

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165227	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Birkwood Village of Fort Madison		STREET ADDRESS, CITY, STATE, ZIP CODE  1702 41st Street Fort Madison, IA 52627	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>Based on clinical record review and staff interviews, the facility failed to issue the Notice of Medicare Non-Coverage (NOMNC) Form 10123 for 2 of 3 residents reviewed for beneficiary notices (Resident #36 and Resident #51). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>1. The Review of Resident #36 Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) Form 10055 indicated on 3/8/25 Medicare may not pay due to Resident #36 met her therapy goals and is at baseline independence and Resident #36 signed the notice on 3/5/25.</p> <p>The Review of the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review revealed resident started skilled service on 2/14/25 and the last day covered of Part A Services was on 3/7/25 due to resident and therapy agreement to end SNF due to being at baseline independence. The section Was a NOMNC (CMS- 10123) provided to the resident section indicated No, with Other Explain: unaware of needing both forms.</p> <p>The NOMNC, Form CMS-10123 informs the beneficiary that Medicare will no longer cover their services and provides information on how to appeal the decision. The NOMNC is to be issued no later than two calendar days before Medicare-covered services end.</p> <p>2. The Review of Resident #51 SNF-ABN indicated on 11/8/24 Medicare may not pay due to Resident #51 met her therapy goals and is at baseline your baseline. Resident #51 signed the notice on 11/6/24.</p> <p>The Review of the SNF Beneficiary Protection Notification Review revealed resident started skilled service on 10/11/24 and the last day covered of Part A Services was on 11/7/24 due to resident and therapy agreement to end SNF due to being at baseline. The section Was a NOMNC (CMS- 10123) provided to the resident section indicated No, with Other Explain: unaware of needing both forms.</p> <p>During an interview on 4/22/25 at 4:02 PM, the facility Social Worker (SW) staff stated she apologized for filling out the wrong form. She stated she didn't realize she needed to fill out both forms and she got confused. The SW stated she filled out the SNF ABN, Form #10055, but didn't fill out form #10123.</p> <p>During an interview on 4/24/25 at 12:18 PM, the SW stated she started doing the beneficiary notification in November or December of 2024 when the MDS (Minimum Data Set) Coordinator went on maternity leave. The SW queried if she was trained, responded she was trained by the previous Administrator and apparently not trained correctly.</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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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/24/25 at 4:41 PM, the Administrator stated they were unaware the SW used the wrong forms and they found the education and would start using the correct ones.</p> <p>On 4/24/25 at 5:41 PM, the Nurse Consultant confirmed the facility lacked a policy regarding beneficiary notifications. She stated the facility follows the CMS (Centers for Medicare and Medicaid Services) regulations.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interviews, the facility failed to update the Care Plan and initiate Specialized Services for a resident as directed per the PASRR (Preadmission Screening and Resident Review) Level II for 1 of 1 (Resident #10) residents reviewed. The facility reported a census 54 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #10 scored a 99 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. The MDS list of diagnoses included moderate intellectual disabilities, and unspecified mood (affective) disorder. The MDS PASRR section indicated No to answer Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition. The MDS revealed Resident #10 prescribed antipsychotic, antianxiety and anticonvulsant medications.</p> <p>Review of the Care Plan revealed a lack of a Focus area and associated Interventions to address the need for PASRR level II Specialized Services.