STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on clinical record review, list of residents with personal accounts maintained by the facility, facility policy review, resident and staff interview, the facility failed to provide quarterly personal account statements to 1 of 1 residents sampled (Resident #1). The facility reported a census of 50 residents. Findings include:Review of the Minimum Data Set (MDS) assessment for Resident #1, dated 12/18/25, revealed an admission date of 12/30/24. The Brief Interview for Mental Status (BIMS) score of 11 out of 15 indicated Resident #1 had a moderate cognitive impairment. During an interview on 1/5/26 at 10:25 AM, Resident #1 reported the facility assisted her in managing her money. Resident #1 reported she had not received a quarterly statement, and she had not requested a statement. Review of the list of residents with personal accounts maintained by the facility revealed a total of 46 (including Resident #1) resident personal accounts managed by the facility. During an interview on 01/07/2026 at 2:50 PM, the Administrative Assistant reported she was responsible for maintaining the resident fund accounts. The Administrative Assistant reported she did not provide quarterly account statements to the residents and would only print out statements for the residents or their representatives when they asked. She explained there were some residents who asked for a statement, but she did not keep track of which residents had received one. The Administrative Assistant reported Resident #1 had not received a quarterly statement, but she would print one for the resident if the resident asked her.Review of the facility policy, titled Resident Trust Fund, dated 10/17/25, revealed in part .quarterly statements regarding Resident Trust funds shall be available to the resident and/or the legal resident representative.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on staff interview, clinical record review, and facility policy review, the facility failed to ensure accurate information reflected current resident status for 2 of 2 residents (Resident #3 and Resident #4) reviewed for quarterly assessments. The facility report a census of 50. Findings include: 1. Review of the Minimum Data Set (MDS) quarterly assessment, dated 10/16/25, under Section O. Special Treatments, Procedures, and Programs; Subcategory: Respiratory Treatments, documented in F1. that Resident #3 required an invasive mechanical ventilator while a resident at the facility. Review of the assessment under Section N. Medications; Subcategory: Insulin, documented that Resident #3 received insulin injection on 1 of the 7 days during the look back period. Review of the Care Plan, revised on 10/21/25, lacked indication that Resident #3 utilized an invasive mechanical ventilator or administration of insulin injections. Review of Active Orders, dated 1/07/25, revealed that Resident #3 had the following orders: a. Trulicity (dulaglutide) (once-weekly injection prescribed with diet and exercise to manage blood sugar in adults and children with type 2 diabetes, GLP-1 receptor agonist) pen injector 0.75 milligrams (mg) per 0.5 milliliter (mL) given subcutaneously once a day on Tuesdays for diagnosis of type 2 diabetes mellitus. Start date: 6/06/25. b. CPAP (Continuous Positive Airway Pressure) (a non-invasive machine that delivers pressurized air) with instruction to apply per setting every night while the resident sleeps, for diagnosis of obstructive sleep apnea. Start date: 2/13/25. Review of the Active Orders, dated 1/07/25, lacked orders for Resident #3 to utilize an invasive mechanical ventilator and lacked orders for insulin administration. During an interview on 1/07/26 at 2:30 PM, the MDS Coordinator reported that Resident #3 has never had an invasive mechanical ventilator but utilized a non-invasive CPAP machine and stated that the documentation of an invasive mechanical ventilator had been made in error. 2. Review of the MDS quarterly assessment, dated 10/23/25, under Section N. Medications; Subcategory: Insulin, documented that Resident #4 received insulin injection on 1 of the 7 days during the look back period. Review of the Care Plan, edited on 10/27/25, revealed a Focus area for Resident #4's diagnosis of diabetes mellitus and received anti-diabetic medication. An intervention directed, in part: a. I receive insulin injections, monitor and rotate injection sites. Administer medications as ordered, obtain labs and blood sugar checks as ordered, and report abnormal to the physician. Start date: 8/05/24. b. Staff may take my blood sugars/administer insulin in dining/day area if I refuse to go to a private area. Start date: 8/05/24. Review of Active Orders, dated 1/07/25, revealed that Resident #4 had the following orders: a. Trulicity (dulaglutide) given subcutaneously once a day on Tuesdays for diagnosis of type 2 diabetes mellitus. Start date: 6/24/25. b. Tradjenta (linagliptin) (medication used, along with diet and exercise, to improve blood sugar control in adults with type 2 diabetes) 5 mg tablet, with instructions to give one tablet by mouth daily for diagnosis of type 2 Diabetes Mellitus. Start date: 5/24/19 Review of the Active Orders, dated 1/07/25, lacked orders for Resident #4 to receive insulin administration. During an interview on 1/07/26 at 2:30 PM, the MDS Coordinator confirmed documentation of insulin injection for Resident #3 and Resident #4 related to the order for once weekly Trulicity injection. At 2:47 PM, the MDS Coordinator stated that the medication Trulicity was not an insulin injection and insulin administration coded for Resident #3 and Resident #4 was made in error. The MDS Coordinator reported that she would immediately modify/revise the MDS assessments with the corrected information. During an interview on 1/08/26 at 11:00 AM, the Director of Nursing (DON), stated the facility had no residents with an invasive mechanical ventilator. The DON confirmed that coding the medication Trulicity as insulin injection had been done in error. Review of the facility policy titled, MDS Assessments, dated 5/03/2019, directed the following, in part: a. The MDS assessment shall be completed by the nurse overseeing Care Plans and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS's.b. The MDS shall be completed for the clinical occasions for a resident as directed by state and federal regulations. c. Any MDS assessment shall have input from existing staff members who contribute to the care of the resident. d. The MDS assessment shall follow the RAI guidelines. e. The MDS nurse or DON, shall ensure the completed MDS assessment is submitted electronically to CMS per regulation requirements.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interviews, and the manufacturer's instructions, the facility failed to use the manufacturer approved needle to inject the insulin for 1 of 1 residents reviewed for insulin administration (Resident #15). The facility reported a census of 50 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 with intact cognition based on a Brief Interview for Mental Status (BIMS) score of 14 out of 15. The MDS list of diagnoses included diabetes mellitus, and indicated Resident #15 received insulin injections 7 out of 7 days. Review of the Physician Orders revealed an order for Admelog U-100 Insulin (Lispro) solution- give 6 units subcutaneous with meals. During an observation 1/7/26 at 11:07 AM, Staff D, Licensed Practical Nurse (LPN) prepared Resident #15 lunch insulin. Staff D wiped off the Admelog insulin pen hub with an alcohol pad and then inserted an insulin syringe and withdrew 6 units of insulin from the pen. Staff D stated they didn't use the needles for the pens because of the cost. During an observation on 1/7/26 at 11:12 AM, Staff D, took resident's blood glucose which was 140 mg/dl (milligrams per deciliter) and then injected the insulin into Resident #15 right arm. During an interview on 1/7/26 at 1:55 PM, Staff D queried why they used an insulin syringe instead of the needles for the insulin pens, and Staff D stated she thought the insurance didn't pay much for the insulin pen needles. Staff D asked how long she used the insulin syringes for the insulin pens, and Staff D stated she was trained to do it that way when she got hired. During an interview on 1/8/26 at 7:31 AM, Staff A, Registered Nurse (RN) queried on what needle Staff A used for Resident #15 insulin pen, and Staff A stated she drew up the insulin from the pen into a syringe because the needle for the insulin pen was not a safety needle and it was safer to draw the insulin using the insulin syringe. Staff A stated she believed Resident #15 was the only resident who was prescribed the insulin pen. During an interview on 1/8/26 at 11:19 AM, the Director of Nursing (DON) queried on Resident #15 insulin pen, and the DON stated Resident #15 is the only resident with a pen because the DON preferred the vials. The DON stated she felt the vials were less room for error versus the pens with the priming and holding in place. The DON stated she knew Resident #15 received the correct insulin and didn't think there would be an issue with drawing the insulin out of the pen with the insulin syringe. The Manufacturer Instructions for Admelog Solostar Insulin pen dated 2025 revealed:Do not use a syringe to remove insulin from the your pen. The Facility Insulin Preparation and Administration Policy updated 10/17/25 did not address following the manufacturer instructions for insulin administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, clinical record review, facility