STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Paz Health Care Center	2121 West 19th Street Sioux City, IA 51103

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Paz Health Care Center	2121 West 19th Street Sioux City, IA 51103

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with staff and doctors, chart review and policy review, the facility failed to transcribe accurate medication orders for 1 of 3 residents reviewed. Resident #5 required decarboxylase inhibitor medications for treatment of Parkinson's Disease. After a clinic visit with the neurologist, the staff failed to clarify dramatic order changes. After 12 days of the resident getting the wrong dose, the correct order was received and administered. The facility reported a census of 66 residents. Findings include: According to the Minimum Data Set (MDS) dated [DATE], Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability.) The resident required supervision with dressing, toileting, transfers and walking. His diagnoses included; progressive neurological condition, anemia, diabetes mellitus, Parkinson's Disease, adult failure to thrive, and gastrointestinal hemorrhage. The Care Plan, updated on 5/8/25, showed that Resident #5 had communication problems related to Parkinson's and he spoke English and Vietnamese. Resident #5 had muscle weakness, decreased range of motion, involuntary muscle movements, difficulty speaking and restlessness. Resident #5 had a Duopa pump (used to deliver Parkinson's' medications directly to the jejunum of the intestine.) The Duopa pump was not in use and the resident wanted to keep the j-tube (tube in jejunum) in case he needed to go back to using it later. Staff were to administer flushes to the Duopa pump and medications as ordered. Resident #5 was at risk for adverse side effects from anti-depressant medication to aid with the treatment of depression. Staff were to monitor for change in behavior, hallucinations/delusions or suicidal thoughts. Resident #5 had chronic pain, and was at increased risk for injury from decreased function. The Orders tab in the electronic chart showed an a. On 5/8/25 at 8:00 AM, Carbidopa-Levodopa (CD/LD or Sinemet) Extended Release (CR) 25/100 milligrams (mg) give one tab five times a day. This order was discontinued on 8/7/25 at 2:22 PM.b. On 1/30/25 at 7:00 PM, CD/LD 25/100 mg give 2.5 tab five times a day (until cartridges come from his pump, then back to PRN)A Nursing Note dated 8/7/25 at 5:11 PM showed that Resident #5 went to a neurology appointment and returned with the following report: The History of Present Illness narrative indicated Resident #5 was last seen by neurology on 12/2024. He had been doing well on the Duopa, but due to facility requirements, he could no longer maintain the pump while he was there. Since he had been taken off the pump, they had to switch back to oral medication. Unsurprisingly, he had been feeling more ridged, having more spasms. He stated he was 100% worse compared to when being on Duopa. He was on Sinemet 25/100 2.5 tab and Sinemet ER 50/200 one tab at least 6-7 time a day. An Outpatient Medication list include in the report showed the following list: a. Sinemet 25/100 1 tab 4 times a dayb. Sinemet 25/100 take 2.5 tabs 5 times a day, as needed (PRN)The list lacked reference to the extended release that the resident had been taking at the facility. According to The Plan on the summary; Medication regimena. Sinemet 25/100 2.5 tabs 5 times a dayb. Sinemet CR (extended release) 50/200 one tab 5 times a dayThe Medication Changes of the summary showed that as of 8/7/25 at 12:03 PM there were no changes to the medications. The End of Visit medication listed in the summary did not include an extended release;a. CD/LD 25/100 one tab 4 times a day with end date of 8/7b. CD/LD 25/100 2.5 tab five times daily PRNAn order entered at the facility on 8/8/25 at 8:18 AM, included CD/LD 25-100 mg one tab four times a day (until cartridge comes from pump) AND give 2.5 tab ever 5 hours PRN. According to the Medication/Treatment Administration Record (MAR/TAR) From 8/8/25- 8/20/25, the PRN dose was used 31 times. During the same timeframe, Resident #5 did not get any extended release tabs. A Nursing Progress Note dated 8/7/25 at 5:11 PM, showed Resident #5 returned from appointment with change to the CD/LD, ER 25/100 changed to 4 times a day. The nurse called for verification and they indicated they would fax the doctor's dictation notes. A Fax was received and MAR updated. A Nursing Progress Note dated 8/18/25 at 3:01 PM, showed that they called to the neurologist to request more of the medication scheduled rather than having the PRN as bigger dose. Documentation of telephone messages at the neurologist office showed the Director of Nursing (DON) called on 8/18/25 at 3:01 PM, regarding the Sinemet 25/100 and that Resident #5 was getting 1-tab scheduled 4x a day and the PRN wasn't enough. The DON was hoping that he can get 2.5 tabs scheduled 4x day with 1-tab 5x a day PRN. The DON stated that the resident was super stiff with this order. A follow up telephone message dated 8/19/25 at 7:21 PM, from the neurologist to the nursing home said why is he getting 1 tab 4 times a day? He should be getting 2.5 tabs 5 times a day and Sinemet Extended Release 50/200 one tablet 5 times a day. On 10/28/25 at 8:05 AM, the Administrator acknowledged that the summary from the neurologist on 8/7/25 had conflicting information regarding

