

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  12/17/2025
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, review of facility menu, and staff interviews, the facility failed to assess and intervene after a resident coughed, and then vomited during evening meal. On 12/5/25 at 5:25 PM, Resident #1 coughed and then reportedly vomited during a meal, which consisted of barbeque pork on a bun, pasta salad, buttered corn, and white cake. Another resident sitting at the table with Resident #1 reported to nursing staff Resident #1 vomited. The nursing staff checked Resident #1 and noted labored respirations, and described her as choking. Staff assisted Resident #1 outside of the dining room area while continuing to instruct her to spit out sputum. Nursing staff then assist Resident #1 to her room to use the bathroom, prepared her for bed, applied CPAP (Continuous Positive Airway Pressure, a medical device used to treat sleep apnea by continuous pressurized air through a mask to keep airways open during sleep) connected to an oxygen concentrator. Nursing staff elevated the head of Resident #1's bed and left her to sleep. At 10:30 PM, a Certified Nursing Assistant (CNA) found Resident #1 in distress. Resident #1 assessed as having audible crackles, elevated blood pressure and an oxygen saturation of 34% (normal is 95% to 100%, below 90% considered to be a level that requires medical attention). Resident #1 passed away before emergency services arrived. The facility reported census was 141. The State Agency informed the facility an Immediate Jeopardy (IJ) identified on December 11, 2025 at 5:52 PM. The IJ began on December 5, 2025 at approximately 5:25 PM. The State Agency confirmed removal of the immediacy effective December 12, 2025 by the facility implementation of the following actions: Immediate Response:a. Following the event, the responsible employee was immediately suspending pending investigation.b. Employees and residents were interviewed between December 5, 2025 and December 9, 2025.c. Appropriate administrative action was taken with the responsible based on the outcome of the investigation.Corrective Measures Implemented:a. Choking/Aspiration Response Education: Nursing leadership will conduct an immediate review of the expected choking/aspiration response, including assessment, documentation, and physician notification, with all licensed nurses on December 12, 2025.1. Staff not present during this session will receive re-education prior to their next scheduled shift.2. Training will include a detailed handout outlining response steps and the location of emergency equipment (e.g., suction machine, oxygen concentrators).3. All nurses will sign an education log to verify completion.b. Resource Reinforcement: [NAME] Center utilizes [NAME] Solutions for evidence-based nursing procedures, including choking management. A reminder flyer was posted in all staff break rooms on December 12, 2025, reinforcing the expectation that staff reference these resources regularly to ensure compliance with best practices.c. Policy Review: A comprehensive review of all current applicable policies related to choking and aspiration response was completed on December 12, 2025, to confirm alignment with regulatory standards and organizational protocols.Preventive and Continuous Improvement Actions:a. Enhanced Orientation: Effective immediately, all new nursing staff will receive targeted training on managing high-risk clinical events (e.g., falls, choking episodes), including notification protocols and assessment procedures.b. Process Integration: Orientation checklists were updated on December 12, 2025 to include these requirements, ensuring consistent onboarding and competency validation.c. Ongoing Monitoring: Compliance with these training and procedural standards will be monitored through quarterly audits and annual skills validation, with results reported to the Quality Assurance and Performance Improvement (QAPI) Committee.d. Continuous Review: Policies and procedures related to emergency response will be reviewed biennially to ensure alignment with best practices and regulatory requirements. Date of Compliance: December 12, 2025.The scope and severity lowered from a J to G at the time of the survey. Findings include: 1. Review of the Minimum Data Set (MDS), dated [DATE], revealed Resident #1 had a Brief Mental Status (BIMS) score of 3 of 15, which indicated a severe cognitive impairment. The MDS indicated Resident #1 speech unclear, and usually understood by others. The MDS revealed Resident #1 required set up assistance to eat, and partial/moderate assistance to move from a sit to stand position, transfer from a chair/bed to chair, and supervision or touch assist to walk 10 feet. The MDS list of diagnoses included Down syndrome, gastroesophageal reflux disease, and sleep apnea. Review of a Nutrition Note, dated 5/27/25 revealed Resident #1 remains independent in dining after set-up, with no concerns noted in chewing or swallowing. Diet: General. Assessment, in part: Nutritional risk with dementia and intellectual disability with decreased physical function.2. Review of the MDS, dated [DATE], revealed Resident #2 had a RIMS score of 15 out of 15 which indicated intact cognition. The MDS indicated Resident</p>		