

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>35434</p> <p>Based on clinical record review, policy review, and staff interview, the facility failed to ensure residents were free from verbal abuse for 3 of 4 residents reviewed for abuse (Resident ##63, Resident #87, and Resident #126). The facility reported a census of 114 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment tool, dated 3/5/25, listed diagnoses for Resident #87 which included non-Alzheimer's dementia, anxiety disorder, and chronic kidney disease. The MDS listed her cognition as severely impaired.</p> <p>Review of the Care Plan, dated 9/9/24, revealed the resident had cognitive loss and directed staff to allow the resident time to process information and to adjust the tone of voice for her to hear.</p> <p>The facility policy [Facility name redacted] Abuse and Elder Rights Policy and Procedure, revised 7/2021, stated the facility would ensure residents were free from verbal abuse. The facility defined verbal abuse to include oral language that included disparaging and derogatory terms to elders.</p> <p>2. The MDS assessment tool, dated 3/27/25, listed diagnoses for Resident #126 which included non-traumatic brain dysfunction, irritability and anger, and hypertension (high blood pressure). The MDS listed his Brief Interview for Mental Status (BIMS) score as 3 out of 15, indicating severely impaired cognition.</p> <p>Review of the Care Plan, dated 3/21/25, revealed the resident had behavioral symptoms and directed staff to provide care with a smile, gentle touch, and reassurance.</p> <p>3. The MDS assessment tool, dated 3/26/25, listed diagnoses for Resident #63 which included non-Alzheimer's dementia, injury of the right shoulder and upper arm, and hypertension. The MDS listed her cognition as severely impaired.</p> <p>Review of the Care Plan, dated 7/15/24, listed psychosocial well-being as a care area and directed staff to provide reassurance and emotional support.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An undated staff statement, written by Staff D Certified Nursing Assistant (CNA) stated Resident #126 was concerned about another resident falling. The statement documented Staff F was confronting the resident (#126) and told him not to worry about (the other resident) and to sit your f**** a*** down. Staff D stated Staff F called Resident #126 a b**** and not to worry because she knew how to do her f*** job. She then told the resident to sit the f*** down.</p> <p>During an interview on 4/29/25 at 2:53 p.m. via phone, Staff D, CNA stated Staff F called Resident #87 a b****. She stated she called her this many times. Staff D stated she did not report this until later when there was a situation with Resident #126. Staff D stated Staff F was very vulgar to the residents. She stated she told Resident #126 to shut the f*** up and sit down. She stated Staff F had a filthy mouth She stated she did not report the situation with Staff D until later because she had to work with Staff F regularly.</p> <p>During an interview on 4/29/25 at 4:03 p.m., Staff E, Housekeeper stated Staff F came unhinged and stormed over to the living room. She stated she told a resident to mind his own f***** business and yelled loudly. Staff E stated she was not sure which resident staff F said this too but it was either Resident #125 or Resident #126. She stated this occurred on a Monday and she reported it to the Director of Nursing(DON) immediately after this happened.</p> <p>During an interview on 5/1/25 at 8:33 a.m., the Director of Nursing stated staff should treat residents with respect and dignity and give them the best care they could provide.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45775</p> <p>Based on clinical record review, policy review, and staff interview, the facility failed to ensure staff reported 3 of 4 incidents of potential verbal abuse to administrative staff in a timely manner (Resident #63, Resident #87 and Resident #126). The facility reported a census of 114 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment tool, dated 3/5/25, listed diagnoses for Resident #87 which included non-Alzheimer's dementia, anxiety disorder, and chronic kidney disease. The MDS listed her cognition as severely impaired.</p> <p>Review of the Care Plan, dated 9/9/24, revealed the resident had cognitive loss and directed staff to allow the resident time to process information and to adjust the tone of voice for her to hear.</p> <p>2. The MDS assessment tool, dated 3/27/25, listed diagnoses for Resident #126 which included non-traumatic brain dysfunction, irritability and anger, and hypertension (high blood pressure). The MDS listed his Brief Interview for Mental Status (BIMS) score as 3 out of 15, indicating severely impaired cognition.</p> <p>Review of the Care Plan, dated 3/21/25, revealed the resident had behavioral symptoms and directed staff to provide care with a smile, gentle touch, and reassurance.