</p> <p>The Notice of PASRR Level II Outcome dated 4/5/25 revealed the following:</p> <p>a. PASRR Determination: Level II- Approved SS (short stay)- time limited</p> <p>b. Date of Short Term Approval Ends: 10/2/25</p> <p>c. Specialized Services: You will need to be provided the following specialized services:</p> <p>1. Service or Support: Ongoing psychiatric medication management by a psychiatrist or a psychiatric ARNP (Advanced Registered Nurse Practitioner) (to evaluate response and effectiveness of psychotropic medications on target symptoms, modify medication orders, and to evaluate ongoing need for additional behavioral health services). The reason for the services: Ongoing medication management by psychiatrist or psychiatric nurse practitioner (ARNP)- Because you have a longstanding history of major mental illness, are prescribed multiple medications to treat mental health symptoms and have a past and recent history of symptoms that impact functioning, you should</p> <p>continue to have your medication and mental health treatment monitored and managed by a psychiatrist or psychiatric nurse practitioner while you are at a nursing facility receiving care.</p> <p>d. Rehabilitative services: You will need to be provided the following services and/or supports:</p> <p>1. Service or Support: Facilitate family involvement in the individual's care and care planning, including inviting family for regular visitation, and participation in care conferences. Supportive counseling from NF (Nursing Facility) staff: The reason for those supports is below. Family involvement: Engaging with family and supports can improve mood and mood-related symptoms. People with a strong support system and frequent positive interactions have better health outcomes and a more positive perception of their overall well-being. Supportive counseling from nursing facility staff: You will benefit from supportive counseling from nursing facility staff to assist with managing any</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>behavioral or mental health symptoms you may have.</p> <p>During an interview on 4/24/25 12:24 PM, the Social Worker (SW) queried who did the PASRR, and she stated she and the DON (Director of Nursing) did them. The SW stated she filed the 4/5/25 PASRR for Resident #10. The SW stated the level of the PASRR did change to a Level II. The SW queried if Resident #10 Care Plan changed and she stated Resident #10 already had psych services set up and she didn't think the resident needed any other services. The SW asked for information regarding the provider for psychiatric services and dates of service for Resident #10.</p> <p>During an interview on 4/24/25 at 12:56 PM, the MDS Coordinator queried on Resident #10 updated PASRR. The MDS Coordinator stated she didn't see a nurse note for the change and confirmed the Care Plan needed updated for the change in Resident #10 PASRR.</p> <p>During an interview on 4/24/25 01:48 PM , the SW stated after reviewing records, Resident #10 didn't have psych services since being at the facility. She stated what should of happened was the DON would request for records and then follow up.</p> <p>During an interview on 4/24/25 at 4:26 PM, the DON queried about Resident #10 PASRR Level II and she stated Resident #10 admitted on hospice as the hospital stated Resident #10 was expected to pass away within a month. The DON stated this did not happen. The DON stated Resident #10 Care Plan needed to be updated as a result of the PASRR Level II. The DON stated on this date the facility started the process of getting mental health records for Resident #10, and talking to the family about provider choice. The DON confirmed the facility should of been addressing Resident #10 PASRR level II prior than today.</p> <p>On 4/24/25 at 5:41 PM, the Nurse Consultant stated the facility didn't have a policy related to PASRR's. She stated the facility follows CMS (Center for Medicare and Medicaid Services) regulations.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interviews, the facility failed to address the reason and the trigger areas for the resident's diagnoses of PTSD (post traumatic stress disorder) for 1 of 5 residents reviewed for unnecessary medications (Resident #33). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>The MDS assessment dated [DATE] revealed Resident #33 scored a 14 out of 15 on the BIMS exam, which indicated cognition intact. The MDS revealed diagnoses for Parkinsonism, unspecified; depression; and post traumatic stress disorder (PTSD).</p> <p>Review of the Care Plan, Date Initiated: 11/30/23 revealed a Focus area to address Resident has a history of post-traumatic stress disorder (PTSD). The Interventions, Date Initiated: 11/30/23 included:</p> <ol style="list-style-type: none"> <li>a. Charge Nurse will report traumatic reactions to provider for guidance in resident's care.</li> <li>b. Staff will report any traumatic reactions to charge nurse.