STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165510	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davenport Lutheran Home	1130 W 53rd Street Davenport, IA 52806

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537 Based on clinical record review and staff interview the facility failed to include the use of the anticoagulant medication warfarin for 2 of 2 residents reviewed (Resident #1 and Resident #4). Warfarin requires regular monitoring, assessment, and routine labs due to an increased risk of bleeding. The facility reported a census of 73 residents. Findings include: 1. The Minimum Data Set (MDS), dated [DATE], listed diagnoses for Resident #1 included: coronary artery disease, heart failure, hypertension, and orthostatic hypertension. The MDS informed the resident received anticoagulation medication everyday during the look back period. A review of the May 2024 Medication Administration Record (MAR) revealed scheduled: a. Warfarin 2 mg (milligrams) 1 tablet every other day, start date of 1/29/24. Per the May 2024 MAR the medication administered 14 times. b. Warfarin 3 mg 1 tablet every other day (indications for use: anticoagulant), start date 1/29/24. Per the MAR the medication administered 14 times. A review of the June 2024 MAR revealed scheduled: a. Warfarin 2 mg (milligrams) 1 tablet by mouth every other day, with a start date of 1/29/24. Per the June 2024 MAR the medication administered 15 times. b. Warfarin 3 mg 1 tablet every other day (indications for use: anticoagulant), start date 1/29/24. Per the MAR the medication administered A review of the July 2024 MAR revealed scheduled: a. Warfarin 2 mg 1 tablet by mouth every other day, with a start date of 1/29/24. Per the July 2024 MAR the medication administered 16 times. b. Warfarin 3 mg 1 tablet every other day (indications for use: anticoagulant), start date 1/29/24. Per the MAR the medication administered 16 times. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Davenport Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W 53rd Street Davenport, IA 52806	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the August 2024 MAR revealed scheduled: a. Warfarin 2 mg 1 tablet by mouth every other day, with a start date of 1/29/24. Per the July 2024 MAR the medication administered 11 times. Discontinued on 8/27/24. b. Warfarin 3 mg 1 tablet every other day (indications for use: anticoagulant), start date 1/29/24. Per the MAR the medication administered 11 times. Discontinued on 8/27/24. A review Resident #1's Care Plan revealed an absence of a Focus Area and related interventions to for the monitoring and assessments of warfarin and the associated risk of bleeding. The Care Plan did include a Focus Area to address Potential for Falls related to confusion and poor safety awareness. Has history of falling. The Care Plan documented falls having occurred on: a. 5/24/24 Fall, small laceration to left eye, therapy referral. b. 5/29/24 Fall, no injury, resident educated to use call light. 2. The MDS for Resident #4, dated 5/21/24, listed diagnoses included: heart failure, hypertension, and hemiplegia and that he received anticoagulation medication everyday during the look back period. A review of the May 2024 MAR revealed scheduled: a. Warfarin 2 mg 1 tablet every other day, with a start date of 4/21/24. Per the May 2024 MAR the medication administered 15 times. b. Warfarin 3 mg 1 tablet every other day, with a start date of 4/21/14. Per the May 2024 MAR the medication administered 16 times. A review of the June 2024 MAR revealed scheduled: a. Warfarin 2 mg 1 tablet every other day, with a start date of 4/21/24. Per the May 2024 MAR the medication administered 14 times. b. Warfarin 3 mg 1 tablet every other day, with a start date of 4/21/14. Per the May 2024 MAR the medication administered 15 times. A review of the July 2024 MAR revealed scheduled: a. Warfarin 2 mg 1 tablet every other day, with a start date of 4/21/24. Per the May 2024 MAR the medication administered 16 times. b. Warfarin 3 mg 1 tablet every other day, with a start date of 4/21/14. Per the May 2024 MAR the medication administered 15 times. A review of the August 2024 MAR revealed scheduled: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165510	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davenport Lutheran Home	1130 W 53rd Street Davenport, IA 52806

