

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Manor House Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 South Stuart Street Sigourney, IA 52591	

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>35434</p> <p>Based on clinical record review, policy review, and staff interviews, the facility failed to intervene when several days elapsed without a bowel movement (BM) for 1 of 2 residents reviewed for a change in condition (Resident #4). The facility reported a census of 39 residents.</p> <p>Findings:</p> <p>The Quarterly Minimum Data Set (MDS) assessment tool, dated 6/18/24, listed diagnoses for Resident #4 which included schizophrenia, mild intellectual disabilities, and pressure ulcer. The MDS listed a Brief Interview for Mental Status(BIMs) score as 10 out of 15, indicating moderately impaired cognition.</p> <p>5/6/24 Care Plan entries stated the resident received antipsychotic medication and directed staff to monitor for adverse reactions to antipsychotics including digestive issues and constipation.</p> <p>7/1/24 Care Plan entries stated the resident received antidepressant medication and directed staff to monitor for adverse reactions to antidepressant therapy including constipation and fecal impaction.</p> <p>The resident's Bowel Movement record lacked documentation the resident had a BM on the following days:</p> <p>7/1/24</p> <p>7/2/24</p> <p>7/3/24</p> <p>7/4/24</p> <p>7/5/24</p> <p>7/6/24</p> <p>7/7/24</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>7/8/24</p> <p>The record stated the resident had an extra large bowel movement on 7/9/24.</p> <p>The July 2024 Medication Administration Record(MAR) revealed the following:</p> <p>The resident received a bisacodyl suppository(used for constipation) on 7/5/24 at 5:12 a.m. and stated it was ineffective.</p> <p>The resident received Milk of Magnesia (MOM-used to treat constipation) 30 milliliters(ml) on 7/7/24 at 11:54 a.m. and stated it was ineffective.</p> <p>The resident received a rectal enema (for constipation) on 7/7/24 at 8:36 p.m.</p> <p>The resident received magnesium citrate (for constipation) 296 mls on 7/8/24 at 5:25 p.m.</p> <p>The MAR lacked documentation of pharmaceutical interventions carried out prior to 7/5/24.</p> <p>Nursing Progress Notes revealed the following:</p> <p>The notes did not address the resident's bowel movements from 7/1/24-7/5/24 at 5:12 a.m.</p> <p>A 7/5/24 5:12 a.m. Orders-Administration Note stated the resident received a bisacodyl suppository.</p> <p>A 7/5/24 10:29 p.m. Orders -Administration Note stated the suppository was ineffective.</p> <p>7/6/24 Progress Notes lacked documentation related to the resident's lack of a bowel movement and lacked additional interventions provided to assist the resident in having a bowel movement.</p> <p>A 7/7/24 11:54 a.m. Orders-Administration Note stated the resident received MOM.</p> <p>A 7/7/24 7:20 p.m. Communication with Physician note stated the facility notified the on call provider and received an order for an enema.</p> <p>A 7/7/24 8:36 p.m. Order-Administration Note stated the MOM was ineffective.</p> <p>A 7/8/24 11:53 a.m. Communication with Physician note stated the facility updated the provider the resident did not have a bowel movement for eight days and the provider ordered an abdominal x-ray and magnesium citrate.</p> <p>A 7/10/24 encounter note stated the resident had a 7/8/24 abdominal x-ray which found a non-obstructive small bowel gas pattern with above average colonic stool burden.</p> <p>The progress notes lacked documentation of physician notification of the resident's lack of bowel movement from 7/1/24-7/7/24 and lacked documentation of additional assessments and interventions carried out related to the lack of a bowel movement during the time period of 7/1/24-7/7/24.</p> <p>(continued on next page)</p>

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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>On 7/17/24 at 3:03 p.m. via phone, Staff A Licensed Practical Nurse(LPN) stated they usually administered MOM by day three without a bowel movement and if that was not effective the night shift should administer a suppository.</p> <p>On 7/17/24 at 3:53 p.m. via phone, Staff B Registered Nurse(RN) stated she worked nights and she documented if a resident went two days without a bowel movement and the next day shift was supposed to follow up. She stated after 48 hours staff should administer MOM and after 72 hours they should administer a suppository.</p> <p>On 7/18/24 at approximately 8:00 a.m. the Director of Nursing(DON) stated all bowel movements were documented on the Bowel Movement record and stated they would not be documented anywhere else.</p> <p>On 7/18/24 at 9:01 a.m. the DON stated they usually administered MOM on the second day with no bowel movement and on the third day they administered a suppository. She stated she did hear about Resident #4 going multiple days without a bowel movement and encouraged the staff to reach out to the doctor.</p> <p>On 7/18/24 at 10:13 a.m., via phone Staff C Physician's Assistant (PA) stated if staff used a prn(as needed) medication on day three(without a BM) and it was ineffective and they tried a second medication and it was ineffective, they should contact her.</p> <p>On 7/18/24 at 11:05 a.m. the DON provided a Day Log for 7/4/24 which had documentation that the resident received MOM. The log did not state when the resident received the MOM, who administered it, or if it was effective. The DON stated it was not clear from the document if the MOM was effective. She stated she had no other documentation related to the resident's lack of bowel movement.</p> <p>The undated [facility name] Bowel Protocol policy directed staff to administer MOM or per doctor's orders after day three of no bowel movement and to administer a suppository or per doctor's orders after day 4 of no bowel movement.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35434</p> <p>Based on record review, policy review, and staff interviews, the facility failed to offer the pneumococcal vaccine at recommended times to 4 out of 5 residents reviewed for pneumococcal vaccinations (Resident #11, #13, #16, #22). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #11's Immunization record stated the resident received the PCV23 (a type of pneumococcal vaccine) on 10/28/10 and the PCV13(a type of pneumococcal vaccine) on 1/27/17. <p>The record stated the resident was [AGE] years old.</p> <ol style="list-style-type: none"> 2. Resident #13's Immunization record stated the resident received the PCV23 pneumococcal vaccine on 1/23/08 and the PCV13 vaccine on 7/23/15. <p>The record stated the resident was [AGE] years old.</p> <ol style="list-style-type: none"> 3. Resident #16's Immunization record stated the resident received PCV13 vaccine on 4/20/15 and the PCV23 pneumococcal vaccine on 5/23/16. <p>The record stated the resident was [AGE] years old.</p> <ol style="list-style-type: none"> 4. Resident #22's Immunization record stated she resident received PCV23 pneumococcal vaccine on 9/6/07 and the PCV13 on 9/21/15. <p>The record stated the resident was [AGE] years old.</p> <p>The facility lacked documentation of additional pneumococcal vaccinations offered to the above residents.</p> <p>The Centers for Disease Control and Prevention(CDC) Adult Immunization Schedule Notes, retrieved from https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-schedule-notes.html#note-pneumo on 7/18/24 contained the following guidance:</p> <p>For adults [AGE] year or older who:</p> <ol style="list-style-type: none"> a. previously received both PCV13 and PPSV23(PCV23) but no PPSV23 was received at age [AGE] years or older: Based on shared clinical decision-making, 1 dose PCV20(a type of pneumococcal vaccine) or 1 dose PPSV23. <p>If PCV20 was selected, administer at least 5 years after the last pneumococcal vaccine dose.</p> <p>If PPSV23 was selected, refer to CDC dosing schedule.</p> <p>(continued on next page)</p>		

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