</li> </ol> <p>Review of the Physician Orders revealed an order for Divalproex Sodium Oral Tablet Delayed Release 250 mg (milligrams) Give 2 tablet by mouth two times a day related to Parkinsonism, unspecified; depression, unspecified; PTSD, unspecified.</p> <p>During an interview on 4/24/25 at 10:20 AM, Staff F, RN (Registered Nurse) queried if Resident #33 had a diagnose for PTSD and Staff F stated she didn't know. Staff F queried if knowing the triggers and reason for a resident with PTSD would be important, Staff F stated absolutely.</p> <p>During an interview on 4/24/25 at 12:48 PM, the MDS Coordinator stated when Resident #33 admitted to the facility the MDS Coordinator conducted his assessment and left the diagnosis open to discuss. She stated Resident #33 didn't imply on what he had PTSD for or any triggers to give interventions. The MDS Coordinator stated the Focus areas of the Care Plan were reviewed during Care Plan conferences and that would be a good time to review the PTSD diagnosis.</p> <p>During an interview on 4/24/25 at 1:06 PM, the ADON (Assistant Director of Nursing) queried on Resident #33 diagnoses for PTSD, and she stated the resident had a history of being assaulted at his job. When asked about the traumatic reactions Resident #33 may have, the ADON stated she did not know to answer the question. When asked what Resident #33 triggers has, the ADON stated that was a MDS Coordinator question.</p> <p>During an interview on 4/24/25 at 4:30 PM, the DON (Director of Nursing) stated she would have to look to be sure what triggers Resident #33 has related to PTSD. The DON stated she did not recall any conversation in regards to his PTSD. The DON stated some residents had significant triggers that affected their daily like such as loud noises.</p> <p>On 4/24/25 at 5:41 PM, the Nurse Consultant stated the facility didn't have a policy related to Care Plans. She stated the facility follows the CMS (Center for Medicare and Medicaid Services)</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>regulations.</p>

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<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>Based on observation, interview, and record review, the facility failed to ensure timely follow up for a resident with history of constipation who had not had a bowel movement (BM) in multiple days for one of one resident reviewed for constipation (Resident #21). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #21 dated 3/20/25 revealed the resident scored 15 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition. Per this assessment, the resident was occasionally incontinent of bowel.</p> <p>Review of the resident's Medical Diagnoses included constipation.</p> <p>Review of the Care Plan dated 3/25/24 revealed, The resident has constipation/diarrhea r/t (related to) DM (Diabetes Mellitus) type 2, ESRD (End Stage Renal Disease). Interventions per the Care Plan, all dated 3/25/24, revealed the following:</p> <p>a. Administer medications as ordered, monitor effectiveness and any adverse side effects.</p> <p>b. Encourage fluid intake</p> <p>c. Monitor/document/report PRN (as needed) s/sx (signs/symptoms) of complications related to constipation: Change in mental status, new onset: confusion, sleepiness, inability to maintain posture, agitation, Bradycardia (slow, low pulse), Abdominal distension, vomiting, small loose or stools, fecal smearing, Bowel sounds, Diaphoresis, Abdomen: tenderness, guarding, rigidity, fecal compaction.</p> <p>d. Record bowel movement &amp; consistency every shift</p> <p>Review of Resident #21's Physician Orders revealed the following PRN (as needed) medications for constipation:</p> <p>a. (Order date 4/9/25): Dulcolax Rectal Suppository 10 MG (Bisacodyl) Insert 1 suppository rectally every 24 hours as needed for Constipation.</p> <p>b. (3/12/24): Docusate Sodium Oral Tablet 100 MG (Docusate Sodium) Give 1 tablet by mouth as needed for Constipation Once daily in the evening PRN (as needed) for constipation.</p> <p>Review of Resident #21's Physician Orders revealed the following scheduled medications for constipation:</p> <p>a. (Order date 2/2/25): Polyethylene Glycol 3350 Powder (Polyethylene Glycol 3350 (Bulk)) Give 17</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>gram by mouth one time a day for constipation.</p> <p>b. (Order date 2/2/25): Psyllium Oral Wafer (Psyllium) Give 1 wafer by mouth one time a day for constipation.</p> <p>c. (Order date 2/11/25): Senna Plus Oral Tablet 8.6-50 MG (milligram) (Sennosides-Docusate Sodium) Give 1 tablet by mouth one time a day for constipation.</p> <p>d. (Order date 2/10/25): Bisacodyl Oral Tablet Delayed Release 5 MG (Bisacodyl) Give 1 tablet by mouth every 12 hours as needed for constipation.