STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165345	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkridge Specialty Care	5800 NE 12th Avenue Pleasant Hill, IA 50327

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46873 Based on clinical record review, staff interview, guidance from the Resident Assessment Instrument (RAI) manual, and facility policy review, the facility failed to complete a quarterly assessment for 1 of 18 (Res #73) residents reviewed. The facility reported a census of 87 residents. Findings include: The Admission Minimum Data Set (MDS) of Resident #73 documented an Assessment Reference Date of 4/19/24, with the most recent admitted [DATE]. The MDS documented that the resident came from a hospital stay. The MDS Section of the Electronic Health Record of Resident #73, reviewed 8/26/24 at 3:32 pm, documented no MDS had been completed since his admission MDS of 4/19/24. The October 2023 Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual directed a quarterly assessment must be completed 92 days from the prior MDS assessment Assessment Reference Date. On 8/26/24 at 4:05 pm, Staff A, LPN, MDS Coordinator stated she had opened a quarterly assessment and it would be completed by the end of the day. On 8/28/24 at 9:18 am, the Regional Director of Clinical Services stated her expectation is for the staff to follow RAI guidelines. The facility policy MDS Completion and Submission Timeframes, revised July 2017, documented a policy statement of: Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. Point 2 - Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 49990 Based on observation, staff interview, and facility document review, the facility failed to administer medication in a timely manner for 1 of 18 residents reviewed (Resident #50). The facility reported a census of 87. Findings Include: 1. The Minimum Data Set (MDS) of Resident #50, dated 6/3/24, documented the resident had a Brief Interview of Mental Status (BIMS) identified the presence of short and long-term memory impairment. The MDS documented that the resident had short-term, and long-term memory loss. The MDS documented diagnoses that included: renal insufficiency, hypertension, aphasia, quadriplegia, seizure disorder, anxiety disorder, depression, and respiratory failure. It further documented her gastrostomy status, muscle contractures, and dysphagia. The Medication Administration Record (MAR) of Resident #50 for the month of August, 2024, documented an order of Simethicone (medication for excess gas) oral tablet 80mg, and Levetiracetam (anti-seizure medication) oral solution 5ml, via Gastric Tube (G-Tube) two times a day, at 05:00 AM and 03:00 PM. During observation on 8/26/24 from 3:07 PM to 3:57 PM no medication was passed for the duration of the continuous observation. Staff E, Licensed Practical Nurse (LPN), was to administer medication and provide a G-Tube feeding for Resident #50. She was asked on several occasions if she would provide the medication, or if she had already provided it, to which she responded she still needed to get the medication cart. The Medication Admin Audit Report dated 8/27/24 documented that both medications were given at 3:20 PM, a period of time that is concurrent with the continuous observation in which no medications were given. The Audit Report further documented the time at which this was documented was 4:20 PM. In an interview on 8/28/24 at 2:12 PM with Staff E, she stated she must have made a mistake when documenting the medication times. She stated 4:20 PM was the time at which she finished passing the medications. She acknowledged these medication times were outside of their scheduled times by more than one hour. An interview on 8/28/24 at 10:35 AM with the Director of Nursing (DON), he acknowledged the expectation is for staff to pass medication up to one hour before the scheduled time or one hour after, and that times outside of that range should be reported to nurse leadership. The facility policy titled Administering Medications, revision date April of 2019, documented: Point 5: Medication administration times are determined by resident need and benefit, not staff convenience. Point 7: Medications are administered within one hour of their prescribed time.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on clinical record review, staff interviews, and policy review, the facility failed to provide routine scheduled baths for 1 of 21 residents reviewed (Resident #35). The facility reported a census of 87 residents. Findings include: On 8/25/22024 at 11:32 AM, Resident #35 admitted she had received two baths since she was admitted to the facility. The resident's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of heart failure, hypertension, Diabetes Mellitus, cardiogenic shock (lack of blood and oxygen to organs caused by heart failure), prosthetic heart valve, and shortness of breath. It indicated the resident required set-up assistance with eating and oral hygiene, moderate assistance with toileting, bathing, upper body dressing and personal hygiene, and maximal assistance with lower body dressing and footwear. The Electronic Health Record (EHR) Activities of Daily Living (ADL) bath response log indicated the resident received a bath on 8/12/24 and 8/22/24. No other documented baths were available. On 8/27/24 