

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on observation, interview, and record review the facility failed to ensure the Care Plan reflected a resident's current liquid consistency order for one of twenty-one residents reviewed for care plan revision (Resident #17). The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #17 revealed the resident scored 6 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition.</p> <p>The Care Plan, dated 3/23/21, revealed a focus area to address I am at risk for choking and swallowing difficulty. The Intervention dated 3/14/24 revealed, Diet as ordered House Diabetic mechanical soft thicken liquids to nectar small portions.</p> <p>The Diet Order and Communication Form dated 2/27/24 revealed mechanical soft texture for foods and thin drinks.</p> <p>The Physician Order dated 2/29/24 to 4/26/24 revealed, House diabetic diet/mechanical soft texture/thin liquids.</p> <p>The Physician Order dated 4/26/24 revealed, House diabetic diet/mechanical soft texture/thin liquids.</p> <p>On 6/5/24 at 12:14 PM, observation of Resident #17 during the lunch meal revealed Resident #17 in their wheelchair in the dining room. The resident observed to drink from a cup which had a lid and straw.</p> <p>On 6/6/24 at 1:40 PM when queried about the fluid thickness included in the resident's Care Plan, the MDS Coordinator acknowledged she missed it and needed to take it out.</p> <p>On 6/6/24 at 2:10 PM, the facility's Director of Nursing (DON) explained the facility did not have a policy on care plans.</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: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336</p> <p>Based on observation, interview, and record review, the facility failed to trim and clean fingernails for 1 of 3 residents reviewed (Resident #62) The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], revealed Resident #62 scored a 15 out of 15 on the BIMS exam, which indicated cognition intact. The MDS revealed resident dependent with personal hygiene and shower/bathing. The MDS listed diagnoses for acute and chronic respiratory failure with hypoxia.</p> <p>The Care Plan, dated 3/28/24, included a focus area for staff assistance with Activities of Daily Living (ADL's). The plan included an intervention for total staff assistance with all ADLs.</p> <p>During an interview on 6/3/24 at 11:02 AM, Resident #62 stated he received a bed bath once a week. He stated he would like them to trim his nails.</p> <p>During an observation on 6/3/24 at 11:02 AM, the fingernails on Resident #62 left hand appeared long with dirt under the nail bed.</p> <p>During an interview on 6/4/24 at 1:22 PM, Resident #62 stated he received a bed bath today but they didn't clean or trim his nails.</p> <p>During an observation on 6/4/24 at 1:22 PM, resident's left fingernails appeared dirty and long.</p> <p>During an interview on 6/5/24 at 12:15 PM, the resident stated they trimmed his nails twice since he had been admitted .</p> <p>During an observation on 6/5/24 at 12:15 PM, fingernails on the Resident #62 left and right hand appeared to be long with dirt under the nail bed.</p> <p>During an interview on 6/6/24 at 9:21 AM, Staff D, Certified Nursing Assistant (CNA) stated they completed bed baths with Resident #62 for his comfort due to his pain. Staff D stated the CNA didn't cut fingernails because the nurses completed that task.</p> <p>During an interview on 6/6/24 at 10:01 AM, Staff A, CNA stated Resident #62 experienced a lot of pain so they only gave him bed baths. She stated she noticed Resident #62 fingernails and they cleaned them when they gave him a bed bath but he scratched his skin so he always had skin under his nails. She stated the bed baths didn't get him as clean but he refused to get into the shower chair. She stated the house supervisor would go to the resident's rooms and trim their nails.</p> <p>During an interview on 6/6/24 at 9:36 AM, Staff E, RN (Registered Nurse) stated the nurses trimmed the nails when they had time. She stated the house supervisor would go to the resident's room and trim them once a month. Staff E stated Resident #62 nails needed done and she didn't have time to get to them but hoped she had time today to do them. Staff E stated she didn't know if Resident #62 fingernails had been trimmed since he arrived to the facility.</p> <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 6/6/24 at 10:32 AM, the Director of Nursing (DON) stated she expected Resident #62 fingernails to be trimmed and cleaned especially because he mainly received bed baths and not showers. The DON stated the house supervisor trimmed nails monthly but last month she took time off and the resident probably missed but she still expected the floor nurses to look and trim and clean his nails if needed.</p> <p>During an interview on 6/6/24 at 2:10 PM, the DON stated they didn't have a policy for nail care. They followed the standard of practice for nail care.