

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Halcyon House		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 South Iowa Avenue Washington, IA 52353	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>35434</p> <p>Based on observation, clinical record review, policy review, and staff interview, staff combined medications without an order to do so during the administration of g-tube (gastrostomy tube-a tube inserted through the abdomen which brought nutrition and medications directly to the stomach) medications for 1 of 1 residents reviewed with a g-tube(Resident #10). The facility reported a census of 50 residents.</p> <p>Findings:</p> <p>The Minimum Data Set (MDS) assessment tool, dated 1/19/24, listed diagnoses for Resident #10 which included non-Alzheimer's dementia, Parkinson's disease (progressive disorder that affected the nervous system and the parts of the body controlled by the nerves), and depression. The MDS stated the resident had a feeding tube and listed the resident's Brief Interview for Mental Status (BIMS) score as 1 out of 15, indicating severely impaired cognition.</p> <p>The facility policy Medication Administration Through Tube Feeding, last revised 7/2016, directed staff to administer each medication separately.</p> <p>A 3/30/22 Care Plan entry stated the resident had a g-tube for supplemental feedings.</p> <p>A 3/5/23 Care Plan entry directed staff to provide medications per the order.</p> <p>The April 2024 Medication Administration Record (MAR) listed a 2/19/24 order for carbidopa/levodopa(a medication used to treat Parkinson's) 25-100 milligrams(mg) 1.5 tablets three times daily and a 2/20/24 order for quetiapine (an antipsychotic) 50 mg three times daily. The MAR lacked an order to combine the medications during g-tube medication administration.</p> <p>During an observation on 4/2/24 at 11:00 a.m., Staff A Licensed Practical Nurse(LPN) crushed the following medications and mixed them with water:</p> <ol style="list-style-type: none"> 1. carbidopa/levodopa 25-100 mg 1.5 tablets 2. quetiapine 50 mg tablet <p>Staff A then instilled a water flush, instilled the medications mixed with the water, and instilled a water flush.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/2/24 at 1:08 p.m., Staff A stated there should be an order to combine medications during g-tube medication administration and stated she would check.</p> <p>On 4/2/24 at 2:05 p.m., Staff A stated she obtained an order to combine the medications.</p>		