

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  05/14/2025
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 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>22506</p> <p>Based on clinical record review and staff interview, the facility failed to initiate treatment for an eye infection timely and in accordance with professional standards of practice for 1 of 5 residents reviewed. (Resident #3) The facility reported census was 53.</p> <p>Findings include:</p> <p>According to a Minimum Data Set (MDS) with a reference date of 4/29/25, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 4, indicating a severely impaired cognitive status. Resident #3's diagnosis included non-Alzheimer ' s dementia.</p> <p>According to a Progress Note dated 4/20/25 at 6:09 p.m. and written by Staff B, Licensed Practical Nurse (LPN), Resident #3's family summoned the nurse to assess Resident #3's right eye. The right eye was swollen, reddened and draining. Resident #3 indicated it was itchy and hurt a bit. Staff B indicated a communication note was left for the provider (nurse practitioner or physician).</p> <p>A Communication with Provider form was filled out by Staff B, dated 4/20/25 indicating Resident #3's right eye was swollen, reddened , with some drainage and Resident #3 was complaining of her eye itching and hurting a bit. There was no response from the nurse practitioner or physician on the form.</p> <p>According to a Progress Note dated 4/28/25 at 10:34 a.m. written by Staff A, Registered Nurse (RN), a call was placed to Resident #3's Nurse Practitioner noting right eye red with slight drainage on the outer canthus of eye. Received a new order for an antibiotic eye drops to be given twice a day for two days and the daily for five days.</p> <p>Review of the April 2025 Medication Administration Record revealed the following orders:</p> <p>a. AZASITE sol 1% INSTILL ONE DROP IN RIGHT EYE TWICE DAILY FOR 2 DAY (indications for use: Eye infection). Start Date: 4/9/25.</p> <p>b. Ciprofloxacin Sol 0.3% OP (eye) Instill 1 drop in affected eye(s) every 2 hours while awake for 2 days *wait 5 min (minutes) between administering different drops. Start Date: 4/30/25.</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>During an interview on 5/8/25 at 1:45 p.m. Staff A, RN queried regarding Resident #3 ' s right eye infection. Staff A stated on 4/28/25 a family member approached her, concerned about Resident #3 ' s right eye swelling and discomfort. The family member stated she had told another nurse earlier. Staff A stated she assessed the right eye and contacted her physician to get antibiotic eye drops started. Staff A stated normally when there are concerns, the nurse will fill out a physician notification form and place it in a box for the nurse practitioner or physician to review. If the concern warrants treatments, she fills out the notification form and contacts a physician immediately for treatment orders. Staff A stated the nurse practitioner visits weekly and primary care physician every two weeks.</p>		