

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  08/29/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>47336</p> <p>Based on clinical record review, staff interviews, and facility policy review the facility failed to ensure annual Minimum Data Set (MDS) assessments completed timely for 2 of 19 residents reviewed for completion of comprehensive assessments (Resident #18, Resident #26). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The Annual MDS assessment for Resident #18 revealed an assessment reference date (ARD) of 7/25/24. The resident's MDS assessment was currently still in process.</li> <li>2. The Annual MDS assessment for Resident #26 revealed an ARD of 5/9/24. The resident's MDS assessment completion date documented 6/3/24.</li> </ol> <p>During an interview on 8/29/24 at 11:03 AM, Staff A, MDS Coordinator confirmed the MDS for Resident #18 and #26 were late and they needed to be completed within 14 days of the ARD date.</p> <p>During an interview on 8/29/24 at 12:38 PM, the DON (Director of Nursing) stated he expected the MDS to be completed on time.</p> <p>During an interview on 8/29/24 at 12:56 PM, the Administrator stated she expected the MDS be completed by the date they were due.</p> <p>The Facility Comprehensive Assessments Policy dated 12/23 revealed the following information:</p> <ol style="list-style-type: none"> <li>a. The Annual Assessment was a comprehensive assessment for a resident that must be completed on an annual basis (at least every 366 days) unless an SCSA (Significant Change in Status Assessment) or a SCPA (Significant Correction to Prior Comprehensive Assessment) have been completed since the most recent comprehensive assessment was completed. Its completion dates (MDS/CAA (Care Area Assessment)/Care plan) depend on the most recent comprehensive and past assessments ARD's and completion dates.</li> </ol>

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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>47336</p> <p>Based on clinical record review, and staff interviews, the facility failed to ensure quarterly Minimum Data Set (MDS) assessments completed timely for 5 of 19 residents reviewed for completion of comprehensive assessments (Resident #9, Resident #18, Resident #26, Resident #29, and Resident #34). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The Quarterly MDS assessment for Resident #18 revealed an assessment reference date (ARD) of 4/25/24. The resident's MDS assessment completion date documented 5/20/24.</li> <li>The Quarterly MDS assessment for Resident #26 revealed an ARD of 8/9/24. The resident's MDS assessment was still in process.</li> <li>The Quarterly MDS assessment for Resident #29 revealed an ARD of 7/11/24. The resident's MDS assessment completion date documented 8/8/24.</li> <li>The Quarterly MDS assessment for Resident #34 revealed an ARD of 4/18/24. The resident's MDS assessment completion date documented 5/20/24. The Quarterly MDS assessment for Resident #34 revealed an ARD dated of 7/18/24. The resident's MDS assessment completion date documented 8/13/24.</li> <li>The Quarterly MDS assessment for Resident #9 revealed an ARD date of 7/25/24. The resident's MDS assessment completion date documented 8/27/24.</li> </ol> <p>During an interview on 8/29/24 at 11:03 AM, Staff A, MDS Coordinator confirmed the MDS for Resident #18 and #26 were late and they needed to be completed within 14 days of the ARD date.</p> <p>During an interview on 8/29/24 at 12:38 PM, the DON (Director of Nursing) stated he expected the MDS to be completed on time.</p> <p>During an interview on 8/29/24 at 12:56 PM, the Administrator stated she expected the MDS be completed by the date they were due.</p> <p>The Facility Comprehensive Assessment Policy dated 12/23 did not address quarterly MDS assessments.</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> 47336</p> <p>Based on the clinical record review, staff interviews, and the facility policy review, the facility failed to resubmit a PASRR (Preadmission Screening and Resident Review) with new mental health diagnoses and psychotropic medications added to the plan of care for 1 of 2 residents reviewed for PASRR (Resident #20). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #20 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS revealed diagnoses for anxiety disorder, depression, and psychotic disorder (other than schizophrenia). The MDS revealed the resident took an antipsychotic and an antidepressants. The MDS revealed the resident took antipsychotics on a routine basis.</p> <p>The Notice of PASRR Level 1 Screen Outcome dated 5/24/17 revealed no Level II required unless a significant change. The PASRR revealed the diagnoses of unspecified psychiatric illness and no medications taken by the resident.</p> <p>The Care Plan revealed a focus area initiated on 5/6/23 and revised on 1/22/24 for taking Depakote therapy related to mood disorder. The interventions revised on 10/19/23 revealed an alteration in mood and behaviors due to delusions about a certain resident. The resident could be verbally aggressive toward this resident and talk to other residents about her. Resident #20 thought the other resident said things about her and took her clothes. The other resident was petite small and Resident #20 wore a 4 x-large. Resident #20 didn't want the other resident in the same room or activity.