</p> <p>3. The MDS assessment tool, dated 3/26/25, listed diagnoses for Resident #63 which included non-Alzheimer's dementia, injury of the right shoulder and upper arm, and hypertension. The MDS listed her cognition as severely impaired.</p> <p>Review of the Care Plan, dated 7/15/24, listed psychosocial well-being as a care area and directed staff to provide reassurance and emotional support.</p> <p>An undated staff statement, written by Staff D Certified Nursing Assistant (CNA) stated Resident #126 was concerned about another resident falling. Staff F, CNA was confronting the resident (#126) and told him not to worry about the other resident and to sit your f**** a*** down. Staff D stated Staff F called Resident #126 a b**** and not to worry because she knew how to do her f*** job. She then told the resident to sit the f*** down.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/25 at 2:53 p.m. via phone, Staff D, CNA stated Staff F, CNA called Resident #87 a b****. She stated she called her this many times. Staff D stated she did not report this until later when there was a situation with Resident #126. Staff D stated Staff F was very vulgar to the residents. She stated she told Resident #126 to shut the f*** up and sit down. She stated Staff F had a filthy mouth. Staff D stated about a week prior to the situation with Resident #126, Staff F gave a shower to Resident #63 and the resident stated the water was too hot and Staff F told her she would be quick about it and to shut the f*** up it was not too hot for her. Staff D stated the resident was crying after the shower and sat in her chair and asked why that girl was mean to her. Staff D stated she thought Staff F did not want the resident to go down for lunch because of what happened in the shower. She stated she did not report the incidents with Residents #87 and #63 until later because she had to work with Staff F regularly.</p> <p>During an interview on 4/30/25 at 10:00 a.m., Staff G, Certified Nursing Assistant (CNA) stated Staff F, CNA was kind of aggressive. She stated she called Resident #87 a b***** more than once and this started a couple of months ago. She stated she did not report this but stated she should have.</p> <p>On 5/1/25 at 8:33 a.m., the DON stated staff should treat residents with respect and dignity and give them the best care they could provide. She stated if staff witnessed resident mistreatment, they should remove the staff member. She stated staff should notify management and they would investigate the situation. She stated the facility had 24-48 hours to report the allegation to the State Agency. She stated she believed the situation with Resident #126 occurred on 4/1/25. She stated Staff F worked on 4/3/25. The DON stated she was not aware of any behaviors prior to this. She stated if staff was aware of a staff member calling a resident a name, they should have reported this to her.</p> <p>Review of the facility policy titled [Facility name redacted] Abuse and Elder Rights Policy and Procedure revised 7/2021, revealed a Purpose statement which declared To outline the procedure to proactively seek to keep elders free from abuse and conduct an investigation in the event of suspected abuse. The Procedure section directed staff to, in part:</p> <p>d. Identification: Staff is given information on how and whom to report concerns, such as suspicious bruising, occurrences, patterns, and trends that may constitute abuse, without the fear of reprisal. Any situations identified for potential problems are referred to the Administrator for preventative action.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>35434</p> <p>Based on clinical record review, policy review, and staff interview, the facility failed to separate residents from an alleged perpetrator of abuse in a timely manner. The facility reported a census of 114 residents.</p> <p>Findings include:</p> <p>Review of a Facility Reported Incident, dated 4/4/25 revealed on 4/3/25 the facility Director of Nursing submitted an allegation of potential abuse. Per the report A complaint was made to the DON [name redacted] on 4/1/25 by [name redacted, Staff E, Housekeeping] that CNA [name redacted, Staff F, Certified Nursing Assistant (CNA)] was speaking loudly and disrespectfully to resident [name redacted, Resident #126] while out in the memory care common area. On 4/3/25, [name redacted, RN manager (Registered Nurse) was notified of this complaint to further investigate with other CNAs and nurses that may have been present that day. Upon investigation, a second CNA working with [name redacted, Staff F, CNA] was interviewed, [name redacted, Staff D, CNA]. [Name redacted, Staff D, CNA] stated that [name redacted, Staff F] was very loudly telling resident [name redacted, Resident #126] that she knew how to do her f**** job. [Name redacted, Staff D] asked [name redacted, Staff F] to stop talking to the resident like that. In further interview DON [name redacted] and RN manager [name redacted] learned that [name redacted Staff D, CNA] had witnessed [name redacted, Staff F, CNA] showering a different resident [name redacted, Resident #63] and the resident voiced that the water was too hot (unknown date of occurrence). [Name redacted, Staff F, CNA] stated that it wasn't and continued to give the resident a shower .