policy review, resident and staff interview, the facility failed to provide assistance with nail care for 1 of 2 residents sampled (Resident #42). The facility reported a census of 50 residents. Findings include:Review of Resident #42's Minimum Data Set (MDS) assessment, dated 11/13/25, revealed an admission date of 9/18/2020. The Brief Interview for Mental Status (BIMS) score of 8 out of 15 indicated a moderate cognitive impairment. The list of diagnoses included schizophrenia (a mental health disorder causing a causing a disconnect with reality), diabetes and chronic obstructive pulmonary disease. The MDS indicated Resident #42 utilized a wheelchair and walker for mobility, and required partial to moderate staff assistance for showering and set up assistance for eating and oral hygiene. Review of Resident #42's Care Plan, dated 11/19/25, revealed a Problem area to address I am independent with ADL's (activities of daily living) assist me as needed. During an observation on 01/05/26 at 10:50 AM, Resident #42 sat in a wheelchair by the main nurse's station. Resident's fingernails noted to be long, edges appeared jagged and a brown like substance noted under some of the fingernails. During an interview on 01/05/26 at 2:40 PM, Resident #42 reported the staff did not trim his fingernails, and said that they needed to be done. The resident reported his toenails were worse, and proceeded to pull off his socks. Resident #42 toenails noted to be long and edges appeared jagged. Resident #42 stated nursing staff did not cut or trim his toenails and denied a podiatrist or other physician had trimmed his toe nails. Review of the clinical record revealed a Physician Note, dated 11/10/25 which ordered in part: Podiatry (foot doctor) visit annual dx (diagnosis) DM2 (diabetes mellitus type 2) (okay if in- house podiatry but if not, needs to go out). Further review of the record lacked documentation of podiatry care for Resident #42. During an interview on 01/07/26 at 8:09 AM, Staff A, Registered Nurse (RN), stated nursing staff trimmed and filed residents' finger and toe nails. She explained if a resident was diabetic, the resident was usually referred to a Podiatrist for toenail care. Staff A explained that the Certified Nurse's Aides (CNAs) would let the nurses know if a resident's nails needed to be done typically on bath days. Staff A reported that she was the nurse responsible for Resident #42 today. Staff A reported she had trimmed and filed Resident #42's fingernails in the past, but has never done his toe nails. She reported Resident #42 had not refused nail care in the past to her knowledge. During an interview on 01/07/26 at 9:16 AM, Staff B, CNA, reported she was the shower aide for the residents and completed showers and bed baths yesterday on residents yesterday (1/6/26) including Resident #42. Staff B reported she would notify the nurses verbally and circle on the Shower Sheet form if a resident needed toe or finger nails trimmed. Staff B thought she circled that Resident #42 needed his nails trimmed on 1/6/26, but said she may not have due to being busy.During an interview on 01/07/26 at 9:24 AM, the Director of Nursing (DON) confirmed the CNAs notified the nurses when a resident needed their nails done. The DON pulled out the 1/6/26 Shower Sheet form for Resident #42, completed by Staff B, CNA. Staff B documented the resident did not need his fingernails or toenails done. The DON reported since Resident #42 was diabetic, staff would refer the resident to a Podiatrist for toenail care. The DON confirmed Resident #42 did not have an appointment with the facility's Podiatrist, and said she would get the resident set up with an appointment. Review of the facility policy, titled Podiatry and Nail Care, dated 10/17/25, revealed the policy included in part .If nails require trimming and/or cutting, only member of the professional nursing staff shall perform that task. If nail care requires outside intervention, then the resident shall be referred to the appropriate outside setting to receive the appropriate nail care services .Residents who are non-diabetic may have their toe nails trimmed or cut by a member of the professional nursing staff. If it is determined that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the resident requires a podiatrist to perform the task or to address other foot issues, then referral to the podiatrist shall occur for the task to be completed. Residents who are diabetic, shall see a podiatrist at least annually for toenail and/or foot care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on clinical record review, facility policy review, resident and staff interviews, the facility failed to provide intervention to relieve symptoms of constipation for residents with 3 days or longer without a bowel movement for 2 of 