

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165615	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Pioneer Valley Living and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Sergeant Square Drive Sergeant Bluff, IA 51054	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews and facility policy review the facility failed to notify the physician after resident refused ordered daily weights or were not completed for 1 of 1 residents reviewed (Resident #6) for daily weights. The facility reported a census of 48 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #6 documented diagnoses of heart failure, diabetes mellitus and hypertension. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. Review of the Order Summary Report signed and dated by the physician on 1/29/26 revealed an order for daily weight. Give as needed (PRN) Bumetanide and notify the physician for weight gain of 2-3 pounds (lbs) a day or 5lbs a week with an order date of 5/7/25 and start date of 5/8/25. Review of the January 2026 Medication Administration Record revealed the following information: 1/1/26-1/2/26- marked with an x and noted drug refused 1/7/26- marked as NA 1/15/26- marked with an x and noted drug refused 1/22/26- marked with an x and noted drug refused 1/24/26- marked with an x and noted drug refused 1/26/26- marked with an x and noted drug refused Review of the February 2026 Medication Administration Record revealed the following information: 2/5/26- marked as NA 2/11/26- marked with an x and noted drug refused 2/13/26-2/14/26- marked with an x and noted drug refused 2/15/26- marked as NA 2/16/26-2/17/26- marked with and x and noted drug refused 2/18/26- marked as NA 2/19/26- 2/23/26- marked with an x and noted drug refused 2/24/26- marked as NA 2/25/26-2/28/26- marked with an x and noted drug refused Review of the March 2026 Medication Administration Record revealed the following information: 3/1/26-3/2/26- marked with an x and noted drug refused. Review of the clinical record lacked notification to the physician regarding refusal of daily weights. The facility does not have a policy that addresses notifying the physician. Interview on 3/3/2026 at 8:55 a.m., with the Assistant Director of Nursing (ADON) revealed there is no documentation of notification to the physician regarding Resident #6 refusing her daily weights or weights not being completed. The ADON expects staff to be notifying the physician if the orders are not being completed.</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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