at 12:56 PM, Staff B, Certified Nurse Aide (CNA) stated all residents are bathed at least two (2) times per week and all baths, showers, or bathing refusals are documented in the EHR and in a binder located at each nurses' station. She also stated newly admitted residents get offered a bath or shower upon admission or the next day, if the resident declines. The EHR progress notes did not include any documented bath or shower refusals for Resident #35. On 8/27/24 at 3:23 PM, the Infection Preventionist stated the facility did not use a shower log and all documentation is entered into the EHR. The Care Plan initiated 8/05/24 indicated Resident #35 required one-person assistance with bathing. A document titled Activities of Daily Living (ADLs), Supporting revised March 2018 indicated The resident's response to interventions will be monitored, evaluated and revised as appropriate. On 8/28/24 at 11:31 AM, the Director of Nursing (DON) stated staff should reoffer bathing and notify the charge nurse if the resident refuses and document the responses.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on clinical record review, staff interview and resident interview, the facility failed to follow physician orders to obtain a resident's daily weight and twice daily oxygen saturation for 1 of 21 (#35) reviewed. The facility reported a census of 87 residents. Findings Include: On 8/25/24 at 11:42 AM, the resident was observed with bilateral, swollen ankles. The resident stated she had heart problems. The resident's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of heart failure, hypertension, Diabetes Mellitus, cardiogenic shock (lack of blood and oxygen to organs caused by heart failure), prosthetic heart valve, and shortness of breath. It indicated the resident required set-up assistance with eating and oral hygiene, moderate assistance with toileting, bathing, upper body dressing and personal hygiene, and maximal assistance with lower body dressing and footwear. It also indicated the resident took a diuretic (water pill) during the 7-day look-back period. The Electronic Health Record (EHR) included the following physician orders: a) Furosemide (diuretic) oral tablet 80 mg; give one (1) tablet by mouth one time per day related to Congestive Heart Failure (CHF) dated 8/06/24. b) Daily weights, every day shift related to CHF and to notify the medical doctor (MD) for weight greater than 3 lbs. dated 8/08/24. c) Oxygen at two (2) liters per minute (LPM) every 12 hours as needed to keep the resident's oxygen above 90% dated 8/16/24. The Care Plan directed staff to obtain and monitor lab and diagnostic work as ordered and report results to physician and follow up as indicated. The EHR weights & vitals section and Medication Administration Record (MAR) indicated no resident weight was obtained on 8/17/24 or 8/21/24. The O2 (oxygen) saturation summary tab and MAR revealed the resident's oxygen saturation levels were not documented on 8/21/24 or 8/22/24 and were documented only once daily between 8/17/24 and 8/25/24. A document titled Oxygen Administration revised October 2010 directed staff to verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A document titled Weighing and Measuring the Resident revised March 2011 indicated the purposes of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident. It also directed staff report other information in accordance with facility policy and professional standards of practice. On 8/28/24 at 11:34 AM, the Director of Nursing (DON) stated staff should follow physician's orders.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on observations, staff interviews, and facility policy review, the facility failed to maintain sanitary practices by improperly storing food and failed to maintain essential kitchen equipment. The facility reported a census of 87 residents. Findings include: On 8/25/24 at 8:50 AM, an initial kitchen observation revealed the following findings. a) Three (3) clear, plastic containers with brown flakes, different colored rings, and opaque rice shaped objects b) A previously opened, undated bag of shredded cheese c) Opened bottle of apple cider and regular vinegar stored on a rack shelf with Worcestershire Sauce and Hickory Smoke sauce bottles for resident consumption d) A previously opened, undated and unlabeled bag of light brow, disc shaped items. e) Empty food packages stored on a rack with dry goods f) A white, unlabeled storage bin containing white powder and a scoop inside. g) A previously opened clear, blue undated and unlabeled plastic bag containing a light pink substance stored on a pan in the walk-in refrigerator h) An uncovered pan of green gelatin-like substance with fruit-like objects suspended inside stored on a cart in the walk-in refrigerator i) An opened, white box of macaroni noodles stored on the floor in the walk-in freezer j) Two (2) unlabeled, clear bags of yellowish, crinkle cut objects k) An opened, undated ground cinnamon container l) An undated garlic powder spice container On 8/26/24 at 8:10 AM, a follow-up kitchen observation revealed the following findings: a) Three (3) clear, plastic containers with brown flakes, different colored rings, and opaque rice shaped objects b) A previously opened, undated and unlabeled bag of light brow, disc shaped items (continued on next page)

