

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2025
NAME OF PROVIDER OR SUPPLIER  Iowa City Rehab & Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  3661 Rochester Avenue Iowa City, IA 52245	

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 - Minimal harm or potential for actual harm</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, clinical record review, facility policy review, facility staff interviews and physician/provider interviews, the facility failed to follow physician orders for 2 of 7 resident records reviewed (Resident's #1 and #5), failed to complete appropriate wound condition assessments (Resident's #1 and #5), and documented that physician ordered dressing/wound care treatments were completed as prescribed over a 4 day period, when the prescribed wound care treatments were not completed or attempted, for 1 of 3 residents reviewed with wounds (Resident #5). The facility reported a census of 44 residents. Findings include: 1. The 7/21/25 admission Minimum Data Set (MDS) Assessment tool revealed Resident #5 admitted to the facility 7/17/25 with diagnoses that included peripheral vascular disease, renal failure, abdominal aortic aneurysm without rupture, postprocedural shock unspecified, initial encounter, dependent on staff to reposition, transfer, toilet, dress and bathe, unable to stand or ambulate, and substantial staff assistance required to sit from lying and to lie from a seated position. Initial weight 291 pounds, height 72 inches. The hospital physician orders that directed the resident's 7/17/25 admission to the facility included: Interdry to skin folds daily. Mepilex Ag (a specialized dressing with antibiotic properties) to right dorsal foot wound, assess twice daily, change every 3 days. Single layer tubi-grip (compression garment) to bilateral lower extremities from bare foot to just below the knee, applied daily, size E, change PRN (as needed). Cleanse right heel and sacral areas, apply silicone foam (soft dressing that provides cushion) over bony prominences daily. Cleanse abdominal wound with Wound Cleanser. Apply 1/2 packing strip to inferior aspect of abdominal incision B.I.D. (twice daily). Cover with gauze and secure with tape. Cleanse with Normal Saline between dressing changes. Serum potassium checks daily or every other day. Ferrous Sulfate (Iron) 325 milligrams (mg) administered oral BID. Potassium Chloride 20 milli-equivalents (mEq) administered oral B.I.D. (twice daily). Toremide (a very strong diuretic) 60 mg administered oral B.I.D. Repatha (a medication used to treat high cholesterol in selected patients with cardiac disease) Sureclick 140 mg per milliliter (ml), administer 1 ml by subcutaneous injection every 14 days. Renal diet. Daily weight. Physician orders recorded after the resident's admission directed staff: 7/21/25 Thoroughly cleanse skin with Perineal Cleanser, spray and dry. Apply Cavilon Advance (a barrier cream that protects skin from moisture) to the medial buttocks and allow to dry for 30 seconds. Hold folds open to ensure Cavilon dries appropriately. Apply on Monday, Wednesday and Friday, cover with Mepilex, secure dressing and apply additional border dressing if needed. 7/25/25 Ferrous Sulfate 325 mg administered oral B.I.D. 7/25/25 Discontinue Potassium Chloride ER 20 mEq daily. Start Potassium Chloride 20 mEq in 15 ml liquid oral twice daily. The facility's Medical Director physician, Staff S, assessed the resident on 7/22/25 and prescribed orders that included, in part: Increase Toremide to 80 mg administered oral B.I.D. Discontinue Tubi-Grip applications. Elevate legs as much as possible. The described orders from the 7/22/25 assessment by Staff S had not been implemented as of 7/30/25 when the resident was assessed by the facility's Advanced Practice Registered Nurse Practitioner (ARNP). On 7/30/25 Staff F directed staff to implement new orders that included: Increase Toremide to 80 mg administered oral B.I.D. Discontinue Tubi-Grip applications. Apply Ace Wraps to both legs, on in the morning, off at Hour of Sleep (HS). The Medical Director physician Staff S assessed the resident on 8/5/25, and directed staff to increase Toremide to 80 mg administered oral B.I.D. Orders transcribed at the facility upon the resident's 7/17/25 admission, endorsed by the facility's Medical Director physician, Staff S, included, in part: General diet. Renal diet not ordered. Serum potassium assessments daily or every other day not ordered. Ferrous Sulfate 325 mg administered oral B.I.D. not ordered. The July, 2025 and August, 2025 Medication Administration Records (MAR's) and Treatment Administration Records (TAR's) revealed: Potassium Chloride Extended Release (ER) 20 mEq administered oral daily from 7/18/25 through 7/25/25. (Order was for administered twice daily) Ferrous Sulfate 325 mg not administered from 7/17/25 through morning of 7/25/25. Repatha Sureclick 140 mg administered subcutaneously 1 time monthly on the 28th, administered 7/28/25. (Order was for every 14 days) Toremide 60 mg administered oral B.I.D. from 7/18/25 through 8/5/25 morning dose. Toremide 80 mg administered oral B.I.D. initiated on the 8/5/25 afternoon dose, and resident received as ordered through the morning dose on 8/8/25. (Order 7/30/25 increased the dosage to 80 mg administered twice daily) Tubi-grip application documented as completed 7/18/25 through 8/5/25, when the order was discontinued by Staff B, Licensed Practical Nurse (LPN). (Order was discontinued by the NP on 7/30/25) All wound care treatments/dressing changes were documented as completed as ordered with exception of morning of 8/5/25 (resident had a physician appointment at that time). Wound care was documented as</p>		