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. Warfarin 2 mg 1 tablet every other day, with a start date of 4/21/24. Per the May 2024 MAR the medication administered 14 times. b. Warfarin 3 mg 1 tablet every other day, with a start date of 4/21/14. Per the May 2024 MAR the medication administered 14 times. A review Resident #4's Care Plan revealed an absence of a Focus Area and related interventions to for the monitoring and assessments of warfarin and the associated risk of bleeding. The Care Plan did include a Focus Area to address the Potential for Falls related to decreased mobility and weakness d/t (due to) history of CVA (cerebravascular accident, or stroke) affecting left side. During an interview on 8/30/24 at 11:24 AM, the Director of Nursing (DON) stated the Care Plans do not have specifics related to warfarin, and are the same as other residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER: Davenport Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 1130 W 53rd Street Davenport, IA 52806	

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 0684

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Few

Provide appropriate treatment and care according to orders, resident's preferences and goals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 41537

Based on clinical record review, facility policy review, staff, and hospice provider interviews, the facility failed to obtain routine laboratory orders for routine INR (International Normalized Ratio - a test to measure how it takes for blood to clot compared to normal) labs to monitor the use of the anticoagulant, warfarin for 2 of 4 residents (Resident #1 and Resident #4). Resident #1 admitted to the hospital on 8/23/24 with a critical INR result of greater than 9 (Normal range desired for resident on warfarin is between 2-3) and subdural hematomas with midline shift (occurs when the pressure exerted by the buildup of blood and swelling around the damaged brain tissues is powerful enough to push the entire brain off-center, and is considered a medical emergency). Resident #1 was admitted to hospice on 8/28/24 with a primary diagnosis of subdural hematoma with midline shift and six (6) months or less to live. The facility reported a census of 73 residents.

The State Agency informed the facility of the Immediate Jeopardy (IJ) on 8/29/24 at 3:20 PM.

The IJ began on 5/15/2024, the day after Resident #1 had her last INR checked.

Facility staff removed the Immediate Jeopardy on 8/30/24 through the following actions:

a. INR levels obtained on all current residents (3) receiving Warfarin. This was completed to ensure therapeutic INR ranges and appropriate Coumadin dosages.

b. Obtained Collaborative Drug Therapy Management Protocol Warfarin and INR Management Draft for review from Main at [NAME] Pharmacy to manage the facility's Anticoagulation Program.

c. Created Pro-Time/ INR Tracking Flow Sheet with of draw dates, results, dose adjustment/order, and next lab date. Flow Sheet binders were immediately placed.

Immediately educated staff on floor.

d. Educational material uploaded on online education and assigned to all facility

Nurses/CMAs titled: Long-Term Care (LTC) Anticoagulation Regulation and Education

Review.

e. Initiated Point Click Care prompt for noting INR results prior to administering

Coumadin medication.

The scope lowered from J to G at the time of the survey after ensuring the facility implemented education and policy and procedure changes.

Findings include:

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165510	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davenport Lutheran Home	1130 W 53rd Street Davenport, IA 52806

