

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37074</p> <p>Based on observations, clinical record review, staff interviews facility policy review the facility failed to ensure the dignity of 1 of 3 residents (#3) was respected while she sat in the commons area with peers. The facility reported a census of 110 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) assessment tool with a reference date of 4/2/24 documented Resident #3 has severely impaired cognitive skills for daily decision making. Resident #3's preferred language was Spanish and wanted or needed an interpreter to communicate with a doctor or health care staff. The MDS documented no rejection of care during the 7-day review period and utilized a wheelchair. The MDS indicated she was always incontinent of bowel and bladder. The following diagnoses were listed for Resident #3: stroke, hypertension (high blood pressure), diabetes mellitus, aphasia (trouble speaking), and atrial fibrillation.</p> <p>The Care Plan focus area with an initiation date of 1/13/2020 documented Resident #3 had a communication problem related to a language barrier, stroke with residual aphasia and confusion. A second Care Plan focus area documented she had activities of daily living (ADL) self care performance deficit related to confusion, hemiplegia, impaired balance, and limited mobility due to a stroke. The care placed documented she required two staff members to reposition and turn in bed. Resident #3 required a mechanical lift for transfers, was totally dependent on staff for dressing, required total assistance with personal hygiene care.</p> <p>On 5/1/24 at 1:39 PM Resident #3 was sitting in her broda chair in the commons area with a long top/t-shirt dress on, no pants, with her white adult brief completely exposed in the front. A sheet is off to her left side, two other residents sat in the area as well. At 3:00 PM Resident #3 remained in the commons area, with no pants on and her white adult brief completely exposed in the front.</p> <p>On 5/2/24 at 1:30 PM Staff A Certified Nursing Assistant (CNA) stated Resident #3 does not talk, they will change her and get her up in her chair then put her in the commons area for a few hours to be around other people. When asked if she is to wear pants, she stated all she has to wear are dresses. She was informed that Resident #3 sat in the commons area with no pants on, with an exposed adult brief on 5/1/24. She acknowledged she saw this too and covered her up. Before they bring her out, they usually put a blanket or sheet on her but she will at times pull it off of her like she is hot maybe.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/2/24 at 2:59 PM Staff B CNA stated Resident #3 does not say or do much. She indicated the resident only has dressed to wear because that is what the family brought in for her. When they bring her out in the commons area in her chair, they put a blanket over her. At times she will remove the blanket and staff will go put it back on her.</p> <p>On 5/2/24 at 3:12 PM the Director of Nursing (DON) was informed that Resident #3 sat in the commons area with no pants on and her white adult brief exposed to other residents that sat in the same area. She indicated she could not speak on that because she did not see the resident like that.</p> <p>Review of the facility's Dignity policy with a revision date of February 2021 documented each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem. Residents will be treated with dignity and respect at all times.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37074</p> <p>Based on record review, staff and hospital staff interviews, and policy review the facility failed to initiate 2 of 3 resident's (Resident #1 &amp; #2) physician's orders. Resident #1 was seen by the wound physician weekly with recommendations that were not initiated. Resident #2 was a newly admitted resident to the facility. The facility failed to administer his medications as ordered. The facility reported a census of 110 residents.</p> <p>Findings include:</p> <p>1. The Admission Minimum Data Set (MDS) assessment tool with a reference date of 1/22/24 documented Resident #1 had a Brief Interview of Mental Status (BIMS) score of 12. A BIMS score of 12 suggested no cognitive impairment. The MDS documented she had a one Stage 2 pressure ulcer that was present upon admission. The MDS listed the following diagnoses for Resident #1: metabolic encephalopathy, atrial fibrillation, and type 2 diabetes mellitus.</p> <p>The Care Plan focus area with an initiation date of 1/26/24 documented she was admitted to the facility with pressure ulcers to her right buttocks and sacrum. The care plan directed staff to consult a wound specialist as ordered.</p> <p>The Wound Physician Notes dated: 2/9/24, 2/16/24, 3/1/24, and 4/18/24 documented the following recommendation: vitamin C 500 milligrams (mg), twice daily (BID) by mouth (PO).</p> <p>Review of the February 2024, March 2024 and April 2024 Medication Administration Records (MARs) revealed there was no vitamin C 500 mg BID PO order initiated.</p> <p>On 5/2/24 at 3:12 PM the Director of Nursing (DON) stated Staff C Unit Manager is their wound nurse as well. When asked who was in charge of initiating any recommendations after a resident is seen by the physician during wound rounds, she stated Staff C. The DON was informed of the vitamin C recommendation on every wound note from 2/9/24-4/18/24 that was not initiated. She acknowledged the order should have been started.</p> <p>2. The admission MDS assessment tool with a reference date of 4/20/24 documented Resident #2 had a BIMS score of 3. A BIMS score of 3 suggested severe cognitive impairment. The MDS documented the resident was admitted from a hospital on 4/19/24.</p> <p>The Baseline Care Plan dated 4/19/24 6:18 p.m. listed the following diagnoses for Resident #2: metabolic encephalopathy, acute respiratory failure, seizures, dysphasia, and alcohol abuse with withdrawal.