STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165483	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Halcyon House	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on clinical record review, facility policy review, resident and staff interviews, the facility failed to conduct post assessment after resident received dialysis for 1 of 1 residents reviewed for dialysis (Resident #42). The facility reported a census of 50 residents. Findings include: Review of the MDS assessment, dated 2/9/26 revealed Resident #42 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS indicated medical diagnosis for end stage renal disease (ESRD). The MDS indicated Resident #42 did not receive dialysis. The Care Plan included a focus area revised 2/7/26 for resident needed dialysis related to ESRD.Review of the electronic health record (EHR) revealed a diagnosis of dependence on renal dialysisReview of the EHR Pre and Post Dialysis Assessments revealed a lack of completed post assessments for: 1/23/26; 1/30/26; 2/2/26; 2/6/26; 2/9/26; 2/11/26; 2/13/26; 2/18/26; 2/25/26; 2/27/26; 3/13/26; and 3/16/26. During an interview on 3/16/26 at 2:56 PM, Resident #42 queried on dialysis and Resident #42 stated staff assessed her before and after dialysis treatment. Resident #42 stated she went to dialysis for 4 hours on Monday, Wednesday, and Friday.During an interview on 3/18/26 at 9:11 AM, Staff A, Licensed Practical Nurse (LPN), queried on when assessments completed for Resident #42 dialysis and Staff A stated pre and post assessments completed in the computer. During an interview on 3/18/26 at 3:36 PM, Staff B, LPN queried about assessments with dialysis, and Staff B stated pre and post assessments completed in the computer. Staff B stated the assessments included checking the bruit, bleeding, and vitals signs. During an interview on 3/19/26 at 10:21 AM, Staff C, Registered Nurse (RN) queried on assessments completed for dialysis for Resident #42 and Staff C stated nurses completed pre and post assessments. Staff C stated she worked on Resident #42 household on Monday and did the pre assessment. Staff C stated Resident #42 usually came back from dialysis around noon. Staff C stated she never had completed a post assessment for Resident #42, but the second shift nurses could also do them, it just depended on who was available. During an interview on 3/19/2026 at 10:28 AM, Staff D, RN, queried if she completed a post assessment for Resident #42, and Staff D stated no, she didn't do post assessment on Resident #42. Staff D stated she worked as the float nurse on 3/13/26 and wasn't even aware the resident left for dialysis, but now talking about it, Staff D realized a post assessment should have been completed. Staff D stated most tasks pop up on the computer to complete, but the assessments for the pre and post assessments were not scheduled on the computer. During an interview on 3/19/26 at 12:00 PM, the Interim Director of Nursing (DON) informed of the lack of dialysis indicated on Resident #42 most recent MDS. The Interim DON confirmed Resident #42 receives dialysis. The Interim DON informed of dates a post dialysis assessment not completed for Resident. She stated more coordination and communication needed done. The Interim DON stated they would need to put in a process for it. Review of the facility policy, titled Dialysis Process, 3/2026 revealed: a. The Nurse will complete the assessments pre and post dialysis via the established assessment/UDA (user-defined assessments) present in the EHR.1. Vital signs2. Assessment of the venous access site3. Weight (if ordered)4. Lab results (if ordered)5. Potential dialysis related complications (i.e. dizziness, falls, bleeding, access site infection, change in cognition or condition or hypotension.

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