</p> <p>e. (Order 2/10/25): Sennosides Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth one time a day for Constipation.</p> <p>Review of the Physician Order dated 3/17/25 revealed the resident received the following narcotic opioid pain medication: oxyCODONE HCl Oral Tablet 10 MG (Oxycodone HCl)</p> <p>Give 1 tablet by mouth one time a day every Mon, Wed, Fri for pain give prior to dialysis. The resident also had the following medication ordered: Methadone HCl Oral Tablet 5 MG (Methadone HCl) Give 0.5 tablet by mouth one time a day for pain give 0.5 tablet to equal 2.5mg daily.</p> <p>Review of the resident's Bowel Movement Record revealed no BM charted 4/4/25 to 4/9/25, 4/13/25 to 4/17/25, and 4/19/25 to 4/22/25.</p> <p>Review of Resident #21's Medication Administration Record (MAR) for the time period of 4/4/25 to 4/9/25 revealed Bisacodyl 5 MG PRN and Docusate Sodium 100 MG PRN given at 5:55 PM on 4/8/25.</p> <p>The Order Note dated 4/9/25 at 1:42 PM revealed, Resident c/o (complained of) constipation this shift. PRNs given overnight ineffective. Requesting more PRN. Per [Name Redacted] NP (Nurse Practitioner) to start 10mg Dulcolax suppository Q24H for constipation. Per the resident's Bowel Movement Record, the resident had a BM on 4/10/25.</p> <p>Review of the resident's MAR for the time period of 4/13/25 to 4/17/25 revealed Bisacodyl 5 mg PRN administered on 4/14/25 at 7:59 PM, and next on 4/16/25 at 8:02 PM. No PRN medications were administered to the resident on 4/15/25. On 4/17/25 at 10:02 PM, the resident received Dulcolax suppository 10 MG. The resident had a BM on 4/18/25.</p> <p>Review of Resident #21's MAR for the time period of 4/19/25 to 4/22/25 revealed Bisacodyl 10 mg PRN administered on 4/20/25 at 8:53 PM, and next administered on 4/22/25 at 12:27 PM. No PRN medications were administered to the resident on 4/21/25.</p> <p>On 4/22/25 at 7:58 AM, Resident #21 observed in her room. Resident #21 explained, in part, [Resident #21] drank [Brand name laxative] every day and fiber wafers. The resident explained they had not had a bowel movement in about a week.</p> <p>On 4/23/25 at 12: 16 AM, a suppository administered for Resident #21.</p> <p>On 4/24/25 at 9:50 AM, Staff E, Registered Nurse (RN), explained the following about bowel protocol for facility: Per Staff E, night shift would review, if patient wakes up they would give them</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>something, and when Staff E got on duty at 6, [nightshift] had everything ready for who hadn't had one in how many days. When queried after how many days the protocol was initiated, Staff E explained day 3 if hadn't had a BM.</p> <p>On 4/24/25 at 2:18 PM, Staff G, RN queried about resident and constipation issues. Per Staff G, just reported multiple loose stools to Staff G. Staff G explained she knew they had been working with medications, seen GI (gastrointestinal) for that, and everything prescribed was not covered by insurance. When queried after how many days no BM would give something, Staff G responded she thought 3. Staff G explained the resident had dailies (medication), queried if gave something and didn't work when would try something else, and responded if she saw resident complained constipated and wanted stuff. Staff G explained she was present when [Nurse Practitioner] gave suppository Q(every) 24 because miralax, senna, and docusate not working.</p> <p>On 4/24/25 at 4:45 PM, the facility's Director of Nursing (DON) explained the facility did not have a bowel protocol, and checked bowel movements. Per the DON, if over 3 days, that's when gave something or when requested it. The DON explained if gave something and did not work, would do an assessment then notify the provider.</p> <p>On 4/24/25, the Administrator explained via email the facility did not have a policy to address bowel management (constipation).</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, clinical record review and staff interviews, the facility failed to ensure competent nursing staff provided wound care and applied a wound VAC (vacuum assisted closure) for 1 of 1 resident reviewed with pressure wounds (Resident #55). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] identified Resident #55 as moderately cognitively impaired based on a Brief Interview for Mental Status (BIMS) score of 10 out of 15. The MDS list of diagnoses included: respiratory failure dependence on a ventilator, critical illness myopathy (major muscle weakness disorder in critically ill patients), diabetes mellitus, and wound infection. The MDS assessed Resident #55 dependent on staff for all care needs. The MDS documented Resident #55 admitted to the facility with two unstageable pressure wounds to the buttocks. The MDS documented Resident #55 admitted to the facility on [DATE] from a long term hospital stay.