</p> <p>During an interview on 6/6/24 at 3:28 PM, Staff F, RN stated she conducted monthly spot audits on the residents for nail care. She stated Resident #62 got his toenails and fingernails cut on the day of admission and again on 4/11/24 and he did not get done in May or audited in May.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45338</p> <p>Based on observation, staff interview, and record review the facility failed to ensure a seizure pad remained present to both sides of the resident's bed while the resident was left unattended in bed and failed to ensure adequate supervision of the resident during this time by a staff member for one of four residents reviewed for accidents (Resident #1). Resident #1 fell from the bed, was found on the floor by staff member, sustained a laceration and hematoma to the back of the head, and was sent to the hospital. The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #1 revealed the resident was rarely to never understood.</p> <p>The Care Plan dated 11/18/21 revealed, My family has expressed a desire to have bed rails raised while I am in bed. The Intervention dated 5/31/24 revealed, All four 1/2 rails are to be up and have seizure precaution padding in place while in bed.</p> <p>The Physician Order dated 8/28/20 revealed, Resident is to use fully padded side rails while in bed due to frequent seizure activity.</p> <p>The Progress Note dated 4/2/24 at 8:30 AM revealed, in part, CNA (Certified Nursing Assistant) observed res (resident) on floor next to bed upon return with mechanical lift. CNA had been providing cares and getting ready for res to get up in W/C (wheelchair). Unable to complete full ROM (range of motion) due to contractures but no s/s (signs/symptoms) of shortening or rotation and res was able to move extremities per her usual. Noted res to have a laceration to back of head that was bleeding lightly. Noted to have large hematoma to back of head. Res is non-verbal and just moans per usual.</p> <p>Review of the Incident Report for Event Date 4/2/24 at 8:30 AM revealed the following description: Observed on floor next to bed. Per the Incident Report the event was unwitnessed, and neurological disorder was selected as a possible contributing factor.</p> <p>Review of the Physician Emergency Department (ED) Note dated 4/2/24 at 10:06 AM revealed the following chief complaint: Patient fell out of bed at [Facility Name Redacted], hematoma on back of head that is seeping. The Assessment and Plan section revealed the following:</p> <p>a. Scalp contusion</p> <p>b. Scalp abrasion</p> <p>c. Closed head injury</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>The Physician Note for Resident #1 dated 4/5/24 at 8:10 AM revealed, She (Resident #1) had a fall on 4/2/24, she went to the ER (emergency room) and CT (computed tomography) brain was negative for acute findings. She has a contusion on her left posterior scalp that has been weeping. She also has extensive ecchymosis (bruising) to her left foot. The Functional Status section revealed, Total care patient, mechanical lift for transfers, dependent for all ADLs (activities of daily living) and iADLs (instrumental ADL's such as cooking, shopping, managing finances).</p> <p>On 6/05/24 at 12:58 PM during a telephone interview with former staff member Staff C, Licensed Practical Nurse (LPN), Staff C explained the following about the event: Staff C explained she was not present at the actual fall and was there shortly after when the resident was found on the floor next to the bed. Staff C explained it was evident the resident had hit their head and had a hematoma and a laceration there. Staff C acknowledged bleeding present. Per Staff C, Resident #1 could roll herself some, and Staff C explained the resident was pretty immobile, and did move themselves in bed. Staff C explained, evidently the resident moved around in bed and rolled out of bed. Staff C further explained the rails were up, and the seizure pad present on one side of the bed and not on the other. Staff C explained staff had gotten the resident ready, and were getting ready to transfer the resident. When queried as to the aide, Staff C identified Staff B, Certified Nursing Assistant (CNA). Staff C explained Resident #1 did not communicate, and felt the resident needed assessment of head injury because the resident unable to communicate.</p> <p>On 6/05/24 at 1:14 PM, Staff B, CNA explained the following about the event: Per Staff B, she went in to do the resident's cares and to get the resident up. Staff B explained she had the resident slung (sling under resident), took the blue seizure mat off as she had trouble reaching over it to get the resident the right way. Per Staff B, she radioed (requested assistance), no one answered her, she radioed again, peeked out, and asked for help with transfer. Staff B explained another staff member said she needed to get trays passed, and Staff B explained it wouldn't take long, just a few seconds, and response given to Staff B was that they needed to get current task done.