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F 0812

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

c) A previously opened, undated and unlabeled bag of light brow, disc shaped items

d) Three (3) unlabeled and undated round, brown, cake-like items

e) Two (2) unlabeled, clear bags of yellowish, crinkle cut objects

f) An opened, undated ground cinnamon spice container

l) An opened, undated garlic powder spice container

On 8/26/24 at 12:43 PM, Staff C, Assistant Dietary Service Manager (ADSM) loaded a rack with dirty dishes and placed it on the entry side of the dishwasher. The wash cycle temperature gauge reached 150 degrees Fahrenheit (F) and the rinse cycle temperature gauge reached 178 F.

At 12:45 PM, Staff C stated the facility did not use temperature stickers or a thermometer other than the dishwasher's integrated temperature gauge. She stated the facility previously used multiple stickers but the stickers would not consistently register and the portable thermometer did not provide an accurate temperature. She stated the Dietary Service Manager (DSM) directed staff to rely on the dishwasher's integrated temperature gauge and to notify the DSM of any rinsing temperature that did not reach 180 F.

A review of the dish machine temperature log revealed the following temperature results:

a) 178 on 7/04/24 at lunch service

b) 175 on 7/06/24 at breakfast service

c) No temperature documented on 7/22/24 at dinner service

d) 178 on 7/24/24 at lunch service and no temperature documented at dinner service

e) 178 on 7/25/24 at lunch service and no temperature documented at dinner service

f) 178 on 7/27/24 at breakfast service, 176 at lunch service, and no temperature documented at dinner service

g) No temperature documented on 7/28/24 at dinner service

h) No temperature documented on 7/29/24 at breakfast or lunch service

i) 175 on 7/30/24 at lunch service and no temperature documented at dinner service

j) No temperature documented on 7/31/24 at dinner service

k) 178 on 8/01/24 at lunch service

l) 176 on 8/02/24 at lunch service

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	m) 178 on 8/06/24 at breakfast and lunch service n) 176 on 8/07/24 at breakfast and dinner service o) 178 on 8/08/24 at lunch service p) 178 on 8/10/24 at breakfast service q) 179 on 8/12/24 at lunch service r) 178 on 8/14/24 at breakfast service s) 172 on 8/17/24 at lunch service t) 178 on 8/19/24 at breakfast service and 176 at dinner service u) 176 on 8/21/24 at breakfast and dinner service v) 175 on 8/22/24 at dinner service w) 178 on 8/23/24 at breakfast service; 170 at lunch service; 175 at dinner service x) 175 on 8/24/24 at lunch service y) 175 on 8/25/24 at dinner service On 8/26/24 At 1:48 PM, Staff C stated the dishwasher had not reached 180 F two or three times previously and the DSM contacted the manufacturer and was informed the dishwasher temperature only had to reach 160 F. On 8/26/24 at 2:10 PM, the dishwasher manufacturer's account manager stated the 160 F temperature he referenced to the DSM represented the surface temperature (the temperature at the level of the dishes) of the dishwasher. He also stated the integrated thermometer displays the incoming water temperature but the final temperature should be obtained with a secondary temping device; such as a temperature strip or disk thermometer to make sure the dishwasher temperature gauge is accurate. The Regional Dietary Services Manager (RDSM) stated the facility did not use the disk thermometer anymore. On at 2:15 PM, the RDSM located a plate-simulating dishwasher thermometer (PSDT) and ran it through a dishwasher cycle. The integrated dishwasher thermometer gauge reached 174 F and the PSDT reached 157. 4 F. A subsequent dishwasher cycle revealed the dishwasher gauge temperature reached 184 and the PSDT temperature reached 161.6 . On at 3:05 PM, [NAME] stated the facility must use a secondary temping device to get an accurate surface temperature according to the FDA health code. He stated the DW was functioning appropriately and an initial cycle may be required to allow for temperature drop in the DW supply line. He stated the thermometer must be non-reversible. He stated the manufacturer is not authorized to require a specific secondary temping device. He stated the booster heater and rinse temperature gauge were replaced a few months ago. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A document titled Dishwashing Machine Use revised March 2010 dishwashing machine hot water sanitation rinse temperatures may not be more than 194 F, or less than 165 F for stationary rack, single temperature machines and 180 F for all other machines. A document titled Food Receiving and Storage revised October 2017 indicated all foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). On 8/27/24 at 11:20 AM, the Administrator stated staff should follow the facility policy.

