

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Birkwood Village of Fort Madison		STREET ADDRESS, CITY, STATE, ZIP CODE 1702 41st Street Fort Madison, IA 52627	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interviews, and the facility policy, the facility failed to use hand hygiene in an effort to minimize the risk of spreading infections during the completion of personal, wound and catheter care for 1 of 1 resident (Resident #2) reviewed for infection control. The facility reported a census of 63 residents. Findings include: Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition. The MDS indicated resident dependent with toileting hygiene and required substantial/maximal assistance with rolling left to right. The MDS revealed the resident utilized an indwelling catheter and always incontinent of bowel. The list of diagnoses included obstructive uropathy (unable to urinate due to an obstruction). The MDS identified Resident #2 with a Stage IV pressure ulcer (PU or PI for pressure injury), which required ongoing treatments (dressing changes and/or topical medications applied). Stage 4 Pressure Ulcer: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible on some parts of the wound bed. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the wound bed, it is an unstageable PU/PI. The Care Plan revealed a Focus area dated 9/26/23 for risk for skin impairments related to mobility, obesity, diabetes, and renal failure with actual skin impairments of Stage IV sacrococcygeal pressure wound and deep tissue pressure injuries. The Interventions dated 8/9/21 directed to apply treatments as ordered and provide incontinence care after each incontinent episode. The Care Plan also included a Focus area, revised on 2/13/26 to address a rash of the skin folds under bilateral breasts and peri area related to moisture. The Interventions revised on 2/13/26 directed to apply antifungal cream as ordered. Review of the electronic record (EHR) revealed the following Physician Orders: a. Vashe Wound External Solution 0.033 % (Wound Cleansers)- Apply to coccyx wound topically every day shift for wound cleanse wound with Vashe, apply small amount of calcium alginate to wound bed (make sure it is only on the wound bed) then cover with foam dressing, change daily. b. Calcium Alginate-Silver External Pad 2- Apply to coccyx topically every day shift for wound cleanse wound with Vashe, apply small amount of calcium alginate to wound bed (make sure it is only on the wound bed) then cover with foam dressing, change daily. c. Triad Hydrophilic Wound Dress External Paste (Wound Dressings)- Apply to coccyx peri wound topically every day shift for periwound cleanse wound with Vashe, apply small amount of calcium alginate to wound bed (make sure it is only on the wound bed) then cover with foam dressing, change daily. d. Optifoam Pad 4 (Gauze Pads & Dressings)- Apply to coccyx topically every day shift for wound cleanse wound with Vashe, apply small amount of calcium alginate to wound bed (make sure it is only on the wound bed) then cover with foam dressing, change daily. e. Miconazole Nitrate External Cream 2% (percent)- Apply to both underside of breast topically every day and night shift for excoriation for 15 Days AND</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 165227	Facility ID: 165227 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Birkwood Village of Fort Madison		STREET ADDRESS, CITY, STATE, ZIP CODE 1702 41st Street Fort Madison, IA 52627	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>apply to peri-area topically every day and night shift for excoriation for 15 Daysf. Triad Hydrophilic Wound Dress External Paste- Apply to Left Glute/Thigh wounds topically every day shift for wound care; deep tissue injury and apply to Left glute/thigh wound topically as needed for wound careg. Skin Prep Wipes Miscellaneous (Ostomy Supplies)- Apply to nephrostomy tube area topically every day shift every Mon, Thu, Sat for Nephrostomy tube area Nephrostomy tube dressing (Tegaderm and skin prep) frequency to every other day.may change daily as neededDuring an observation on 2/17/26 at 2:31 PM, Staff A, Registered Nurse (RN) donned (put on) gloves and placed the supplies needed for wound care on a barrier pad she placed on the resident's bed. Without completing hand hygiene, Staff A changed gloves. Staff A then cleaned bowel found on Resident #2 buttocks. Staff A removed her gloves, donned clean gloves without completing hand hygiene in between the glove change. Staff A cleansed the pressure ulcer on Resident #2's coccyx with the Vashe cleanser and applied the dressing to the wound. Staff A then removed her gloves and without completing hand hygiene, donned clean gloves and applied the Triad cream to the back of resident's right thigh. Staff A removed her gloves and without completing hand hygiene put on clean gloves and proceeded to apply the antifungal cream under the resident's right breast. Staff A removed her gloves and without completing hand hygiene, donned clean gloves, and applied the antifungal cream to the resident's groin area. Staff A removed her gloves and without completing hand hygiene, donned a clean pair of gloves and applied skin prep around the right nephrostomy tube, applied gauze, and then covered Tegaderm. During an interview on 2/17/26 at 3:10 PM, Staff A confirmed she should have used hand sanitizer between changing gloves. During an interview on 2/18/26 at 9:42 AM, the Director of Nursing (DON) stated staff needed to wash their hands or use hand sanitizer when they changed gloves. The Facility Hand Hygiene Policy revised on 7/1/25 revealed:a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (putting on), and immediately after removing gloves.</p>		