</p> <p>Staff B explained she ran down, grabbed a tray and delivered it, and grabbed a hooyer lift (mechanical lift that has become known as a brand name, such as kleenex is referring to tissue) and another aide to transfer the resident. Staff B explained when she went back in, the resident had flipped herself out. Per Staff B, other staff came down and she told them what happened. Staff B explained the resident was gotten up with the hooyer, Staff B said the resident got her head and had a good size bump. Staff B indicated to the back of the head. Staff B further explained the resident had bruising around the feet a few days later.</p> <p>Per Staff B, the resident did not have a full rail, and clarified as a split rail and seizure pad. Staff B explained she took the seizure pad off to transfer the resident over to her chair, and the split rails were both up.</p> <p>Staff B explained the following in terms of Resident #1's movement: Resident #1 could move all over the bed, and the resident was able to put both feet over the seizure pads. Staff B explained she did not see the event occur, and when she, Staff B, went in the resident's body and head were towards the bottom of the bed with the resident's whole body on the ground. Staff B acknowledged the event had occurred in a matter of 5 or 7 minutes.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>On 6/05/24 at 12:12 PM, Resident #1 observed in their room in bed. The resident had bilateral seizure pads (continuous section of padding along side of bed) present inside of the rails while the resident was in bed.</p> <p>On 6/5/24 at approximately 3:55 PM, observation revealed Resident #1 in their room in bed. Observation of rails present to the bilateral sides of the resident's bed revealed the rails were not continuous along the side of the bed, and two separate portions of bed rail present, which allowed for a space in the middle section of the bed where rails would not be present on either side of the mattress.</p> <p>On 6/6/24 at 2:12 PM, the facility's Director of Nursing (DON) queried about the above event for Resident #1. Per the DON, they had just gotten to the facility for the morning, went to do walking rounds, and was informed of the situation. When queried as to the cause, the DON explained per her understanding Staff B was getting Resident #1 ready for the day to get up, which meant removing the seizure pad doing cares. Per the DON, the two half rails on the end of bed were back up, Staff B peeked out to get assist, and in that time the resident's wiggled themselves in between the gap and had fallen through the gap on in the side rails. The DON acknowledged that staff had to leave the room, the seizure pad should have been put back as at the resident could have had a seizure.</p> <p>When queried if the resident could move themselves in the bed, the DON acknowledged the resident could do so. The DON explained she had gone in to check on the resident and the resident had been sideways in bed. When queried if Staff B should have started to pass a tray when she left the room, the DON responded if the staff member started the transfer, would have went back and put Resident #1 back, put the seizure pad back, put the resident's chair in the hallway, then assist with the tray pass, then later asked about going down to get the resident up.</p> <p>The Facility Policy titled Resident Supervision, dated 11/19, revealed, Resident supervision shall involve staff providing observation that is reasonable for the life space event the resident is occupying in the course of their daily activity of living .The intended goal is to provide supervision that promotes a sense of safety for a resident while they resident in the building.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on observation, interview, and record review, the facility failed to ensure catheter drainage bags were maintained off of the floor for three of three residents reviewed for catheters (Resident #17, Resident #30, Resident #41). The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #17 revealed the resident scored 6 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. The assessment revealed the resident had an indwelling catheter.</p> <p>The Care Plan dated 3/22/21 revealed, I require a suprapubic urinary catheter.</p> <p>Observation on 6/6/24 at 9:52AM revealed Resident #17 in their room in bed. The resident's catheter drainage bag present to the side of the resident's bed, and the catheter drainage bag touched the floor in the resident's room.</p> <p>2. The MDS assessment for Resident #30 dated 5/23/24 revealed Resident #30 was rarely to never understood, and further revealed the resident had an indwelling catheter.</p> <p>The Care Plan dated 9/4/19 revealed, Indwelling Catheter I require an indwelling urinary catheter.</p> <p>Observation on 6/03/24 at approximately 2:30 PM revealed Resident #30 in bed. The resident's catheter bag observed on the floor.</p> <p>3. The MDS assessment for Resident #41 dated 5/23/24 revealed Resident #41 was rarely to never understood, and further revealed the resident had an indwelling catheter.</p> <p>The Care Plan dated 10/13/20 revealed, I have a catheter.