

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Azria Health Prairie Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 608 Prairie Street Mediapolis, IA 52637	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506</p> <p>Based on observation, resident and staff interviews, the facility failed to maintain a clean environment free of hazards. Observations found resident rooms poorly cleaned, leaving debris and trash under beds for multiple days and hallways cluttered with equipment and wheelchairs.</p> <p>Findings include:</p> <p>During an observation on 6/4/24 at 4:30 p.m. debris (rubber glove) and trash were noticed under resident bed A in room [ROOM NUMBER] and a glove on the bathroom floor.</p> <p>During an observation on 6/5/24 at 11:00 a.m. and again at 2:50 p.m. the trash and glove remained under resident bed A in room [ROOM NUMBER], after housekeeping had been in the room to clean it that day.</p> <p>During an observation on 6/6/24 at 9:00 a.m. the glove and trash remained on the floor under the bed of room [ROOM NUMBER].</p> <p>During an observation on 6/6/24 at 9:00 a.m. a gown and a deodorant container found on the floor in room [ROOM NUMBER]. Later that morning the gown was picked up, but the deodorant container remained on the floor behind the recliner.</p> <p>During an observation on 6/6/24 at 11:00 a.m. facility including mechanical lifts and standing devices, along with resident wheelchair were left in the hallways.</p> <p>During an interview on 6/4/24 at 12:10 p.m. Staff A, Housekeeping and Laundry Supervisor, stated all resident rooms are to be swept, mopped, trash removed, dusted and toilets and hard surfaces cleaned and sanitized daily Monday through Fridays. Staff A stated they deep clean (remove furniture) one room on each hall daily.</p> <p>According to the minimum data set (MDS) with an assessment reference date of 5/23/24, Resident #4 had a Brief Interview for Mental Status (BIMS) score of 15, indicating an intact cognitive status.</p> <p>During an interview on 6/5/24 at 2:50 p.m. Resident #4 stated housekeeping does not always clean their room Monday through Friday, and often sweep and mop the front half of the room, but not under or behind the bed or recliner.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506</p> <p>Based on observation, infection control policy, clinical record review and staff interview, the facility failed to use enhanced barrier precautions and consistent hand hygiene practices between resident contact. The facility reported census was 48.</p> <p>Findings include:</p> <p>According to the Mnum Data Set (MDS) assessment, dated 2/26/24, Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #6 required moderate assistance with mobility, transfers, dressing, toilet use and personal hygiene needs. Diagnoses included congestive heart failure, atrial fibrillation, coronary artery disease, diabetes mellitus, renal insufficiency, arthritis. Resident #6 has a catheter and is on enhanced barrier precautions.</p> <p>During an observation on 6/6/24 at 7:30 a.m. Staff E, Certified Nursing Assistant (CNA), and Staff F, CNA assisted Resident #6 with personal care. Neither Staff E or Staff F wore a protective gown.</p> <p>In an interview on 6/6/24 at 7:35 a.m. Staff E, Certified Nurse Aide, stated she did not wear a gown while providing care to Resident #6, who is on enhanced barrier precautions.</p> <p>In an interview on 6/6/24 at 7:38 a.m. Staff F, Certified Nurse Aide, stated she forgot to wear a gown while providing care to Resident #6, who is on enhanced barrier precautions.</p> <p>2. The MDS, dated [DATE], assessed Resident #5 as dependent on staff for assistance with transfers, dressing, toilet use and personal hygiene. The resident has a BIMS score of 6 out of 15, indicating severely impaired cognition.</p> <p>During an observation on 6/6/24 at 10:35 a.m. Resident #5 was transferred to bed with a hooyer lift and assistance of two staff (Staff G and Staff H). Resident #5 was provided incontinence care and change of brief, then transferred back into her wheelchair per hooyer lift and assistance of Staff H and Staff G. Following care, Staff G provided Resident #5 with a snack without washing or sanitizing her hands prior to assisting with opening the snack packaging.</p> <p>During an observation on 6/6/24 at 11:00 a.m. thirteen sanitizer dispensers were noted on 100 and 200 halls. Three of those dispensers were empty and through random observations this surveyor has not witnessed any staff utilize a dispenser since entering on 6/4/24.</p> <p>During an observation on 6/6/24 at 1:00 p.m. Resident #5 was transferred to bed with a hooyer lift and assistance of two staff (Staff H and Staff G). Resident #5 was provided incontinence care and change of brief. Resident #5 remained in bed watching TV. Staff G was observed passing Resident #5 a drink and snack while wearing a glove, but not sanitizing her hands after the earlier care or in between glove exchanges.</p> <p>During an observation on 6/6/24 at 4:28 p.m. Staff J, Registered Nurse was observed assisting a resident in room [ROOM NUMBER] to the toilet, then propelling the resident in her wheelchair to the dining room, then assisting another resident without sanitizing her hands in between resident contact.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 6/6/24 at 4:41 p.m. Staff I, Certified Nurse Aide, was observed assisting a resident into her wheelchair., then propelling the resident to the dining room. Staff I then assisted another resident without sanitizing her hands in between resident contact.</p> <p>According to the facility Handwashing/Hand Hygiene policy the facility considers hand hygiene the primary means to prevent the spread of infection:</p> <p>2. All personnel shall follow the hand washing/hand hygiene procedures to help prevent infections to other personnel, residents and visitors.</p> <p>6. Use an alcohol based hand rub containing at least 62% alcohol or alternatively soap (antimicrobial) and water for the following situations:</p> <p>b) Before and after direct contact with residents.</p> <p>m) After removing gloves.</p> <p>7. Hand hygiene is the final step after removing and disposing personal protective equipment.</p>		