2 residents sampled (Resident #13 and #47). The facility reported a census of 50 residents. Findings include:1.Review of the Minimum Data Set (MDS) assessment for Resident #13, dated 12/2/25, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated intact cognition. The MDS indicated continent of bowel and bladder. During an interview on 1/5/26 at 11:36 AM, Resident #13 reported concerns of constipation. Resident #13 reported going three or more days without a bowel movement and without nursing giving her any medication to help. She reported requesting medication to help, but did not receive any. Review of the electronic health record (EHR) revealed a list of diagnoses which included, in part gastro-esophageal reflux disease, functional dyspepsia (chronic indigestion characterized by bloating, feeling full quickly and pain or burning), and constipation. Review of the electronic health record (EHR) revealed the following Physician Orders:a. Aluminum-Magnesium Hydroxide-Simethicone (Milk of Magnesia- MOM) suspension; 400-400-40 milligrams (mg)/5 milliliters (ml), 15 ml oral every 4 hours PRN (as needed) for functional dyspepsia. Start date 11/25/25. b. Miralax powder, oral, 17 grams per dose once daily PRN for constipation. Start date 11/25/25.c. Bisacodyl suppository 10 mg 1 suppository once a day PRN per bowel management regimen, if MOM or Miralax ineffective for constipation Start date: 11/25/25. Review of the Care Plan revealed a lack of an addressed Problem area. Review of the EHR revealed:a. Resident #13's did not have a bowel movement (BM) on 11/26/25, 11/27/25 and 11/28/25. The resident had a BM on 11/29/25. During this time, Resident #13 received MOM 15 ml on 11/26/25 at 12:09 AM.b. Resident #13 did not have a BM on 12/7/25, 12/8/25, or on 12/10/25. No documentation recorded on 12/9/25. Resident #13 had a BM on 12/11/25. Review of the December 2025 and January 2026 revealed no documentation to indicate a PRN administered for constipation.c. Resident #13 did not have a BM on 12/28/25 or 12/30/25. No documentation recorded on 12/29/25 or 12/31/25. Resident #13 had a BM on 1/1/26. Review of the December 2025 and January 2026 revealed no documentation to indicate a PRN administered for constipation.During an interview on 1/7/26 at 8:01 AM, Staff C, Certified Medication Aide (CMA) reported the nursing staff had a paper tracking system for BMs that would then be entered by the Certified Nurses Assistant (CNAs) into the EHR. The CNAs were responsible for documenting the BMs. Staff C explained the nurses would track and follow the facility's bowel protocol. If no BM, nursing staff would administer a Bisacodyl tablet orally on the third day, a Bisacodyl suppository on the fourth day, and an enema on the fifth day. During an interview on 1/7/26 at 9:24 AM, the Director of Nursing (DON), stated the facility had a Bowel Protocol which included a Bisacodyl tablet on day three without a BM, a suppository on day four without a BM and an enema on day five if no BM. The DON explained the nursing night tracked the residents' BMs and notified the day shift if a resident needed an intervention. The day shift was responsible for the administration of medications related to the bowel protocol. The DON was unsure why Resident #13 had not received any medication to relieve constipation. 2. Review of Resident #47 MDS, revealed the resident had a severe cognitive impairment, incontinent of bowel and dependent for all activities of daily living. Review of Resident #47 Care Plan, dated 12/3/25, revealed a Problem area to address I have chronic constipation, with an Approach that directed staff to follow the facility bowel protocol. Review of the EHR revealed the following Physician Orders: a. Bisacodyl tablet 5 mg oral, 1 tab as needed for constipation. Start date: 9/21/23. b. Bisacodyl 10 mg suppository, 1 suppository as needed for constipation. Start date: 9/21/23. c. Enema (sodium phosphates), 19-7 grams per 118 ml, 1 enema rectal as needed for constipation. Start date: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 - Minimal harm or potential for actual harm Residents Affected - Few	9/21/23. Review of the EHR revealed:a. Resident #47 did not have a BM recorded on 12/28/25, 1/1/26, 1/2/26. No documentation recorded on 12/29/25, 12/30/25, or 12/31/25. The resident had a BM on 1/3/26. The December 2025 and January 2026 MAR's indicated Resident #47 received an enema on 1/2/26. b. Resident #47 did not have a BM recorded on 1/4/26, 1/6/26. No documentation recorded on 1/5/26. The resident had a BM on 1/7/27. Review of the January 2026 MAR revealed no documentation present to indicate a PRN medication administered. During an interview on 1/7/26 at 11:16 AM, the DON reported an inability to find any information on why Resident #47 did not receive intervention prior to 1/2/26 enema. Review of the facility's policy, titled Bowel Movements, dated 10/17/25, revealed in part .The facility shall address bowel movement protocol as follows regarding bowel movements:On day 3, if no movement the use of milk of magnesia/bisacodyl/senna shall be attempted. On day 4 if no movement, use of a suppository unless otherwise care planned. On day 5 if no movement, use of an enema and notify physician of no bowel movement. If resident declines protocol, document and offer an alternative.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165797	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Iowa Healthcare Center	3140 Plank Road Keokuk, IA 52632

