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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165357 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Azria Health Rose Vista | | STREET ADDRESS, CITY, STATE, ZIP CODE 1109 Normal Street Woodbine, IA 51579 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on observations, clinical record review, staff interview and resident interview, the facility failed to follow physician's positioning orders for 1 of 1 resident's (#16) reviewed. The facility reported a census of 49 residents.</p> <p>Findings Include:</p> <p>On 11/04/24 at 10:51 AM, Resident #16 was observed lying supine (flat on the back) in bed. A sign was observed at the head of her bed that directed staff to keep the head of her bed elevated above a 30-degree angle at all times.</p> <p>The resident's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 00 out of 15 which indicated severely impaired cognition. It included diagnoses of Alzheimer's disease, Non-Alzheimer's dementia, dysphagia (difficulty swallowing), Gastro-Esophageal Reflux Disease (GERD), and Calculus of Gallbladder (gallstones). It indicated the resident was dependent with all aspects of Activities of Daily Living (ADL's).</p> <p>The Electronic Health Record (EHR) included a physician order dated 7/19/22 to elevate the head-of-bed (HOB) to 30 degrees when in bed.</p> <p>The Care Plan dated 7/19/22 listed an intervention for head-of-bed to be elevated 30 degrees. It also included an intervention revised 10/26/24 which directed staff to elevate the resident's HOB related to emesis (vomiting).</p> <p>The Progress Notes included long term care evaluations dated 7/21/24 and 10/23/24 which confirmed the resident's HOB was elevated. The progress note dated 7/21/24 indicated the resident's HOB was elevated related to emesis.</p> <p>On 11/06/24 at 8:58 AM, Staff F, Certified Nurse Aide (CNA) stated she did not know why the resident required her HOB to be elevated.</p> <p>The facility did not have a policy specific to following physician's orders.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the Care Plan.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on observation, menu review, clinical record review, staff interviews, and policy review, the facility failed to serve the appropriate portion of fried rice for 13 of 15 residents who received carbohydrate controlled or consistent carbohydrate diets. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>On 11/05/24 at 11:57 AM, Staff A, cook, identified the following lunch menu items and corresponding serving size scoop size:</p> <ul style="list-style-type: none"> a) Sweet & Sour chicken - 6-ounce (oz) scoop b) Oriental vegetables - 4 oz scoop c) Fried rice - 4 oz scoop <p>A review of the Diet Type Report indicated 15 residents were ordered carbohydrate controlled/consistent carbohydrate diets.</p> <p>On 11/05/24 beginning at 12:09 pm, a continuous lunch service observation revealed 13 residents with Carbohydrate Controlled/Consistent Carbohydrate (CCHO) diets were served 4-ounce (oz) servings of fried rice instead of 2 2/3 oz servings as ordered. Four (4) of the residents with CCHO diets received full 3 x 2.5 servings of mandarin orange cake instead of a 0.5 serving size. One (1) resident was out of the facility with family and one (1) resident ate a chef salad as an alternate menu option.</p> <p>On 11/05/24 at 12:58 PM, Staff A stated the [NAME] Brothers conversion chart was used to identify serving size scoops.</p> <p>A review of the Diet Spreadsheet indicated CCHO residents' fried rice portion size required a #12 scoop.</p> <p>The [NAME] Brothers conversion chart revealed a #12 scoop was 2 2/3 oz.</p> <p>A policy titled Therapeutic Diets revised 10/2017 indicated therapeutic diets will be determined in accordance with the resident's treatment goals. It identified diabetic/calorie-controlled diets as therapeutic diets.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the diet spreadsheets.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47079</p> <p>Based on observations, staff interviews, and facility policy review, the facility failed to maintain sanitary practices by improperly storing food. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>On 11/04/24 at 9:45 AM, a kitchen observation identified the following findings:</p> <ol style="list-style-type: none"> 1. Three (3) unlabeled plastic containers with cereal-like contents on a kitchen counter. Two (2) were not dated. 2. An unlabeled bowl of macaroni-like substance in an Arctic Air refrigerator. 