</p> <p>Review of the Hospital's Medication Discharge Report with a fax date and time stamp of 4/19/24 at 1:10 PM listed the following medications: Lacosamide (treat seizures)10 mg/milliliters (mL), oral solution, 200 mg oral twice a day ( BID) and Zonisamide (treat seizures) 100 mg/5 mL, oral twice a day (BID).</p> <p>Review of Resident #2's progress note revealed the following notes:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a) On 4/19/24 at 2:26 PM the resident was admitted to the facility</p> <p>b) On 4/19/24 at 5:05 PM the pharmacy called and reported two of the resident's seizure medications: Zonisamide suspension and Lacosamide solution, were not available at that pharmacy and neighboring pharmacies. The Registered Nurse Practitioner (ARNP) was notified and advised to received from a different pharmacy. The Executive Director was notified and he attempted to discussed with the pharmacy. The pharmacy reached out to the prescriber to change the orders to capsules which was available in the pharmacy. Staff waiting for call from the pharmacy for an update.</p> <p>c) 4/20/24 at 3:40 PM the nurse was called in to the resident's room by the Certified Nursing Assistant (CNA) stating the resident's right leg and arm were twitching. At the time of the assessment no twitching was observed to his arm but right leg was twitching. This twitching lasted less than 1 minute. Staff notified the ARNP, resident's physician will see the resident on 4/22/24, continue to monitor the resident.</p> <p>d) On 4/20/24 at 3:45 PM the nurse was called back to Resident #2's room and noted he was having full body tremors, head turned to the right, eyes staring toward the window. Episode lasted approximately five minutes, resident then became alert and started talking. A call was made to the ARNP and received an order for the resident to be sent to the emergency room (ER) for evaluation.</p> <p>e) 4/22/24 at 5:16 PM a call was placed to the hospital to get an update on Resident #2. His admitting diagnosis was recurrent seizures of unknown origin. He continues to have seizures and his medication Zonisamides had been doubled in dose by the hospital.</p> <p>Review of the April 2024 MAR revealed the following orders were signed out as not given on 4/19/24 at 6:00 PM:</p> <p>a) Apixaban (blood thinner) 5 mg BID</p> <p>b) Lacosamide 10 mg/mL oral solution, give 20 mL by mouth BID</p> <p>c) Levetiracetam (treat seizures) 20 mL by mouth BID</p> <p>d) Lisinopril 20 mg BID (treat high blood pressure)</p> <p>e) Sodium Chloride 1 gram (gm) BID</p> <p>f) Zonisamide 100 mg/mL give 5 mL by mouth BID</p> <p>The following orders were signed out as not given on 4/20/24 at 9:00 AM:</p> <p>a) Lacosamide 10 mg/mL oral solution, give 20 mL by mouth BID</p> <p>b) Zonisamide 100 mg/mL give 5 mL by mouth BID</p> <p>Review of a pharmacy deliver medication list provided by the DON documented Levetiracetam and Lacosamide were delivered to the facility on [DATE]. Staff D Certified Medication Aide (CMA) signed the medication list as receiving the medications on 4/19/24 at 11:18 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a document with Order Created typed at the top of the page revealed an order was created on 4/20/24 at 12:53 AM and delivered to the facility on [DATE] at 9:08 AM.</p> <p>On 5/1/24 at 3:43 PM hospital staff stated the facility accepted the resident on 4/11/24 and a referral packet was sent to the facility that same day. He acknowledged that a current medication list was included in that referral packet. The resident was not medically ready for the facility until 4/15/24. On 4/15/24 the insurance authorization was started and received on 4/17/24, then he was discharged to the facility on [DATE]. Another medication list was sent to the facility on the day of discharge.</p> <p>On 5/2/24 at 3:12 PM the DON stated she was not in the facility the day the resident was admitted . From what she was told during her investigation, the pharmacy received an order from the ARNP to dispense the medications in pill form. Two of the medications, Lacosamide and Levetiracetam, were delivered to the facility at 11:00 PM on 4/19/24 and Zonisamide was delivered on 4/20/24. She added two of the medications were not administered on 4/19/24 because they were not delivered until 11:00 PM. When asked if staff could have called to get an order to administer the medications late, she acknowledged they could have done that.</p> <p>On 5/2/24 at 9:41 AM the Administrator indicated the document with Order Created at the top of the page was the timeframe given by the pharmacy of when the resident's Zonisamide was delivered to the facility.</p> <p>The facility's Medication Orders with a revision date of November 2014 documented the purpose of this procedure is to establish uniform guidelines in receiving and recording of medication orders. When recording orders for medication, specify the type, route, dosage, frequency and strength of the medication ordered.</p> <p>The facility's Admission Orders policy with an implemented date of 2/27/2023 documented a physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents' immediate care and needs. The orders should allow the facility staff to provide essential care to the resident consistent with the resident's mental and physical status on admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37074</p> <p>Based on observations, record review, staff interviews, and policy review the facility failed to ensure 1 of 3 residents (Resident #3) received assistance with their activities of daily living (ADLS). The facility reported a census of 110 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) assessment tool with a reference date of 4/2/24 documented Resident #3 has severely impaired cognitive skills for daily decision making. Resident #3's preferred language was Spanish and wanted or needed an interpreter to communicate with a doctor or health care staff. The MDS documented no rejection of care during the 7-day review period and utilized a wheelchair. The MDS indicated she was always incontinent of bowel and bladder. The following diagnoses were listed for Resident #3: stroke, hypertension (high blood pressure), diabetes mellitus, aphasia (trouble speaking), and atrial fibrillation.