

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Maquoketa Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1202 German Street Maquoketa, IA 52060	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interviews the facility failed to properly assess a residents oxygen saturation level to determine the need for oxygen per physician order for 1 of 1 residents reviewed with oxygen (Resident #2). The facility identified a census of 35 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #2 indicated a Brief Interview for Mental Status (BIMS) score of 10/15 which indicates cognitive impairment. The MDS documented diagnoses of chronic obstructive pulmonary disease (progressive lung disease making it difficult to breathe) and respiratory failure.</p> <p>The physician order report summary for Resident #2 revealed an order dated 1/28/25 for Supplemental oxygen at 0.5-1 liter per minute via nasal cannula to maintain oxygen saturation greater than 88 percent as needed for respiratory treatment.</p> <p>Review of the medication administration record for April and May revealed the order for oxygen but directed staff it was as needed. The oxygen saturation was not checked on the medication administration record for April or May.</p> <p>The Care Plan has a focus area for Residents #2 which revealed chronic obstructive pulmonary disease with an intervention dated 4/16/25 which directed staff to provide oxygen at 0.5 to 1 liter per nasal cannula to maintain oxygen saturation greater than 88 percent.</p> <p>On 5/28/25 at 1:05 PM observed Resident #2 sitting in her room in her recliner. No signs and symptoms of respiratory distress noted. She does have an oxygen concentrator in her room.</p> <p>On 05/29/25 at 11:54 AM Staff A, Registered Nurse (RN) stated if there is an order for oxygen on a resident oxygen saturation should be checked daily otherwise check if they are short of breath. If the order says to maintain oxygen saturation above a certain percent the residents oxygen saturation should be checked every shift. The order would be on the medication administration record of when to check it. She verified on Resident #2 medication administration record the oxygen was listed as needed but to maintain above 88 percent. I would say for her with the order she should be scheduled to check the oxygen at least every shift to know if she needs it or not.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/29/25 at 11:56 AM the Director of Nursing (DON) stated with an order to maintain oxygen above a certain percent staff should be checking the oxygen saturation every shift. Regarding Resident #2, I don't if she has one on the MAR because she refuses to wear it and they were bleeding it into her BiPap at night. With the order she has from the physician I would expect them to check it at least every shift.		