3. An undated, unlabeled bag of hamburger bun-like items in the dry goods storage area. 4. An unlabeled bag of hot dog bun-like items. 5. A rack of trays with multiple undated & unlabeled plates of yellow, pie-like items in the Norlake walk-in refrigerator. 6. A tube of undated & unlabeled ground beef-like meat in the Norlake walk-in refrigerator. 7. Seven (7) trays of multiple bowls of undated, unlabeled, and uncovered salad-like substance. The bowls' contents were in direct contact with the bottom surface of the tray placed directly on them. 8. A bag of unlabeled and undated waffle-like items in the Norlake walk-in freezer. 9. An unlabeled, undated, and uncovered barrel of solid, white substance in the Norlake walk-in freezer stored on the floor. <p>The Certified Dietary Manager (CDM) identified the barrel substance as old grease that was to be thrown away when the garbage was picked-up.</p> <p>On 11/05/24 at 12:40 pm, a follow-up kitchen observation identified the following findings:</p> <ol style="list-style-type: none"> 1. A tray of round pans with unlabeled pink, pie-like substance. The Certified Dietary Manager identified the items as creamy cherry pie and stated the probably should be labeled. 2. A bag of unlabeled and undated waffle-like items in the Norlake walk-in freezer. 3. An unlabeled, undated, and uncovered barrel of solid, white substance in the Norlake walk-in freezer stored on a crate. <p>(continued on next page)</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A policy titled Food Receiving and Storage revised 10/2017 indicated all foods stored in the refrigerator or freezer will be covered, labeled, and dated. It also indicated dry foods that are stored in bins will be removed from original packaging, labeled and dated.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated food that is removed from an identifying box must be dated, labeled and stored properly.</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>Provide and implement an infection prevention and control program.</p> <p>47079</p> <p>Based on observations, staff interview, clinical record review and policy review the facility failed to provide appropriate catheter and peri-care to prevent the development of communicable disease and infection for 2 of 2 residents (#16 & #27) reviewed. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>1. On 11/04/24 at 3:16 pm, Resident #16 was observed with an indwelling catheter.</p> <p>The Minimum Data Set (MDS) assessment for Resident #16 dated 9/11/24 revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated moderately impaired cognition. It included diagnoses of heart failure, peripheral vascular disease, Non-Alzheimer's dementia, Stage 4 Chronic Kidney Disease, and neurogenic bladder (condition that affects bladder control due to damage to the brain, spinal cord, or nerve). The MDS indicated Resident #16 required setup assistance with eating, was dependent with toileting hygiene, required moderate assistance with personal hygiene. It indicated the resident had an indwelling catheter.</p> <p>The Care Plan revised 7/26/24 revealed the resident had bacteria in her urine on 7/21/24. It included a goal that the resident would be free from catheter related trauma through the review date of 12/03/24.</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>On 11/06/24 at 9:46 AM, Staff B, Licensed Practical Nurse (LPN) and Staff C, Certified Nurse Aide (CNA) donned Personal Protective Equipment (PPE - gown, gloves, and face shield). Staff C got hygiene wipes, removed the trash bag from the resident's trash bin, tore off a new trash bag stored under the active bag, and replaced the active bag back in the trash bin. Staff B got a brief from the resident's cabinet and placed it on the resident's bed. Staff B & Staff C pulled the resident's covers off the resident and instructed the resident to relax her legs and warned her that a cold cloth would be used. At 9:50 am, Staff C moved the resident's right leg and the catheter tubing was observed not secured to the resident. Staff C grabbed some hygiene wipes from the packaging and wiped the resident's left groin from top to bottom. She grabbed another hygiene wipe and wiped the resident's right groin from top to bottom. She repeated the process for the perineal area and wiped from front to back four (4) times and included wiping the catheter tubing. No hand hygiene or glove change was performed between touching the trash bin and performing perineal care. Staff C grabbed the urine drain bag and hung it from