STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165172	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarwood Healthcare Center	605 Greenwood Drive Iowa City, IA 52246

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. 45775 Based on observation, staff interviews, and policy review the facility failed to update the comprehensive assessment to ensure accuracy for 1 of 5 residents reviewed (Resident #16). The facility reported a census of 50 residents. Findings include: The Minimum Data Set (MDS) report, dated 9/26/24, listed diagnoses for Resident #16 included: cerebral vascular accident (stroke), non-Alzheimer's dementia with behavioral disturbances, and unspecified fall. The MDS Brief Interview for Mental Status (BIMS) score of 3 out of 15 indicated a severe cognitive impairment. The MDS assessed Resident #16 required total assistance for all transfers. The MDS did not document or identify the use of a bed, or chair alarm. The Care Plan, revised 10/04/24, included a Focus area to address [name redacted] has had an actual fall d/t Poor Balance, Unsteady gait self transferring. Interventions included: a. 1/11/2024: Fa;; - witnessed by staff slipping from recliner while attempting to reach forward intervention: Grabber given to resident to assist reaching for things safely. Date Initiated: 1/11/2024. Revision on: 7/15/2024 b. 4/16/2024: Fall out of bed no injury: Intervention: low bed. Date Initiated: 4/21/2024. c. 7/14/2024: Fall self ambulating Intervention: Sign on walker to remind her to call for assistance. Date Initiated: 7/15/2024 d. 8/7/2024: Fall with major injury fx (fracture) R hip intervention: floor mat. Date Initiated: 8/10/2024 e. 8/8/2024: Fall self ambulating Intervention: Floor mat every time in bed. Dated Initiated: 8/7/2024 Revision on 8/8.2024 f. Continue interventions on at-risk plan. Date Initiated: 2/18/2023 g. Document/report PRN (as needed) x 72 h (hour) to MD (medical doctor) for s/sx (signs and symptoms); Pain, bruises. Change in mental status, New onset: confusion, sleepiness, inability to maintain posture, agitation. Date Initiated: 2/18/2024. Revision on 5/21/23 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/08/24 at 11:06 AM, alarms were visible on Resident #16 bed and recliner. During an interview on 10/08/24 01:06 PM Staff B, Certified Nursing Assistant (CNA) explained the alarm in Resident #16's chair was placed after a fall about 2 months ago. The alarms were on her recliner and bed because she tries to take herself to the bathroom unassisted. It is not in the wheelchair as she doesn't try to get out of that. The alarms have not gone off recently. Therapy or the nurses tell CNA's when these interventions are put in place. There are Hall Sheets that tell about each resident and their care needs, including their transfer and ambulation needs. During an interview on 10/08/24 at 1:14 PM Staff D, CNA explained the alarms started after the resident fell about 2 months ago because she was trying to self-transfer and get herself to the restroom. She fell a couple of times, especially overnight. Staff were notified of new interventions by mass text or during report from the prior shift. During an interview on 10/09/24 at 7:51 AM the Director of Nursing (DON) explained prior fall interventions are looked to see if an alarm is needed. Sometimes it is family prompted and there is a lot of education given, especially that it may not prevent a fall. If they have tried several interventions it may be the last thing they have left to try. They don't really like to use them if they can avoid it. Family was prompting the alarms for Resident #16 because she liked to self-transfer. They held off a lot but after the fall with major injury they put it in place. They could probably discontinue it at this time as she is no longer trying to get up by herself. There is no permission form, just a conversation with the family and the change is noted in the nurse communication form. Then it gets transferred to the Hall Sheets and updated on the Care Plan and next MDS. They also put it out on the scheduling mass text application. The MDS coordinator is in charge of the Care Plan and the MDS updates. During an interview on 10/09/24 at 10:25 AM the MDS Coordinator explained every week she checks her calendar and opens up the Care Plan so changes can be made. She has been completing the MDS a month ahead of time for quarterly and annual reviews. If someone is on a bed or chair alarm it should be added in the MDS. She explained she does miss this at times. She noted she remembered adding the interventions for Resident #16 to the Care Plan so was unsure why they weren't there. She explained she must have just clicked through and missed it on the MDS. The facility policy titled Comprehensive Assessment and Reassessment, dated 5/10/17 instructed the assessment of the care or treatment required to meet the needs of the resident to be ongoing throughout the resident's facility stay, with the assessment process individualized to meet the needs of the resident population.