

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Kahl Home for the Aged & Infirmid		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 Jersey Ridge Road Davenport, IA 52807	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure consistent documentation of code status for 1 of 8 resident reviewed for advanced directives (Resident #232). Documentation for Cardiopulmonary Resuscitation (CPR) found in the electronic record, a form in the chart directed Do Not Resuscitate (DNR) and another form in the chart directed CPR both signed by the provider on the same day. The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #232 scored 15 out of 15 on a Brief Interview for Mental Status (BIMS) exam, indicating cognition intact. Diagnoses for Resident #232 included debility, cardio-respiratory conditions, heart failure, renal disease, pneumonia, diabetes, and pulmonary disease.</p> <p>The Care Plan focus initiated [DATE] documented Resident #232 had chosen specific advance directives, noted as Full Code.</p> <p>A document titled, Full Code Form, located in the chart for Resident #232 check marked, attempt resuscitation, cardiopulmonary resuscitation. The resident signed on [DATE], the provider signed on [DATE].</p> <p>A document titled Iowa Physician Orders for Scope of Treatment (IPOST) located in chart for Resident #232, check marked, Do Not Attempt Resuscitation (DNR), signed by the provider, Advanced Registered Nurse Practitioner (ARNP) on [DATE], signed by the resident, with no date.</p> <p>The electronic Clinical Resident Profile sheet documented code status: Full Code.</p> <p>Interview on [DATE] at 1:50 PM with Staff B, Licensed Practical nurse (LPN) regarding resident code status. Relayed would look in the resident chart for direction. Questioned about the two forms, one directing CPR and one directing DNR with the same date. Staff B responded, I would have to check with my manager. I would expect direction to be the same.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on [DATE] at 02:31 PM Staff B Registered Nurse (RN) relayed they could not say for certain if resident choice was DNR as per the IPOST or CPR since admitting form stated CPR and are signed same date by the provider. Explained process is resident is asked upon admission reflected by the form designating CPR. The IPOST form is done following that and gives additional details, both are signed by the medical provider. Relayed the IPOST is usually the go to. Acknowledge, should not be conflicting information on forms and in the electronic record.</p> <p>Policy titled Cardio Pulmonary Resuscitation (CPR), revised [DATE] documented nurses and other care staff as identified are educated to initiate CPR as recommended by the American Heart Association, unless a valid DNR order is in place. Responders should be able to identify where to look to locate the resident code status and verbalize what actions will follow.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>46513</p> <p>Based on record review, staff interview, and facility policy review the facility failed to follow physician orders to provide notification of elevated blood sugars for 1 of 5 residents reviewed for medications (Resident #72). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment, dated 12/14/23, listed diagnoses for Resident #72 that included diabetes mellitus, heart disease, renal disease, anxiety, and depression.</p> <p>The Care Plan initiated 10/20/23 stated the resident would not have any complications related to diabetes. Staff to give medication as ordered by the doctor and to monitor, document for side effects and effectiveness.</p> <p>Review of the March 2024 Medication Administration Record (MAR) revealed the following:</p> <ol style="list-style-type: none"> 3/5/24 at 12:00 PM blood sugar result of 394 mg/dl 3/14/24 at 12:00 PM blood sugar result of 384 mg/dl <p>The Medication Administration Record (MAR) for March 2024 reflected a physician order (PO) started 3/6/24 that directed staff to administer extra units of Humalog insulin based on blood sugar, it directed if blood sugar is 301-350 administer 8 units, if blood sugar is 351-400 administer 10 units and directed if blood sugar is over three hundred fifty (350) to notify the Medical Doctor (MD).</p> <p>The resident's record lacked documentation of physician notification as directed for hyperglycemia (high blood sugar).</p> <p>In an interview with the Director of Nursing (DON) on 3/28/24 at 10:45 AM revealed no evidence could be located regarding physician notification of blood sugars over 350 for date and times reviewed on the March MAR. The DON acknowledged the expectation is to follow physician orders.</p> <p>Facility policy titled Physician Orders implemented 3/20/24 documented staff direction for ensuring physician orders, included physician orders are those given to the nurse by the physician, staff directed to use clarification questions to avoid misunderstood, included entering the order in the medical record, the physician to authenticate the order, noted to follow through with orders by making appropriate contact or notification.</p>		