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide and implement an infection prevention and control program.

49990

Based on direct observation, staff interview, record and policy review, the facility failed to perform a gastric tube (G-Tube) feeding in a manner that protects residents from cross-contamination for 2 of 3 residents reviewed (Resident #24, #50). In addition, the facility failed to serve meals in a manner that protects residents from cross-contamination. The facility reported a census of 87.

Findings include:

1. The Minimum Data Set (MDS) for Resident #50, dated 06/03/24, documented the resident had a brief interview for mental status (BIMS) score of 99, indicating the resident was incapable of completing a BIMS interview. It documented relevant diagnoses of renal insufficiency, hypertension, aphasia, quadriplegia, seizure disorder, anxiety disorder, depression, respiratory failure. It further documented her gastrostomy status, muscle contractures, and dysphagia.

A continuous direct observation of the gastric tube (G-tube) feeding process on 8/26/24 starting at 3:07 PM and ending at 3:57 PM, revealed that Staff E, Licensed Practical Nurse, performed G-tube cares with soiled gloves on several occasions. Staff E, LPN, did not use enhanced barrier precautions while setting up for the G-tube feeding, placing sanitary supplies directly on a side table for use. At 03:12 PM she was observed using disposable gloves to type on the computer before moving to make direct contact with Resident #50's G-tube port with the now contaminated gloves. Before finalizing the G-tube feeding, she noted Resident #50 needed incontinence cares. She labeled objects, scratched her face with the same gloves, then made direct contact with the resident's G-tube port again. At 3:15 PM she changed gloves, sanitized her hands, and with the help of another staff, identified as Staff F - Certified Medication Assistant - performed incontinence care for Resident #50. She donned a disposable gown and fresh gloves while providing incontinence care, and after performing incontinence care for the resident she finalized the G-tube feeding without changing the contaminated gloves, again making direct contact with Resident #50's G-tube port.

An interview on 8/28/24 at 10:35 AM with the Director of Nursing (DON), in which he acknowledged Federal guidelines currently recommended enhanced barrier precautions during high contact activities with residents who have open wounds or medical devices such as G-tubes. He acknowledges that gloves should be changed whenever soiled. He defines soiled as any objects that aren't part of the sterile field used in performing cares and cited pockets and yourself as examples. He acknowledged that his expectation would be for staff to remove gloves after incontinence cares, wash or otherwise sanitize their hands, and don fresh gloves before continuing with G-tube cares and feeding.

47079

2. On 8/27/24 at 12:07 PM, Staff D, maintenance staff took a lunch tray and placed it on the table closest to the kitchen serving door. He removed a plate from the tray and placed it in front of Resident #14. He took the tray off of the dining table, carried it to another table closest to the TV and laid it on top of Resident #24's walker handles. He removed a plate from the tray and placed it in front of the resident. He picked the tray up off of the resident's walker handles and took it back to the kitchen. The walker handles were not sanitized afterward.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/28/24 at 11:29 AM, the administrator stated staff should have sanitized the resident's walker after placing the serving tray on it. A facility document titled Infection Prevention and Control Program last revised in 2018 documents that staff are to be educated to ensure that they adhere to proper techniques and procedures.