an acute fracture of the returned from the hospital with fracture and had a surgical mad a surgical repair of the right at B Note stated therapy would in strengthening.  It stated the resident was on the de. He sustained a skin tear to brasion to the right knee. The riffied Nursing Assistants in a low position.  In the stated staff found the resident the bathroom door on the floor. In additional education to CNAs ting and toileting immediately				Page <b>30</b> of <b>3</b>	

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Citation Number #10370	r:				Date: May 20,	<b>te:</b> y 20, 2024	
Facility Name: Keosauqua Healt	th Care Center		Survey Dates: April 29, 2024 – May 2			24	
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Rule or Code Section	Nature	e of Violation				Correction date	
	sitting on the floor with him and the resident staresident sustained a skill resident staresident sustained a skill The 10/12/23 Nurses Nobegin 1-hour checks at I falls.  A 10/12/23 Care Plan eraware that he fell due to entry stated there were the family.  A 10/26/23 Therapy to Fatated the resident requand a 4 wheeled walker A 10/27/23 Fall report stared the bathroom on A 10/27/23 Fall-Initial not the bathroom every 2 sit for at least 10 minute A 10/27/23 Care Plan erams a 10	ote stated staff would take him hours and encourage him to es.  Intry directed staff to utilize a eight to the exiting side of the eary Team (IDT) Note stated on a fluid restriction as an				Page <b>31</b> of <b>3</b> 4	

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

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Rule or Code Section	Natur	e of Violation	Class Fine Amount		Correction date		
evaluation the under the front side. The took the supervise hurt. The resident Manage the resident Manage the resident An 11/1/2 transferror An 11/1/2 had a least the least the front front the least the lea	on with urology rinary tract) on 23 Fall report s toffices where the resident composition and the resident into a sion and the resident to the ER for every at 123 at 7:00 p.m. If ell in the office or and the Activition to the ER for every at 15:30 p.m. If ell in the hospital fill in the hospital to the hospital to the hospital to the hospital thing fracture.	tated the nurse was called into the resident laid on his right plained of left hip pain. Staff common area for increased ident started yelling that his hip ed an an order to send the valuation.  the Fall-Initial note stated the of the Business Office ty Supervisor and when found vanted to see what was going tated staff last toileted the surses Note stated the resident tal.  Nurses Note stated the resident tal.  Nurses Note stated the resident tory and Physical stated the 1/1/23 and sustained a fracture dent underwent a left hip cal repair of the hip).  Assessment stated the	t			Page <b>32</b> of <b>3</b>	

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Facility Address 819 County Lar Keosauqua, lov		LG				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	to the State Agency.  On 5/2/24 at 11:31 a.m. the resident fell in her or hours and the door was into the room sometime were in the office at the  On 5/2/24 at 11:36 a.m. stated normally the last would lock the door.  On 5/2/24 at 2:08 p.m., door to the office the reslocked. He stated there the room and the room  On 5/2/24 at 2:08 p.m., reported falls if the residuaceline functioning. Higuidance at 50.7.  On 5/2/24 at 4:03 p.m., Nursing (ADON) stated policy specific to the report of the facility policy "Falls 2016, stated the facility that remained as free of	the Administrator stated the sident fell in was usually kept were documents and items in needed to be locked.  the Administrator stated they dent did not return to their e stated he would review the the Assistant Director of the facility did not have a porting of major injuries.  Management System", revised would provide an environment of accident hazards as possible. Cility would provide each				Page 33 of 34
						Page <b>33</b> of <b>3</b> 4
Facilit	y Administrator	Date	 e			

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	alth Care Center		<b>Survey Dates:</b> April 29, 2024 – May 2, 2024			
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Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	and interventions to pre Plans would include inte	ovide appropriate evaluations vent falls. Resident Care erventions which addressed a probable causal factors which				
						Page <b>34</b> of <b>3</b> 4

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date