</p> <p>Review of the Care Plan, Date Initiated: 4/11/25 (Revised: 4/17/25) dated 4/11/2025 included a Focus area to address Resident is at risk for skin breakdown r/t immobility, total dependence for ADL's (activity of daily living, meaning tasks such as toothbrushing, bathing, etc) tracheotomy status, Gastrostomy status, indwelling catheter, Ventilator dependent, wound vac, rectal tube .Location: Sacrococcygeal Stage 4 (admitted with a unstageable DTPI (deep tissue pressure injury) on 3/3/25. discharged to [hospital name redacted] on 3/17/25 returned with stage 4 pressure wound on 4/10/25. Interventions, Date Initiated: 4/11/15 included, in part:</p> <p>a. Provide Treatments as ordered.</p> <p>b. Wound vac as ordered. Follow up with provider as required.</p> <p>Review of the April 2025 Treatment Administration Record (TAR) revealed the following treatment orders, in part:</p> <p>a. Wound vac to sacrum wound change every Tuesday and Friday and PRN (as needed) Cleanse with wound vashe (solution for wound care) Place prisma (material used for wound care that absorbs drainage and promotes moist healing environment) on wound bed Apply skin prep &amp; mastisol (liquid adhesive used to secure dressings) around wound edges as needed for soiled, displaced. State Date: 4/10/25. D/C (discontinue) date: 4/22/25</p> <p>b. Wound vac at 125 mmHG (millimeters of mercury, a pressure measurement) to sacrum wound change every Tuesday and Friday and PRN Cleanse with wound vashe Place prisma on wound bed Apply skin prep &amp; mastisol around wound edges as needed for soiled, displaced. State Date: 4/22/25.</p> <p>During an observation on 4/22/2025 at 12:20 PM, Staff J, Licensed Practical Nurse (LPN) provided wound care and reapplied the wound VAC. After the care, during an interview, Staff J stated she does not have specific training for wound care or use of a wound VAC.</p> <p>During an interview on 4/22/2025 at 3:20 PM, Staff H, LPN stated Staff J is the facility wound care nurse. She explained Staff J completes all wound measurements and wound VAC changes. Staff H stated</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>she is now aware of any specific training the facility has offered for wound care or the use of a wound VAC.</p> <p>During an interview on 4/24/2025 at 11:22 AM, Staff J, LPN stated she had no formal wound care or wound VAC training. She stated she has looked up information on her own.</p> <p>During an interview on 4/24/2025 at 4:47 PM, the Director of Nursing ( DON) stated the use of the title wound nurse is loose. She stated the facility does not have a designated staff member who has had formal training in wound care or use of a wound VAC.</p> <p>During an interview on 4/24/2025 at 5:09 PM, the Administrator stated the facility does not have a policy for wound care or use of a wound VAC. She stated the facility follows the CMS guidelines.</p>		

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NAME OF PROVIDER OR SUPPLIER  Birkwood Village of Fort Madison		STREET ADDRESS, CITY, STATE, ZIP CODE  1702 41st Street Fort Madison, IA 52627	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure documentation of targeted behaviors and behavioral monitoring for the use of an antipsychotic medication for one of five residents reviewed for unnecessary medications (Resident #54). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was rarely to never understood, took antipsychotic medication, and had no hallucinations, delusions, or physical, verbal, or other behavioral symptoms not directed towards others.</p> <p>Review of Resident #54's Baseline Care Plan dated 11/25/24 revealed the following per the psychotropic medication section: antianxiety and antipsychotic. Under the mental health needs and behavior concerns section, a zero was documented.</p> <p>Review of the resident's Care Plan revealed, Resident receives psychotropic medications antidepressant, antipsychotic, antianxiety r/t (related to) dx (diagnosis) of depression, anxiety, dementia.</p> <p>The Physician Order dated 11/25/24 revealed, risperidONE Oral Tablet 0.5 MG (milligram) with instructions to give 1 tablet by mouth two times a day related to ANXIETY DISORDER, UNSPECIFIED .;MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED.