

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165204	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER Country Lane Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 819 Country Lane Road Keosauqua, IA 52565	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506</p> <p>Based on observations, food temperatures during food services, and resident interview, the facility failed to serve food in an attractive and palatable manner for 1 of 2 meals. The facility reported census was 59.</p> <p>Findings include:</p> <p>On 2/12/25 at 12:15 p.m., a sample lunch tray provided to the State Agency. The meal consisted of a chicken patty and green beans. The chicken patty edges were hard, tough and chewy. No concerns with the green beans noted. An observation in the dining room revealed the puree green beans served to a resident appeared to be of a soup consistency.</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #7 had a Brief Interview for Mental Status (BIMS) score of 13 indicating an intact cognitive status. Resident #7 was independent with transfers, mobility, dressing, toilet use and personal hygiene needs and was occasionally incontinent of bladder. Resident #7's diagnosis included congestive heart failure, diabetes mellitus and chronic obstructive pulmonary disease.</p> <p>During an interview on 2/12/25 at 12:50 p.m. Resident #7 stated he ate lunch in his room. He stated his lunch consisted of a chicken patty and green beans and a pudding cup. Resident #7 stated the green beans were ok, but the chicken patty was hard and difficult to cut. Resident #7 stated meats served are often hard.</p> <p>On 2/17/25 at 12:00 p.m. a sample lunch tray provided to State Agency. The meal consisted of spaghetti and mixed vegetables with a seasoned bread stick. Food was an served at a palatable temperature. The mixed vegetables were bland.</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 indicating an intact cognitive status. Resident #1 required moderate assistance with transfers, mobility, dressing, toilet use and personal hygiene needs and was frequently incontinent of bladder and occasionally incontinent of bowel. Resident #1's diagnosis included congestive heart failure, coronary artery disease, diabetes mellitus and hip fracture.</p> <p>During an interview on 2/17/25 at 12:45 p.m. Resident #1 complained of her meal, noting the mixed vegetables were bland and the spaghetti and breadstick was just carbohydrates.</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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