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 45775 Based on observation, staff interviews, and policy review the facility failed to prepare a medication as directed for for 1 out of 1 residents reviewed (Resident #31). The facility reported a census of 50 residents. Findings include: The Minimum Data Set (MDS) report, dated 8/07/24, for Resident #31 listed diangoses included: unspecified dementia due to known physiologic condition, shortness of breath, and allergic rhinitis (runny nose). The Brief Interview for Mental Status (BIMS) score of 7 out of 15 indicated a severe cognitive impairment. A review of Physician's Order revealed an order, dated 11/06/24, May crush medications if not contraindicated/use liquid equivalent as PRN (as needed) if difficulty swallowing. A Physican Order, dated 7/03/24, instructed staff to administer Mucinex Tab 600 milligrams (mg) ER 2 tabs every 12 hours, Do Not Crush. The Medication Administration Record (MAR) for 10/24 listed Mucinex 600mg ER 2 tablets (1200mg) by mouth every 12 hours, Do Not Crush. In an observation on 10/09/24 at 8:26 AM Staff E, Licensed Practical Nurse (LPN) dispensed 2 tabs of Mucinex ER 600mg and placed it with all other tab medications in a plastic sleeve. She then proceeded to crush all medications in the bag and administered them to Resident #31 mixed in pudding. In an interview on 10/09/24 at 11:13 AM Staff E confirmed all of the resident's tab medications were crushed. She explained it was in the computer system that they can crush them and deliver them in their vehicle of choice. Usually, if they do not want staff to crush them, pharmacy sends a substitute medication. Staff have asked about getting Resident #31 changed to liquid medications and the pharmacy couldn't change them all, which is why they are still crushing them all. She explained she thought the order was changed to allow everything to be crushed. In an interview on 10/09/24 at 11:17 AM the Director of Nursing explained she expected if there was an order not to crush certain medications they work with the pharmacy to get either a liquid form or a capsule they can open. The facility policy titled Medication Administration, dated 4/01/23 instructed staff to do the following: Medication labels will be checked against current MAR for individual resident's medication pass. Remove medication with labels facing the nurse/OMT. Check labels to MAR. Verify resident, drug, strength, dose, route and hours of administration with MAR. Dispense medication into medication cup. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Return medications to cart. Close and lock medication cart. Identify the resident. Administer medication. Assure resident has taken the medication. Sign medication on the MAR.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888 Based on interview, clinical record review, Centers for Disease Control and Prevention (CDC) policy review, the facility failed to screen for pneumococcal vaccines, educate residents or responsible party about benefits and potential side effects, or offer pneumococcal vaccines for 4 of 5 residents (R#1, R#22, R#23, and R#35), reviewed for immunizations. The facility reported a census of 50 residents. Findings include: 1. Resident #1 example: The Minimum Data Set (MDS), dated [DATE], revealed the most recent facility admission or entry date of 5/23/22 and informed that Resident #1 had been up to date with Pneumococcal vaccination. The Electronic Health Record (EHR) immunization list revealed that Resident #1 received a Pneumococcal polysaccharide (PPSV23) vaccine on 4/19/2011, prior to facility admission. Immunization list lacked additional dose of Pneumococcal conjugate (PCV13, PCV15, or PCV20) recommended to complete the vaccination. 2. Resident #22 example: The MDS, dated [DATE], revealed that 1/03/20 had been the most recent admission or entry date into facility, and informed that Resident #22 had not been up to date with Pneumococcal vaccination without selected reason to indicate why vaccine not received. The EHR immunization list revealed that Resident #22 received a Pneumococcal conjugate (PCV 13) dose on 11/03/2015, prior to facility admission. Immunization list lacked additional dose of Pneumococcal polysaccharide (PPSV23) to complete the vaccination. 3. Resident #23 example: The MDS, dated [DATE], revealed that 5/28/24 had been the most recent admission or entry date into facility, and informed that Resident #23 had been up to date with Pneumococcal vaccination. The EHR immunization list revealed that Resident #23 received a Pneumococcal polysaccharide (PPSV23) dose on 9/21/2020, prior to facility admission. Immunization list lacked additional dose of Pneumococcal conjugate (PCV 13, PCV 15, or PCV 20) to complete the vaccination. 4. Resident #35 example: The MDS, dated [DATE], revealed the most recent admission or entry date into facility on 12/19/23 and had not been up to date with Pneumococcal vaccination without selected reason to indicate why vaccine not received. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The EHR immunization list revealed that Resident #35 had not received any vaccine doses to protect against Pneumonia infection. On 10/08/24 at 10:52 AM, Assistant Director of Nursing (ADON) informed that upon admission the Immunization Registry Information System (IRIS) would be checked for all residents and documented into each resident's EHR immunization list. On 10/08/24 at 11:09 AM, Director of Nursing (DON) revealed the facility had been unaware of requirements for screening and offering Pneumococcal vaccinations to residents and stated Primary Care Provider (PCP) would order Pneumococcal vaccinations for residents when needed. On 10/10/24 at 08:30 AM, DON informed that facility had now added screening for pneumococcal vaccination to admissions to ensure completion and offered vaccine to all current residents who had been due for a Pneumococcal vaccine, The facility policy, titled Pneumococcal Vaccinations, dated 8/20/2022, revealed the purpose of policy would be for facility to provide vaccination against pneumococcal disease to prevent the spread of infection. Policy informed that facility would assess all residents upon admission for receiving Pneumococcal conjugate or Pneumococcal polysaccharide vaccine.