

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Regency Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 815 High Road Norwalk, IA 50211	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46873</p> <p>Based on clinical record review, hospital record review, guidance from The Cleveland Clinic, and staff interviews, the facility failed to draw and monitor laboratory values for one of three residents reviewed during medication administration, (Resident #81 in Stage III kidney failure who was receiving medications which had the potential to affect kidney function).</p> <p>Findings include:</p> <p>The Medication Administration Record (MAR) dated December 1, 2023 to December 31, 2023 documented Resident #81 had diagnoses including Chronic Kidney disease, Stage 3, and essential hypertension. The MAR documented the resident to be receiving Cozaar, 100 milligram (mg), an Angiotensin Receptor Blocker (ARB) medication used to treat high blood pressure, heart failure and chronic kidney disease. The MAR reflected the resident was also receiving 20 milliequivalents (MEQ) of Potassium daily and 80 mg of furosemide (also known as Lasix, a diuretic) twice daily.</p> <p>An article from The Cleveland Clinic, Titled Angiotensin II Receptor Blockers, review date 6/17/22 cited ARB medications are used for high blood pressure, prevention of heart attack, heart failure, stroke, fatty liver disease and kidney disease. The article listed types to ARBs to include medications that end in sartan to include Losartan potassium, also known as Cozaar. The article documented that ARBs may raise potassium levels and potassium supplements or potassium-sparing diuretics with should not be taken with ARBs. The article cites that too much potassium can lead to hyperkalemia (high blood potassium) which can lead to an irregular heartbeat and other heart problems.</p> <p>Review of the Resident's clinical record from the facility revealed an admitted [DATE]. A fax dated 12/18/23 revealed the facility notified the Advanced Registered Nurse Practitioner (ARNP) the resident was taking 80 mg of Lasix twice daily with no potassium orders. The ARNP responded on the same day to add Potassium Chloride, 20 meq, one tablet by mouth daily. The facility failed to note the resident to also be taking Cozaar and the ARNP did not include any lab monitoring orders when adding the potassium.</p> <p>The laboratory values dated 12/15/23, performed at the hospital prior to admission to the facility showed the resident to have laboratory values of:</p> <p>Potassium 4.2 (normal 3.5-5.1)</p> <p>BUN 59 (normal 6-20) (blood urea nitrogen, the test indicates kidney function)</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>Creatinine 1.81 (normal 0.6-1.1)</p> <p>BUN/Creatinine Ration 32.6 (above 20 can indicate dehydration or kidney issues)</p> <p>Review of Resident #81's facility chart failed to reveal any kidney function labs drawn during her stay at the facility.</p> <p>Progress Notes revealed the following:</p> <p>12/18/23 2:20PM Software generated Lab/Radiology Note documented as follows; The system has identified a possible drug interaction with the following orders; Cozaar Tablet 100 MG give one tablet by mouth in the afternoon fro hypertension. Severity; Moderate. Interaction: High Potassium levels (Hypoerkaemia) may occur with the combination of angiotensin antagonists and potassium products. Serum (blood) potassium concentrations should be monitored. This warning was in the residents Electronic Health Record under the Progress Notes after the following Note Text: The order you have entered Potassium Chloride ER Tablet Extended Release 20 milliequivalants (MEQ) in the morning for supplement has triggered the following drug protocol alerts/warnings Drug to Drug Interaction</p> <p>1/17/24 at 2:49PM - Resident with hypertension, chronic kidney disease, chronic respiratory failure, reports dysuria. Onset today.</p> <p>1/17/24 at 6:55PM - Addressed Complete Blood Count (CBC) and new order for Ferrous Sulfate (Iron) 325 mg. Recheck CBC in one month. New order for Urinalysis with Culture & Sensitivity.</p> <p>1/20/24 11:25AM - Software generated warning for contraindication of medication. The system has identified a possible drug interaction with the following orders: Cozaar Tablet 100 G, give 1 tablet by mouth in the afternoon for hypertension. Severity: Moderate. Interaction: Co administration of angiotensin II receptor antagonists and Tremethoprim (an ingredient in the antibiotic Bactrim) may increase the risk of hyperkalemia (high potassium level) especially in the elderly.</p> <p>1/20/24 11:25AM - ARNP addressed UA (urinalysis) results with new order for Sulfamethoxazole-Trimethoprim 800-160 mg tablet by mouth, for 7 days.</p> <p>1/22/24 10:43AM - visit by ARNP. Plans noted to be Bactrim twice daily x 7 days, vital signs daily x 7 days and encourage fluids related to findings of a UTI due to Escherichia coli in urine.</p> <p>1/25/24 11:00AM - visit by ARNP. Nursing reports she is having nausea, vomiting and diarrhea. Onset was yesterday. Resident denies burning with urination. She has been taking Sulfamethaxazole/Trimethoprim 800/160 mg. She is having side effects of nausea/vomiting and diarrhea. Discontinue medication.</p> <p>(continued on next page)</p>

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