her left front pocket. Staff C removed her gloves, grabbed another pack of hygiene wipes, performed hand hygiene with sanitizer, and donned new gloves. Staff B & C repositioned the resident on her left side. Staff C grabbed a hygiene wipe and wiped the resident's perianal area. She repeated this process six (6) times. Staff C removed her gloves, performed hand hygiene, donned new gloves and repositioned the resident on her right side. The catheter tubing was observed partially under the resident's draw pad and put tension on the catheter tubing. Staff C removed her gloves, performed hand hygiene, donned new gloves, entered the resident's restroom, got several napkins, and the urine drain cylinder. She placed the cylinder on a few of the napkins on the floor. She opened the alcohol (ETOH) swab pack and placed it on the bedside table. She opened the drain bag spigot with the napkins, drained the urine into the cylinder, grabbed the ETOH swab, and wiped the spigot. She emptied the urine, removed her gloves and performed hand hygiene. No hand hygiene or a glove change was performed between getting the napkins, drainage cylinder, and ETOH swab and accessing the urine drainage spigot.</p> <p>On 11/06/24 at 10:04 AM, Staff C stated she should've changed gloves and performed hand hygiene before wiping the resident's catheter tubing. She also stated urinary catheters should be secured but didn't know where the resident's securement device was. She didn't secure it when she was finished.</p> <p>2. On 11/04/24 at 3:27 PM, Resident #27 was observed with a urinary catheter.</p> <p>The MDS assessment for Resident #27 dated 9/04/24 revealed a BIMS score of 10 out of 15 which indicated moderately impaired cognition. It included diagnoses of peripheral vascular disease, vascular dementia, Parkinsonism, and obstructive uropathy. The MDS indicated Resident #27 required setup assistance with eating and oral hygiene, was dependent with toileting hygiene, required supervision with personal hygiene, and required moderate-to-maximal assistance with all other Activities of Daily Living (ADLs). It indicated the resident had an indwelling catheter.</p> <p>The Care Plan dated 4/23/24 included the resident's urinary catheter and directed staff to utilize proper hand hygiene techniques.</p> <p>The Electronic Health Record (EHR) included a urinalysis dated 11/01/24 that indicated the resident had greater than (>) 100,000 colony-forming units/milliliter (cfu/ml) of Proteus Mirabilis Extended Spectrum Beta-Lactamase (ESBL - multi-drug resistant organism). It also included the following physician's orders:</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>a) 10/17/24 Ciprofloxacin tablet 250 milligrams (mg) take 1 tablet by mouth twice daily for 7 days for Urinary Tract Infection (UTI).</p> <p>b) 11/05/24 Gentamicin injection 40 mg/ml inject 2.5 ml (100 mg) intramuscular (IM) three time daily for 3 total days for UTI.</p> <p>On 11/06/24 at 9:30 AM, Staff D, Certified Nurse Aide (CNA) and Staff E, CNA donned PPE and entered Resident #27's room. Staff E gave Staff D a face shield. Staff D removed the face shield from the plastic packaging, and pulled the protective film from the shield. Staff D & E donned gloves. Staff D entered the resident's restroom and got some napkins and a drainage cylinder. She placed the napkins on the floor and the cylinder on the napkins. She opened an alcohol (ETOH) swab pack and placed it on the napkins beside the collection cylinder. She grabbed the resident's urine drainage bag, stood up, lifted the catheter drainage bag above the resident's bladder, pulled the spigot from the spigot chamber, lowered the bag over the cylinder, unlocked the spigot and drained the urine into the cylinder. While the urine was draining, some urine splashed over onto the napkin directly in front of the opened end of the ETOH swab package. When the urine bag was empty, Staff D locked the spigot, grabbed the ETOH swab from the opened package, wiped the spigot tip, and secured it back in the spigot chamber. No hand hygiene or glove change was performed during the procedure.</p> <p>A facility policy titled Handwashing/Hand Hygiene revised 8/2019 directed all personnel should follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. It also directed staff to use alcohol-based hand rub or soap and water before and after handling an invasive device and after contact with objects in the immediate vicinity of the resident.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the facility's hand hygiene policy.</p> | | |