</p> <p>Review of the resident's Medication Administration Record (MAR) dated April 2025 revealed the resident received the medication twice per day.</p> <p>On 4/23/25 at 3:41 PM, Staff B, Certified Nursing Assistant (CNA) queried if resident had behaviors, and responded she had never had him (Resident #54) have a behavior with her. Per Staff B, the resident's cognition was not there all the time, resident would ask what are we doing, and explained this occurred after had explained what were doing. When queried about verbal, physical, or sexual behaviors, Staff B responded not towards them.</p> <p>On 4/23/25 at 4:06 PM, Staff D, Certified Nursing Assistant (CNA) explained had never had aggression, anything like that from resident. Staff D explained Resident #54 was one that had to guide, and would explain going to transfer resident, going to take resident to the restroom and give opportunity to go. Staff D explained once started the transfer, Resident #54 would say where going? Staff D explained would say going to go to restroom and get ready for bed.</p> <p>On 4/24/25 at 1:19 PM, Social Services queried about Resident #54, and explained she had not really seen any behaviors out of Resident #54, and had not heard of any aggression. Social Services explained the resident had a flat affect, didn't communicate a whole lot, and was not very social, real quiet, and stuck to himself. Per Social Services, to her knowledge hadn't experienced any behaviors with resident. When queried why resident on Risperdal, Social Services explained knew had diagnosis of dementia, and didn't have an explanation for that. Per Social Services, she did not follow medications. When queried if antipsychotics got behavior monitoring, Social Services explained they did not do that, and per Social Services, the Director of Nursing (DON) did.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/25 at 4:49 PM, the Director of Nursing explained resident seen by [Nurse Practitioner Name Redacted]. When queried if the resident saw psych services, the DON responded no. When queried if the resident had behavior monitoring, the DON said would have to look to see if listed under tasks. When queried why the resident on Risperidone, DON responded resident came on it. The DON explained [Nurse Practitioner Name Redacted] started one medication to gradually decrease at a time, the more medications got off of the better, and when admitted someone in, didn't always have that information, and did not want to immediately start taking medications away.</p> <p>On 4/24/25, the Administrator explained via email the facility did not have a policy to address.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation, interview, and record review, the facility failed to ensure insulin administered per physician order for two of three residents reviewed for insulin (Resident #28, Resident #47). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>1. Review of the Minimum Data Set (MDS) assessment for Resident #28 dated 1/30/25 revealed the resident was rarely to never understood, and took insulin injections for 7 of the last 7 days.</p> <p>The Care Plan dated 5/6/24 revealed, The resident has Diabetes Mellitus. The Intervention dated 5/6/24 revealed, Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.</p> <p>Review of the Physician Order dated 3/7/25 revealed, HumaLOG Injection Solution 100 UNIT/ML (milliliter) with directions to inject 15 unit subcutaneously three times a day related to TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA .report blood sugar to PCP (Primary Care Physician) if &lt;60 or &gt;400; okay to hold if blood sugar is less than 150.</p> <p>Review of Resident #28's Medication Administration Record (MAR) dated April 2025 revealed eighteen instances where the medication administered with resident's blood sugar less than 150.</p> <p>Review of the resident's MARs revealed the following:</p> <p>Resident #28's 8:00 AM insulin dose administered on 4/1/25 when blood sugar (bs) 131, 4/7/25 when bs 96, 4/8/25 when bs 116, 4/14/25 when bs 135, 4/15/25 when bs 119, 4/18/25 when bs 111, 4/20/25 when bs 120, 4/21/25 when bs 97, and 4/22/25 when bs 84.</p> <p>Resident #28's 12:00 PM insulin dose administered on 4/14 when the resident's bs was 126.</p> <p>Resident #28's 5:00 PM insulin dose administered on 4/1/25 when bs 144, 4/9/25 when bs 117, 4/14/25 when bs 135, 4/15/25 when bs 115, 4/17/25 when bs 111, 4/19/25 when bs 145, 4/20/25 when bs 134, and 4/22/24 when bs 144.</p> <p>Observation on 4/23/24 at 8:22 AM revealed Resident #28 in a wheelchair in the television area across from the dining room.