STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165565	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hawkeye Care Center Dubuque	5575 Pennslyvania Avenue Asbury, IA 52002

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37072 Based on observation, record review, and staff interview the facility failed to update the Care Plan for 1 of 2 residents with a pressure sore (Resident #33) and 1 of 5 residents with psychotropic medications (Resident # 21). The facility reported a census of 73 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] for Resident #33 indicated a Brief Interview for Mental Status (BIMS) score of 6 which indicated severe cognitive impairment. It further indicated diagnoses including: anemia, heart failure, and hypertension. The MDS indicated Resident #33 needed partial to moderate assist of staff for transfers, bathing, dressing, and personal hygiene. The MDS indicated Resident #33 had a Stage 3 pressure ulcer and an unstageable pressure ulcer. The MDS indicated the resident was at risk for pressure ulcers. The facility provided a Risk Management assessment dated [DATE] which indicated a possible deep tissue injury to bilateral heels. Review of the Progress Notes dated 5/24/24 revealed the nurse found possible deep tissue areas on both heels. Right heel 1.5 centimeters (cm) by 1.2 cm. Area is flat, intact, with no drainage, purplish gray in color, non tender to the touch. Surrounding skin is dark pink and blanchable. Left heel 1 cm x 1 cm. Area is slightly raised with fluid filled intact blister. Purplish gray in color with surrounding skin dark pink and blanchable. Review of the Care Plan failed to address the bilateral heel pressure ulcers until 6/19/24. On 09/10/24 at 11:33 AM observed Resident #33 sitting in her wheelchair in the main dining room waiting for lunch to be served both lower extremities have heel protector boots in place. On 09/10/24 at 2:15 PM observed Resident #33 in bed both heels floating with bilateral heel protectors in place. On 09/11/24 at 10:32 AM observed Resident #33 in her room in her wheelchair and she had bilateral heel protectors in place she stated she is not having any pain. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	09/12/24 at 9:48 AM the Assistant Director of Nursing (ADON), Registered Nurse (RN) stated once the pressure ulcer is identified the Care Plan should be updated. We are notified so once a skin issues is identified the staff do a risk management, the MDS coordinator is responsible to update the Care Plan. The Care Plan should be updated weekly at the Care Plan meeting when something is added or changed. On 09/12/24 at 9:57 AM Staff B, Licensed Practical Nurse (LPN), MDS Coordinator, stated if someone develops a pressure ulcer the Care Plan should be updated immediately. We have a meeting once a week and pressure ulcers are discussed in the clinical meetings. It looks like on 5/7/24 Resident #33 had 'at risk for pressure ulcer' on the Care Plan and on 6/20/24 I added the actual pressure ulcers to the Care Plan and I am not sure why I added them then because they were supposed to be on there but were not. They should have been added right away. On 09/12/24 at 10:04 AM the Director of Nursing (DON), RN stated the interventions should be put on the Care Plan as soon as the change is noted. I would have expected to see it back in May when the pressure ulcer was identified to be on Resident #33's Care Plan. The facility provided a policy titled Care Plan Development Process, updated 11/2023, instructed the following: The Comprehensive Care Plan must be developed no later than 21 days after admission, and will specifically address the following needs: a. Medical b. Nutritional c. Psychological d. Physical e. Functional f. Social g. Educational h. Spiritual i. Condition Impairments j. Disability/Disease 6. Each team member needs to review and revise their portion of the Care Plan in order to prepare for the meeting and to keep Care Plan meeting times concise. The Care Plan will be reviewed and amended as needed. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. The MDS Coordinator is responsible for ensuring that each portion of the Care Plan is up to date. 9. The Care Plan is reviewed and updated quarterly or with any change in the resident's condition. 49976 2. The MDS dated [DATE] for Resident #21 documented a BIMS score of 15/15 indicating no cognitive impairment. It further indicated diagnoses including: Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and depression. The Medication Administration Record for September, 2024 noted the following medication orders: a. Aripiprazole oral tablet 5 milligrams (mg) - give 1 tablet by mouth one time a day related to other specified depressive episodes b. Escitalopram oxalate oral tablet 10 mg - give 1 tablet by mouth one time a day related to other specified depressive episodes c. Venlafaxine HCl ER oral capsule 150 mg - give 2 capsules by mouth one time a day for depression d. Buspirone HCl oral tablet 15 mg - give 1 tablet by mouth three times a day related to other specified depressive episodes The facility Care Plan updated 8/13/24 lacked documentation regarding medication side effects, emotional triggers, and behavior monitoring related to depression.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 49976 Based on observation, staff interviews, and policy review the facility failed to use appropriate personal protective equipment (PPE) when laundering soiled items. The facility reported a census of 72 residents. Findings include: In an interview on 9/10/24 at 8:50 AM Staff A, Laundry aide explained dirty laundry comes in bags. Whites are separated as are personal items. Laundry from isolation rooms comes in a red bag and they get washed by themselves in the washer. Staff wear gloves and an apron for isolation laundry, and only gloves for regular dirty laundry. In an observation on 9/10/24 at 9:17 AM Staff A put on gloves, took the cover off the soiled laundry bin, and placed soiled linens into two washers without donning a gown. She shook out the soiled pads prior to placing them in the washer. She then closed the washer doors and started the machines. Staff A then removed her gloves. In an interview on 9/11/24 at 8:50 AM the Housekeeping Supervisor explained she expected staff to always wear a gown and gloves and then place soiled linens in the washer. The facility policy titled Infection Control Manual: Laundry, revised 11/2023 documented laundry personnel must wear gown and gloves when handling any soiled linens.