</p> <p>The Care Plan focus area with an initiation date of 1/13/2020 documented Resident #3 had a communication problem related to a language barrier, stroke with residual aphasia and confusion. A second Care Plan focus area documented she had activities of daily living (ADL) self-care performance deficit related to confusion, hemiplegia, impaired balance, and limited mobility due to a stroke. The Care Plan documented she required two staff members to reposition and turn in bed. Resident #3 required a mechanical lift for transfers, was totally dependent on staff for dressing, required total assistance with personal hygiene care.</p> <p>On 5/1/24 at 7:42 AM Resident #3 observed to be lying in bed on her back, wearing a hospital gown. At 9:24 AM she remained in bed on her back, wearing a hospital gown. At 11:15 AM Resident #3 laid in bed on her back with a hospital gown on. At 1:39 PM and 3:00 PM Resident #3 observed to be sitting in her Broda chair in the commons area with no pants on, her white adult brief exposed. Her hair appeared brushed in the front but not in back, her hair was balled up, messy and appeared to be oily/greasy.</p> <p>On 5/2/24 at 10:26 AM Resident #3 observed to be lying in bed on her back, wearing a hospital gown, awake looking around the room with the TV on in English. At 11:52 AM the resident continued to be lying in bed on her back, wearing a hospital gown, awake with the TV on in English. At 1:07 PM Resident #3 sat in her Broda chair in the commons area with a sheet covering her. Her hair appeared to be brushed in the front but not in the back, her hair is balled up, messy and appeared to be oily/greasy. At 3:55 PM Resident #3 remained in the commons area in her Broda chair in the same condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/03/2024
NAME OF PROVIDER OR SUPPLIER  Bishop Drumm Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5837 Winwood Drive Johnston, IA 50131	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/2/24 at 1:30 PM Staff A Certified Nursing Assistant (CNA) stated Resident #3 does not talk, they will change her and get her up in her chair then put her in the commons area for a few hours to be around other people. They normally get her up in her chair once a day. She stated while she is in bed, they will check on her every 2 hours and change her when needed. She was informed the last two days, Resident #3 had been in bed until after lunch. When asked if it was normal for her to be in bed until after lunch, she stated it isn't but it all depends on staffing for the day. When asked if she is to wear pants, she stated all she has to wear are dresses. She was informed that Resident #3 sat in the commons area with no pants on, with an exposed adult brief. She acknowledged she saw this too and covered her up. Before they bring her out, they usually put a blanket or sheet on her but she will at times pull it off of her like she is hot maybe.</p> <p>On 5/2/24 at 2:59 PM Staff B CNA stated they get Resident #3 ready in the morning and get her up in her chair about 10:00 AM and bring her out to the commons area. They will then put her back to bed around 2:30 PM before the end of her shift, which ends at 3:00 PM. Staff B was informed the last two days the resident had been in bed since after lunch. She replied that that they will either get her up at 10:00 AM or 1:00 PM then the rest of the day she is in bed. When asked why, Staff B stated because they don't want her sitting in one spot for too long. While she is in bed, she is repositioned. Staff B stated the resident does not say or do much. Staff B acknowledged the resident got a bath yesterday and at the requested of the Director of Nursing (DON) she got another one today. When asked about the knots in the resident hair on the back of her head, she stated Resident #3 lays on that part of her head and it becomes difficult to comb. When they do try to comb it, the resident makes a lot of noises so they stop.</p> <p>On 5/2/24 at 3:12 PM the DON was asked how Resident #3 spends her days. She replied she gets up out of bed once a day, goes in to the Broda chair and will sit out in the lobby area. She is usually up after breakfast for about two hours. Her family comes in at night to visit, while she is in bed. The DON added this has been the resident's routine since before she started at the facility. The CNAs told her about the knots in the resident's hair. She indicated has constantly has saliva and pools out of her mouth and pools on the back of her head when she is in bed. She believed this was what caused the knots in her hair. She asked the CNAs to take the resident to the tub room, put conditioner in her hair and attempted to get the knots out when she learned the beautician was gone for the day.</p> <p>The facility's Brushing and Combing Hair policy with a revision date of February 2018 documented the purpose of this procedure to provide hair and scalp care. The resident's hair should be brushed and combed every morning before breakfast and whenever necessary throughout the day. Staff are to brush the resident's hair carefully, gently, and thoroughly. Style the hair according to the resident's wishes. Staff are encouraged to comb only small amounts of hair at a time.</p> <p>The facility's Dignity Policy with a revision date of February 2021 documented when staff are assisting residents with care, residents are supported in exercising their rights. For example, residents are:</p> <p>a) Groomed as they wish to be groomed (hair styles)</p>		