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility policy review, and staff interview, the facility failed to ensure hand hygiene completed as part of infection control techniques during wound care for 1 of 1 (Resident #47) reviewed. The facility reported a census of 50.Findings include:Review of Resident #47 Minimum Data Set, dated [DATE], revealed had a severe cognitive impairment, incontinent of bowel and bladder, dependent for all activities of daily living and at risk for pressure ulcers.Review of the electronic health record (EHR) revealed the following Physician Orders:a. Apply Calmoseptine to coccyx wound daily, dated 1/6/26.b. Cleanse wound right thorax mid-back, apply Calcium Alginate to wound bed, apply skin prep to surrounding skin and cover with Mepilex once a day, dated 12/26/25.During an observation on 1/7/26 at 3:12 PM, Staff A, Registered Nurse (RN) performed hand hygiene (used an alcohol-based hand rub), donned personal protective equipment and entered Resident #47's room to perform wound care of a coccyx wound and right mid-back wound. The Director of Nursing (DON) also present. Staff A sanitized the over the bed table and set up a clean field for wound care supplies. Supplies included 4 by 4 gauze pads, wound cleaner spray, Calcium Alginate (type of medicated pad) cut to size, Mepilex dressing (type of wound cover), Skin Prep pads, and Calmoseptine Ointment.With the Resident #47 laying in her bed, on her right side, Staff A, RN loosened the resident's incontinent brief and noted the resident had a bowel movement. After cleaning up the resident, Staff A removed the soiled brief, and the DON started a fresh brief under the resident. Resident #47 buttocks noted to have a small pinpoint opening on the gluteal fold near the sacral (lower back) area. Staff A removed her gloves and donned another pair of gloves without performing hand hygiene. Staff A applied Calmoseptine ointment to wound on the coccyx and then finished applying a new incontinent brief. Staff A removed her gloves and donned another pair of gloves without performing hand hygiene. Staff A and the DON worked together to unbutton the resident's shirt and roll the resident to her right side. Staff A removed a dressing dated 1/6/26 from the resident's mid-back. The removed dressing had blood-tinged drainage. Staff A kept the same pair of gloves on and sprayed wound cleanser on the mid-back wound bed and surrounding tissue. Staff A used 4 by 4 gauze to dab the area dry, and then applied Skin Prep to the area surrounding the wound bed. Staff A applied Calcium Alginate to the wound bed and covered the mid-back wound with Mepilex. During an interview on 1/7/26 at 4:36 PM, Staff A, RN, reported she had received monthly training in infection control. She reported hand hygiene should be done with any glove changes. Staff A explained that sometimes she used alcohol wipes to perform hand hygiene. Staff A reported she had the alcohol wipes sitting on the bedside table and used the wipes after performing perineal care on the resident. During an interview on 1/8/26 at 10:29 AM, the DON reported staff were to perform hand hygiene when changing gloves.Review of the facility policy, titled Handwashing Policy, dated 2/2024, revealed in part .If hands are not visibly soiled, an alcohol-based hand rub may be used for routinely decontaminating hands in other clinical situations .Other clinical situations refer to circumstances involving resident contact and cares. Situations include but are not limited to: After contact with a resident's intact skin . After removing gloves . After contact with body fluids or secretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled; and/or before dressing changes.Review of an undated policy, titled Treatment/Wound Care Policy, revealed, in part . Perform hand hygiene .Position the resident and lay the clean towel/chux down .Perform treat .Gloves .Remove dirty dressing and place in bio bag take off dirty gloves .hand hygiene/sanitize .cleanse wound from the wound area in a circular motion outward (cleanse one wound at a time; remove gloves and sanitize between all wounds).