</p> <p>The Care Plan revealed a focus area initiated on 1/3/18 and revised on 6/12/18 for the resident took Seroquel at bedtime for my diagnosis of psychosis in the absence of</p> <p>dementia. The interventions revised on 6/12/18 revealed administration of medications as ordered by the physician.</p> <p>The Care Plan revealed a focus area initiated on 1/3/18 and revised on 1/22/24 for use of antidepressant medications (Cymbalta and Trazadone) daily for depression/insomnia. The interventions revised on 1/22/24 revealed the resident participated in Telehealth visits regularly.</p> <p>The EMR (Electronic Medical Record) revealed the following Medical Diagnoses:</p> <ul style="list-style-type: none"> <li>a. dated 3/28/17- anxiety disorder, unspecified</li> <li>b. dated 8/20/20- major depressive disorder, recurrent, severe with psychotic symptoms</li> <li>c. dated 8/20/20- delusional disorders</li> </ul> <p>The EMR revealed the following Physician Orders:</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>a. dated 12/7/23- Depakote sprinkles oral capsule delayed release sprinkle 125 mg (milligrams)-give 2 capsule by mouth two times a day</p> <p>b. dated 12/8/23- Duloxetine HCL (hydrochloride) capsule delayed release particles 30 mg- give 1 capsule by mouth one time a day for depression</p> <p>c. dated 11/8/23- Seroquel oral tablet 50 mg- give 2 tablet by mouth in the morning for delusions</p> <p>d. dated 8/22/23- Seroquel oral tablet 100 mg- give 2 tablet by mouth at bedtime</p> <p>During an interview on 8/29/24 at 10:58 AM, Staff A, MDS coordinator stated until recently she thought a significant change would be if the resident admitted to the hospital for mental issues. Staff A stated the Administrator educated her if the a resident changed medications and medical diagnoses, a new PASRR needed completed. Staff A stated she been going through them, but hadn't caught Resident #20 yet. Staff A confirmed Resident #20 needed her PASRR resubmitted due to the diagnoses changes.</p> <p>During an interview on 8/29/24 at 12:55 PM, the Administrator confirmed a new PASRR should have been completed for Resident #20.</p> <p>The Facility Behavioral Assessment, Intervention, and Monitoring Policy dated 11/22 revealed the following information:</p> <p>a. New onset or changes in behavior that indicate newly evident or possible serious mental disorder, intellectual disability, or a related disorder would be referred for a PASRR Level II evaluation.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336</b></p> <p>Based on clinical record review, staff interviews, and facility policy review, the facility failed to administer a pneumococcal vaccine to 1 of 5 residents reviewed for pneumococcal vaccines (Resident #8). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #8 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact.</p> <p>The EMR (Electronic Medical Record) revealed the resident received the Prevnar 13 vaccination on 5/16/19.</p> <p>The resident's file revealed a screen shot of immunization that the ARNP (Advanced Registered Nurse Practitioner) reviewed the immunizations and noted resident received PCV 13 in 2019 and eligible for the PCV 20 dated 2/13/24.</p> <p>The Progress Notes dated 2/14/24 at 12:44 PM, revealed the Immunization Record sent to PCP (primary care provider) for review and returned that the resident was able to have the PCV20 (pneumococcal 20-valent conjugate) vaccine at this time with consent. Verbal consent received from daughter with education given at the time of risks and benefits of vaccine.</p> <p>During an interview on 8/29/24 at 11:33 AM, the DON (Director of Nursing) stated he wasn't familiar with the vaccines because he relied on the Infection Preventionist to take care of them. The DON stated Resident #8 pneumococcal vaccine was due in April or May of this year.</p> <p>During an interview on 8/29/24 at 11:51 AM, the ADON/IP (Assistant DON/Infection Preventionist) queried about Resident #8 pneumococcal vaccine and she stated she didn't know anything about it. The ADON stated she didn't offer Resident #8 the pneumococcal vaccine. The ADON asked who screened the residents for the pneumococcal vaccines and she stated she didn't know, but it wasn't her.</p> <p>During an interview on 8/29/24 at 12:39 PM, the DON queried on how takes care of the pneumococcal vaccines and he stated the IP took care of all the immunizations. The DON stated he didn't know where the disconnect was with Resident #8 not getting her pneumococcal vaccine but he would find out. The DON stated he seen the consent signed, progress note placed, the doctor notified for the order, but nothing else. The DON stated he expected follow through for the resident to receive the vaccine.</p> <p>The Facility Pneumococcal Vaccine Policy dated 9/22 revealed the following:</p> <p>a. Pneumococcal vaccines would be administered to residents (unless medically contraindicated), already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol.</p> <p>b. Administration of the pneumococcal vaccines or revaccination's would be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>		