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. The Minimum Data Set (MDS) for Resident #1, dated 4/16/24, documented a Brief Interview of Mental Status (BIMS) of 7 indicating a severe cognitive impairment. The MDS documented diagnoses of coronary artery disease, heart failure, hypertension, and orthostatic hypertension. The MDS revealed Resident #1 received anticoagulation medication every day during the look back period. A clinical record review of Resident #1 Medication Administration Record's (MAR) for May 2024, June 2024, July 2024, and August 2024 documented Resident #1 received: a. Warfarin 2 mg (milligrams) 1 tablet every other day, started 1/29/24 b. Warfarin 3 mg 1 table every other day, started 1/29/24 (received on opposite day of the 2 mg dose) A Health Status Note, dated 4/30/24 at 10:28 AM, Note Text: Received orders from Dr. [name redacted] to check INR on 5/1/24 r/t (related to) recent ATB (antibiotic) treatment of doxycycline. A Health Status Note, dated 5/3/24 at 3:30 PM, Note Text: Received verbal orders to hold Coumadin (brand name of warfarin) and recheck INR 5/7/24. A review of a Progress Note, dated 5/8/2024 at 10:51 AM, for Resident #1 documented Resume Coumadin in 1 week per Dr. [name redacted] - pharmacy and POA (Power of Attorney), lab entered 5-14-24. A review of the clinical record, dated 5/14/24 with a report time of 1341 (1:41 PM) revealed INR lab results of 2.8. The record included a FAXED stamp with a handwritten date of 5/14/24, and a notation current dose warfarin 3 mg alternating with 2 mg. D. [name redacted] Any new orders? The document lacked a reply to the question. A review of the clinical record revealed the following documentation: a. Nurse Practitioner Note: 5/23/24 at 1:22 PM Nurse Practitioner (NP) evaluation related to resident complaint of hand swelling. The note did not address the resident's warfarin order, or INR lab orders/results. b. Nurse Practitioner Note: 5/24/24 at 2:40 PM NP evaluation related to bilateral hand pain. ROS (review of systems) Genitourinary (related to urinary tract) Reports Hematuria (blood in urine). No follow up order related to hematuria. The note did not address the resident's warfarin order, or INR lab orders/results. c. Nurse Practitioner Note: 5/28/24 at 2:11 PM NP evaluation related to post fall, unwitnessed without injury. ROS Genitourinary Reports Hematuria. No follow up order related to hematuria. The note did not address the resident's warfarin order, or INR lab orders/results. d. Health Status Note: 5/31/24 at 3:45 AM Note Text: Dr. [name redacted] returned fax on resident's fall with order to observe. The note did address the resident's warfarin order or INR lab orders/results. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davenport Lutheran Home	1130 W 53rd Street Davenport, IA 52806

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	e. Nurse Practitioner Note: 5/31/24 at 1:46 PM NP evaluation related to complaint of arm pain. ROS Genitourinary Reports Hematuria. No follow up order related to hematuria. The note did not address the resident's warfarin order, or INR lab orders/results. f. Nurse Practitioner Note: 6/4/24 at 12:30 PM NP evaluation related to pain in left arm/x-ray results. ROS Genitourinary Reports Hematuria. No follow up order related to hematuria. The note did not address the resident's warfarin order, or INR lab orders/results. g. Health Status Note: 6/13/24 at 2:51 PM Note Text: New orders per [name redacted] ARNP (Advanced Registered Nurse Practitioner) related to Biofreeze to left upper extremity. The note did not address the resident's warfarin order, or INR lab orders/results. h. Doctor Visit Note: 6/20/24 at 2:07 PM Note Text: Resident seen by house MD (medical doctor) in-house for general geriatric visit with no new orders rec'd (received). A review of a Pharmacist Note, dated 7/18/24 at 2:41 PM, revealed Pharmacist Review .Most recent INR I could locate was from 5/14, will clarify with DON (Director of Nursing), if not drawn in last 4 weeks, would recommend drawing at this time. Per the clinical record, Resident #1 had an evaluation by the NP on 7/24/24 at 12:34 PM related to arm and hand pain. The note did not address the resident's warfarin order, or INR lab orders/results. A Health Status Note, dated 7/25/24 at 12:43 PM, Note Text: Resident seen by house MD today. No notation made regarding concerns or orders. Per a Nurse Practitioner Note, dated 8/20/24 at 1:12 PM, the resident evaluated by the NP for UTI (urinary tract infection) protocol r/t (related to) weakness and lethargy. Plan: UA (urinalysis) with c/s (culture and sensitivity). The note did not address the resident's warfarin order, or INR lab orders/results. A Health Status Note, dated 8/22/24 at 8:50 PM, Note Text: Dr. [name redacted] replied that it was okay to have an INR scheduled. Order will be scheduled into lab. A Health Status Note, dated 8/23/24 at 11:37 AM, Note Text: Resident has multiple bruises on her back and arm. Origin unknown. Resident does take blood thinners and INR pending at this time, skin sheet completed, fax out to MD will continue to monitor. Per a Nurse Practitioner Note, dated 8/23/24 at 12:48 PM, the resident evaluated by the NP with Chief Complaint: Pt (patient) is not baseline mental status, not responding to commands, or sitting up I the shower for staff. She is unable to answer questions. LABS Reviewed or order clinical lab test Notes/Findings: INR 10. 2. PLANS Staff to assist with transfers, send to ER (emergency room) to eval and treat. A record review of Emergency Department (ED) Physician Notes documented on 8/23/24 Resident #1 came to the ED due to altered mental status and found to have a critical INR lab of greater than 9. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Davenport Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W 53rd Street Davenport, IA 52806	