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Paz Health Care Center	2121 West 19th Street Sioux City, IA 51103

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Paz Health Care Center	2121 West 19th Street Sioux City, IA 51103

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record and policy review the facility failed to request and implement physician's orders for monitoring and maintenance of a Gastrojejunostomy tube for 1 of 1 resident reviewed. Resident #5 had a Duapo pump installed in January, shortly thereafter the facility was unable to get the medication cartridges and the pump was not used for over 6 months. Staff failed to get clarification orders on how to maintain the tubing. The facility reported a census of 66 residents. Findings include:According to the Minimum Data Set (MDS) dated [DATE], Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability.) The resident required supervision with dressing, toileting, transfers and walking. His diagnoses included; progressive neurological condition, anemia, diabetes mellitus, Parkinson's Disease, adult failure to thrive, and gastrointestinal hemorrhage. The Care Plan, updated on 5/8/25, showed Resident #5 had communication problems related to Parkinson's and he spoke English and Vietnamese. The resident had muscle weakness, decreased range of motion, involuntary muscle movements, difficulty speaking and restlessness. Resident #5 had a Duopa pump (used to deliver Parkinson's' medications directly to the jejunum of the intestine.) The Duopa pump was not in use and the resident wanted to keep the j-tube (tube in jejunum) in case he needed to go back to using the pump. Staff were to administer flushes to the Duopa pump and medications as ordered. Resident #5 was at risk for adverse side effects from anti-depressant medication to aid with the treatment of depression. Staff were to monitor for change in behavior, hallucinations/delusions or suicidal thoughts. Resident #5 had chronic pain, and was at increased risk for injury from decreased function. A Nursing Note dated 1/14/25 at 7:57 AM, showed Resident #5 went out of the facility to get j-tube replaced. An Order dated 11/14/23 at 10:00 PM, showed that staff were to remove the cartridge from the Duopa pump and flush the line with tab water or saline one time a day. The documentation on the MAR/TAR showed that it was not completed, not available, or off. From 1/21/25-6/25/25 the Nursing Notes and Medication Administration Record (MAR) showed that the Duopa pump was not being used because the medication cartridges were not available due to insurance challenges. On 6/25/25 at 4:35 AM, Resident #5 was found unresponsive. He had a large bloody stool prior to being transferred to the hospital. A Hospital Discharge Report dated 7/7/25, showed that during the hospital course, Resident #5 had acute blood loss and anemia. A Computed Tomography Angiography (CTA) of the abdomen and pelvis showed abdominal distention, severe constipation and the resident passed a large brown stool with a long thin narrow tube. Abdominal x-ray gastrostomy tube projected over the stomach. Gastrojejunostomy tube that was used for CD/LD cartridge placement. Discussed with the nursing home that the tube was no longer functioning and that it would need to be replaced outpatient if he needs to use it again. Proceeded to leave remaining part of tube intact to prevent access from closing. Instructions for use of the Duopa pump, provided to the facility nursing staff included: Evening procedure included a flush the longer straight green connector connect syringe to green connector. Fill a syringe with room temperature tab water and flush the tube, if flushing was difficult, call healthcare provider if unable or have difficulty flushing the tube. Flush the shorter angled connector, fill syringe with room temperature tap or drinking water, push to flush the tube. On 10/28/25 at 8:05 AM, the Assistant Director of Nursing (ADON) said the Primary Care Physician (PCP) was monitoring the tubing for the pump but she did not know how that was being monitoring or what orders she was giving for maintenance. On 10/28/25 at 4:00 PM, the PCP said that she did not know much about the Duopa pump and the tubing that was used or how it was to be maintained. She said it's not like a regular feeding tube and she didn't know if it needed regular flushing. She said that would be a question for the neurologist who prescribed it. She said that the company has trainers come out to teach the nursing home staff how to use it. On 10/30/25 at 9:40 AM, the nurse from the neurologist office said they do not manage the pump tubing after the resident was no longer getting medication administered through the Duopa. They gave orders for flushing related to administration of the medication but once he was no longer using the pump, that would have been the PCP responsibility to monitor or give orders for maintenance. No one from the facility called to get clarification on continued flushing or maintenance while not in use. On 10/30/25 at 8:40 AM, the Gastroenterologist (GI) doctor that had applied the G-j tube for Resident #5 in January said that the tubing for the Duopa was much narrower than a regular feeding tube and he wasn't sure how long it would stay functional. When informed that part of the tubing had passed through the resident's stool in June, the doctor said that he usually recommended that tubing be replace every 6 months