

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165158	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  Azria Health Clarinda		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Manor Drive Clarinda, IA 51632	

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>48004</p> <p>Based on clinical document review, staff interviews, provider interview and policy review the facility failed to provide appropriate assessments, implementation of the bowel management plan and physician notification for 1 of 3 Residents (Resident #1) reviewed. The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) for Resident #1 dated 10/9/24 revealed Resident #1 had severely impaired cognitive skills. The MDS further revealed diagnosis of traumatic brain injury, profound intellectual disabilities, and slow transit constipation.</p> <p>Review of the Electronic Health Record (EHR) page titled, Physician's orders revealed orders for Sennosides oral tablet (Laxative) 8.6mg give 1 tablet by mouth at bedtime for constipation (hold if having loose stools), Miralax oral packet (Laxative) 17 grams give 17 grams by mouth one time a day for constipation (hold if having loose stool), Linzess oral capsule 72mcg (gastrointestinal agent) give 1 capsule by mouth one time a day for bowel function (Give 30 minutes before breakfast), Fiber oral tablet (Laxative) give 2 tablets by mouth one time a day for constipation (hold if having loose stools). This page further revealed the following as necessary (PRN) orders Fleet Enema (Laxative) insert 1 dose rectally every 24 hours as needed for constipation, Biscaodyl laxative rectal suppository (Laxative) 10mg insert 1 suppository rectally every 24 hours as needed for constipation, prune juice 4-8 ounces to promote bowel movement every 24 hours as needed for constipation, Milk of Magnesia suspension 400mg/5ml (Laxative) give 30ml by mouth every 24 hours as needed for constipation.</p> <p>Review of a document titled Monthly Bowel Tracker provided by the facility dated December 2024 revealed that Resident #1 did not have a bowel movement from 12/1/24 through the morning shift of 12/9/24.</p> <p>Review of the Medication Administration Record (MAR) dated 12-1-24 through 12-31-24 revealed that suppositories were given 12/5/24, and 12/9/24 and were ineffective. No other PRN medications were given during this time to help promote bowel movement.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 1/6/25 at 2:38 PM with Staff A Licensed Practical Nurse (LPN) revealed that nightshift nurses are to run a bowel movement list every night and identify if someone needs medication. Staff A then revealed nightshift nurses will make a list of residents needing the medication and pass it on to day shift for MOM and so forth. Staff A then revealed that nightwatch generally gives the suppositories. Staff A then revealed nursing should be reporting to the physician if medications given to promote bowel movement are not effective. Staff A then revealed she was unsure on the facility policy, but if medications are being given, and not effective then they need to be followed up with the physician.</p> <p>Interview on 1/7/25 at 10:00 AM with Staff B LPN revealed she would check the bowel movement book, and if a resident had not had a bowel movement in 3 days she would give a suppository if they had an order. Staff B then revealed that a new bowel protocol took effect about two weeks ago. Staff B then revealed the bowel protocol was changed to get all staff on the same page and run reports. Staff B then elaborated revealing nightshift nurses run a report and make out a list of residents needing to have a bowel movement. Staff B then revealed that if residents are day 3 without a bowel movement then an assessment should be completed, and the physician should be called. Staff B revealed she has listened to the abdomen of residents, and can't recall charting a bowel assessment. Staff B further revealed she had seen residents get to day five without having a bowel movement. Staff B further revealed that by day four of a resident not having a bowel movement she would reach out to the physician, but by then she stated she would have given the prn suppository if they had an order for it. Staff B then revealed that she would document notification to the physician if it was completed in the EHR.</p> <p>Interview on 1/7/25 at 10:20 AM with Staff C Director of Nursing (DON) revealed that the bowel movement protocol was changed after she had found a discrepancy with a resident not having bowel movements. Staff C then revealed that she noticed on a report that Resident #1 hadn't had a bowel movement. Staff C then revealed she was also notified by an outside worker via email that Resident #1 hadn't had a bowel movement in quite awhile. Staff C then confirmed that eight days to not have a bowel movement was way too long. Staff C then revealed that it was in the norm for Resident #1 to go for 4 or 5 days without a bowel movement, and then have a very large bowel movement. Staff C further revealed that the bowel movement protocol is Day 2 give Prune juice/or Miralax, Day 3 give milk of magnesia, Day 4 give a suppository with an assessment, Day 5 a fleet enema is to be given and to call the physician, and complete an assessment.</p> <p>Interview on 1/7/25 at 11:05 AM with the Physician, Staff D, revealed he is unsure of the bowel protocol at the facility, but does know that the facility has one. The Physician confirmed that Resident #1 had a lot of medical issues such as rectocele, slow transit constipation, intellectual disabilities, and was non-verbal. The Physician then confirmed that Resident #1 had not had a BM for almost 9 days, and he was not notified of this, but the facility could have notified the other on-call physician. He further revealed that there would definitely be a potential for harm after 8 days with no bowel movement but he did not think this had anything to do with the resident passing away.</p> <p>Interview on 1/7/25 at 11:30 AM Staff E Assistant Director of Nursing (ADON) revealed that the bowel protocol was changed on the 20th of December. Staff E then revealed that Resident #1 had not had a bowel movement for several days at the beginning of December, it was identified to them by Resident #1's Social Worker. Staff E revealed her expectation would be for the bowel protocol to be followed, and for the physician to be notified when residents have not had a bowel movement. Staff E further revealed her expectation for assessments to be completed per the bowel protocol as well.</p> <p>(continued on next page)</p>		

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