</p> <p>On 4/24/25 at 10:22 AM, Staff F, Registered Nurse (RN) explained she did not believe the resident parameters for insulin, and Staff F made sure resident ate prior to giving it to [resident].</p> <p>2. Review of the Minimum Data Set (MDS) assessment for Resident #47 dated 1/23/25 revealed the resident scored 6 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severely impaired cognition. Per this assessment, the resident received insulin injections for 7 of the last 7 days.</p> <p>The Care Plan dated 2/6/25 revealed, The resident has Diabetes Mellitus. The Intervention dated 2/6/25 revealed, Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Physician Order dated 2/7/25 revealed, HumaLOG Solution 100 UNIT/ML (milliliter) with direction to inject 12 unit subcutaneously three times a day for diabetes 12 U WITH meals HOLD if &amp;lt;150, report BS to PCP if &amp;lt;60 or &amp;gt;400.</p> <p>Review of the resident's Medication Administration Records (MARs) dated February 2025 to current revealed the following dates, times, and blood sugars when the resident received Humalog Solution 100 Unit/ml with corresponding blood sugars:</p> <p>Record review revealed five instances in February 2025 when Resident #47 received the medication with bs less than 150: On 2/1/25 scheduled for PM 16 with bs 146, on 2/19/25 scheduled at PM 16 with bs 148, on 2/21/25 scheduled at MID 1 with bs 124, on 2/23/25 scheduled at MID 1 with bs 122, and on 2/28/25 scheduled at MID 1 with bs 135.</p> <p>Record review revealed two instances in March 2025 when Resident #47 received the medication with bs less than 150: On 3/24/25 scheduled at MID 1 with bs 124, and on 3/28/25 scheduled at MID 1 with bs 127.</p> <p>Record review revealed four instances in April 2025 when Resident #47 received the medication with bs less than 150: On 4/11/25 scheduled at PM 16 with bs 136, on 4/15/25 scheduled at MID 1 with bs 134, on 4/19/25 scheduled at MID 1 with bs 144, and on 4/20/25 scheduled at AM08 with blood sugar 95.</p> <p>On 4/22/25 at approximately 3:24 PM, Resident #47 observed in the dining room in his wheelchair. The resident had a sandwich in front of him.</p> <p>On 4/24/25 at 10:23 AM, Staff F explained did not believe had parameters on humalog, and explained [another resident name redacted, noted not R#28 or R#47] only one that had the parameters.</p> <p>On 4/25/24 at 2:18 PM, Staff G, RN acknowledged there were parameters on insulin for [another resident, not Resident #28 or #47], and Resident #28. Staff G explained said to hold under 150, was open to nursing judgement how ate, and for Resident #28 if under 150 typically didn't give it.</p> <p>On 4/24/25 at 4:44 PM, the Director of Nursing (DON) explained for Resident #28 said may hold it based off dietary intake, and Resident #47 said to hold.</p> <p>On 4/24/25, the Administrator explained via email the facility did not have a policy to address medication administration.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper labeling and dating of all food items, failed to discard food items in appropriate time frames, and failed to ensure proper use of beard restraints. The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>On 4/21/25 at approximately 10:40 AM during the initial tour of the kitchen, the following items observed in the walk in refrigerator:</p> <ul style="list-style-type: none"> <li>a. One 5 lb (pound) container of tuna salad dated 4/6</li> <li>b. One 5 lb container of chicken salad dated 4/4</li> </ul> <p>Observation of the ice machine present in the kitchen revealed dust present on the air filter. The following directions observed on the ice machine equipment: Clean air filter twice a month.</p> <p>Observation conducted in the kitchen on 4/23/25 at approximately 9:50 AM revealed dust on the ice machine filters, and a styrofoam scoop present in a clear plastic bin for the sugar.</p> <p>Observations conducted in the kitchen on 4/23/25 at approximately 10:03 AM and 10:55 AM revealed Staff A, Dietary prepared pureed food. The resident had facial hair to the side of the face and above Staff A's lip that were not covered with a beard restraint.</p> <p>On 4/24/25 at 12:12 PM, the Dietary Manager explained, in part, the following about label/dating: The open date should be written on the top (where 4/4 and 4/6 observed on food items), and once open would be good for 5 days.</p> <p>The undated Facility Policy titled Food Safety and Sanitation Guidelines revealed, The current food code will be followed as the standards of practice for the dietary department to meet the needs of safe food handling and sanitation practice of the kitchen.</p>		