</p> <p>Observation on 6/04/24 at approximately 2:54 PM revealed the resident in bed, and the resident's urinary catheter drainage bag and call light were on the floor to the right side of the resident's bed.</p> <p>On 6/6/24 at 10:12 AM during an interview with Staff A, Certified Nursing Assistant (CNA), Staff A acknowledged the catheter bag should be on the bed railing, positioned to not touch the floor, with catheter tubing going down flow.</p> <p>On 6/6/24 at 2:19 PM when queried about catheter bags on the floor, the DON acknowledged the concern, acknowledged it should not happen, and explained it was an infection control issue.</p> <p>The Facility Policy titled Catheter, dated 11/19, did not address the area of concern.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |
| 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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45338</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident remained free from unnecessary medication when a resident who experienced loose stools was administered a laxative and stool medication for one of six residents reviewed for unnecessary medications (Resident #17). The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #17 revealed the resident scored 6 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition.</p> <p>The Care Plan dated 9/29/21 revealed, I am incontinent of bowel.</p> <p>Review of Physician Orders for Resident #17 revealed the following:</p> <p>a. 4/26/24: Docusate sodium liquid; 50 mg (milligram)/5 mL (milliliter); amt: 20 mL; oral Once A Day. (This was noted to be a stool softener medication)</p> <p>b. 4/26/24: Gaviscon (polyethylene glycol 3350) powder; 17 gram/dose; amount: 17 grams; gastric tube Once A Day. (This was noted to be a laxative medication).</p> <p>c. 5/1/24: Imodium A-D (loperamide) . tablet; 2 mg; amount: 2 1st loose stool then 1; oral Special Instructions: 1st loose stool give 2 then give 1 for each loose after that do not exceed over 8 in 24 hours As Needed.</p> <p>The Progress Note dated 4/28/24 at 1:40 PM documented, Incontinent of bowel. Several loose stools this shift.</p> <p>The Progress Note dated 4/29/24 at 11:20 PM documented, Incontinent of bowel with recent HX (history) of diarrhea. No hand off report to this nurse about diarrhea thus far today.</p> <p>The Progress Note dated 4/30/24 at 7:43 PM documented, Resident had a large projectile emesis and a large foul loose bm (bowel movement) twice. Resident cleaned up small sips liquids given and doctor notified awaiting orders. Head of bed up 35 degrees. Held meds due to condition .Very active bowel sounds through out.</p> <p>The Progress Note dated 5/1/24 at 12:10 AM revealed, Notified DON (Director of Nursing) and HCP (Health Care Provider) on res.(resident) current illness with diarrhea and not eating. HCP ordered 100 mL/hr (milliliter/hour) of fluids through peg tube for 10 hours and to continue the loperamide (Imodium). Advised the DON (Director of Nursing)and put in order.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/19/2024 |
| NAME OF PROVIDER OR SUPPLIER Mississippi Valley | | STREET ADDRESS, CITY, STATE, ZIP CODE 500 Messenger Rd Keokuk, IA 52632 | |

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Progress Note dated 5/1/24 at 1:16 AM revealed, Res. (resident) this shift (early in shift) had projectile vomiting that was reported to his nurse with diarrhea. Res. assessed by myself and other nurse. HCP notified and gave N.O (new order) for loperamide for res. Loperamide was started and was found to not be working. DON and HCP notified for further instructions d/t (due to) res. heart rate increased to 128 bpm (beats per minute). RR (respiratory rate) 22, spo2 (oxygen saturation) 92%. Felt needed treated for dehydration. HCP N.O (new order) for 100 ml/hour of fluids through peg tube for 10 hours and to continue loperamide .continued water hydration 100 ml/hr. resting at this time with loperamide continued for diarrhea.</p> <p>The Progress Note dated 5/01/24 at 6:26 AM revealed, Res. continues to have loose stools, a couple thru the night were small liquidly light brown stools the rest have been large liquidly stools. Loperamide given with no changes in stools. Held res. mirilax and docusate this a.m. med pass. No more emesis just loose stools.</p> <p>The Progress Note dated 5/01/24 at 6:28 AM revealed, total of 5 loperamide has been given and advised nurses on day shift hand off report of this and that res. continues to have loose stools.</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2024 revealed Docusate Sodium 20 ml and Gavilax powder 17 grams administered to the resident daily on 4/28/24 through 4/30/24.</p> <p>On 6/6/24 at 2:20 PM, the DON explained she would have held the medications, called the doctor/ordering provider, explained the resident having diarrhea, and see how they wanted to proceed.</p> <p>The Facility Policy titled Medication Administration, dated 9/17 and reviewed 2/24, did not address holding medications.</p> |