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of the hospital History and Physical, dated 8/23/24, documented [resident] has a past medical history significant for atrial fibrillation and is on anticoagulation medication warfarin. A scan was completed and revealed a significant brain injury involving a large collection of blood (hematoma) on the left side of the head, with characteristics indicating both recent bleeding (acute) mixed with older blood (chronic) causing a slight shift of the brain midline towards the right side, along with a smaller area of fresh bleeding on the right side, and further extending along the falx cerebri (a dividing structure in the brain) and the tentorial leaflets (structures supporting the brain) - essentially a complex, multi-layered bleed across multiple brain regions. A local neurosurgery center was consulted, after discussion with Resident #1 family they decided that the patient would not be an ideal surgical candidate and the patient's family agree that the patient would not want to have surgical intervention. It was decided that the patient would stay at the hospital would reverse her INR. A Health Status Note, dated 8/26/24 at 1:40 PM, Note Text: Spoke with resident's daughter reports resident will be going to Hospice. During an interview on 8/29/24 at 12:31 PM with Staff A, Registered Nurse (RN) for a local hospice provider stated Resident #1 was admitted to hospice services on 8/28/24 for the diagnosis of subdural hematoma with midline shift and is has six (6) months or less to live. During an interview on 8/29/24 at 2:43 PM, the DON stated unable to find INR orders for Resident #1. The DON stated we should have standing orders for INR draw, and pharmacy management. 2. The MDS for Resident #4 dated 5/21/24 documented a BIMS of 1 indicating he is severely cognitively impaired. The MDS also documented diagnoses of heart failure, hypertension, and hemiplegia and that he received anticoagulation medication every day during the look back period. A review of Resident #4 MAR for May 2024, June 2024, July 2024 and August 2024 revealed scheduled orders for: a. Warfarin 2 mg 1 tablet daily every other day, start date 4/21/24. b. Warfarin 3 mg 1 tablet every other day (opposite of day of warfarin 2 mg given), start date 4/21/24. A review of the May - August 2024 MAR's revealed Resident #4 received warfarin as scheduled. A facility fax sheet, dated 4/2/24 revealed a communication to the facility provider Resident last INR was 2/29/24, current dose Coumadin 3 mg daily. May we have an order for next INR draw? Hand written response Yes, please should be monthly. A Health Status Note, dated 4/5/24 at 3:49 PM, Note Text: N.O. (new order) INR on 4/8/24. Check monthly. A Health Status Note, dated 4/22/24 at 4:20 PM, Note Text: INR results faxed over from the draw this morning at 4/22/24, Unknown of current order to be drawn. Next observable order draw date is 5/8/24. Results faxed to Dr. [name redacted). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Davenport Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W 53rd Street Davenport, IA 52806	

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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The clinical record lacked documentation regarding the completion of the INR check from 5/8/24. Health Status Notes, dated 6/7/24 at 3:12 PM, and 8/15/24 at 2:53 PM documented Resident #4 seen in by house MD. No notations regarding concerns or orders made. A Health Status Note, dated 8/22/24 at 8:53 PM, Note Text: Dr. [name redacted] replied to fax that is was okay to have an INR drawn. Order for INR will be put into the lab schedule. An Order Note, dated 8/24/24 at 2:53 PM, Note Text: Recheck INR 9/23/24 and cont (continue) current dose of Coumadin. The facility policy titled, Lab Values last reviewed 2/2/24 instructed the following: a. Physicians will be notified of all lab values to ensure prompt medical treatment if indicated. b. If the Doctors office has not called back by the end of the shift: Pass information regarding abnormal values and the lab report to the oncoming nurse.