</p> <p>Review of the Facility Reported Incident further revealed, in part: Corrective Action Description: Immediately notified Administrator [name redacted] and [name redacted]. Action plan is place for meeting with [name redacted, Staff F, CNA] on 4/4/25 at 10:00 AM .</p> <p>On 5/1/25 at 8:33 a.m., the DON stated staff should treat residents with respect and dignity and give them the best care they could provide. She stated if staff witnessed resident mistreatment, they should remove the staff member. She stated staff should notify management and they would investigate the situation. She stated the facility had 24-48 hours to report the allegation to the State Agency. She stated she believed the situation with Resident #126 occurred on 4/1/25. She stated Staff F worked on 4/3/25. The DON stated she was not aware of any behaviors prior to this. She stated if staff was aware of a staff member calling a resident a name, they should have reported this to her.</p> <p>Review of the facility policy titled [Facility name redacted] Abuse and Elder Rights Policy and Procedure revised 7/2021, revealed a Purpose statement which declared To outline the procedure to proactively seek to keep elders free from abuse and conduct an investigation in the event of suspected abuse. The Procedure section directed staff to, in part:</p> <p>e. Protection: The facility will take the necessary precautions and remove caregivers or others from elders until the investigation is complete. Staff are to intervene if they witness abuse and move the elder to a safe place or remove the alleged abuser.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on observation, resident interview and staff interview the facility failed to ensure adequate food temperature for prevention of bacterial pathogen growth. The facility reported a census of 116 residents.</p> <p>Findings included:</p> <p>1. The Minimum Data Set, dated dated dated [DATE] identified Resident #52 with Brief Interview for Mental Status score of 15 out of 15 indicated intact cognition.</p> <p>During an interview on 04/28/25 at 03:16 PM Staff #52 relayed food is often cold, at least every other day , fries are always cold. Staff #52 relayed the food has to travel a distance before served.</p> <p>2. The Minimum Data Set, dated dated dated [DATE] identified Resident #113 with Brief Interview for Mental Status score of 15 out of 15 indicated intact cognition.</p> <p>During an interview on 04/28/25 at 04:18 PM, Resident #113 relayed food has not always been hot, portions can be small, not enough left for seconds and had spaghetti and meatballs recently that was not even warm.</p> <p>During a continuous observation of meal service on 4/29/25 starting at 12:04 PM to 12:40 PM revealed Dietary Worker, Staff C obtained temperature of food with food thermometer measured in Fahrenheit (F) before and after food served, observation of food temps outside of United States Department of Agriculture guidelines included:</p> <p>a. Initial temperature of ground meat/bean mixture 133 degrees, end of service 84 degrees.</p> <p>b. Initial hamburger patties temped at 131 degrees, all three were served</p> <p>During an interview on 5/1/25 at 10:03 AM with Kitchen Manager, Staff A relayed dietary staff should alert the kitchen manager for options if temperatures are above 40 degrees for cold and below 135 degrees for food on the steam table.</p> <p>During an interview on 05/01/25 at 10:05 AM, with Dietician, Staff H acknowledged food temperature concerns and relayed felt education was needed.</p> <p>During an interview on 05/01/25 at 12:13 PM, with the contracted company, General Manager, Staff G relayed retention of staff had been difficult, continuation of staff education was necessary.</p> <p>35434</p> <p>3. The MDS assessment tool, dated 4/9/25, listed diagnoses for Resident #3 which included hypertension(high blood pressure), obesity, and diabetes. The MDS listed his BIMS score as 15 out of 15, indicating intact cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Southeast Iowa Regional Medical - Klein Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1307 South Gear Avenue West Burlington, IA 52655	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/29/25 at 10:07 AM., Resident #3 stated the food was cold and gave the example of cold scrambled eggs. The resident stated he was discouraged with the food at the facility.</p>