STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165538	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Ridge Care Center	1005 7th Street NE Orange City, IA 51041

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on clinical record review, policy review and staff interview, the facility failed to document non-pharmacological interventions prior to administering anti-anxiety medication for anxiety and/or agitation for 1 of 1 resident sampled (Resident #60). The facility identified a census of 80 residents. Findings include: Resident #60's Medication Administration Record (MAR) for March 2026 documented Lorazepam (an anti-anxiety medication) 0.5 milligrams (mg). Administer three times a day as needed for agitation. The MAR further documented the nurse administered Lorazepam 10 times during the month. The supplemental documentation lacked documentation of nonpharmacological interventions tried prior to administering Lorazepam. Resident #60's Medication Administration Record (MAR) for May 2026 documented Lorazepam (an anti-anxiety medication) 0.5 milligrams (mg). Administer three times a day as needed for agitation. The MAR further documented the nurse administered Lorazepam 5 times during the month. The supplemental documentation lacked documentation of nonpharmacological interventions tried prior to administering Lorazepam. Resident #60's Medication Administration Record (MAR) for June 2026 documented Lorazepam (an anti-anxiety medication) 0.5 milligrams (mg). Administer three times a day as needed for agitation. The MAR further documented the nurse administered Lorazepam 2 times during the month. The supplemental documentation lacked documentation of nonpharmacological interventions tried prior to administering Lorazepam. Resident #60's Progress Notes lacked documentation of interventions prior to giving the as needed Lorazepam. During an interview on 6/16/2026 at 12:05 PM the Director of Nursing (DON) reported she could not find proof of interventions tried prior to administering lorazepam. She reported the staff should be doing interventions prior to administering and documenting them. The facility policy titled Medications, Psychotropic Drug Usage and Monitoring revised 4/23/25 directed staff that psychotropic medications are only used as deemed necessary and non-pharmacological interventions are unsuccessful.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and policy review the facility failed to represent an accurate picture of the resident's status during the observation period of the Minimum Data Set (MDS) for 2 of 3 residents (Resident #2, and #7) reviewed. The facility reported a census of 80 residents. Findings include:1. Review of Resident #2's Minimum Data Set (MDS) dated [DATE] revealed diagnoses of coronary artery disease, stroke, and non-Alzheimer's dementia. The MDS further indicated Resident #2 received diuretic medications for 7 of the 7 days during the look back period. Review of Resident #2's Electronic Healthcare Record (EHR) page titled, Active Orders revealed no order for diuretic medication.Interview 6/16/26 at 11:00 AM with the Director of Nursing (DON) revealed that Resident #2 is currently not on diuretic medication. Follow up interview 6/16/26 at 11:25 AM with the DON revealed that Resident #2 was never on diuretic medications, and this should not have been on the MDS. The DON further revealed that she was going to submit a correction for the MDS. 2. Review of Resident #7's MDS dated [DATE] revealed diagnoses of heart failure, diabetes mellitus, obesity, and respiratory failure. The MDS further indicated Resident #7 received insulin medication during the for 1 of the 7 days during the look back period. Review of Resident #7's EHR page titled, Active Orders revealed no order for insulin. Interview 6/16/26 at 1:50 PM with the DON revealed that Resident #7 is not currently taking insulin, but is taking Ozempic (glucagon-like peptide-1 (GLP-1) receptor agonists). The DON revealed that the MDS was marked incorrectly, and should not have been marked as taking insulin. Review of a facility policy titled, Minimum Data Set (MDS), Completion and Transmitting to State with an approval date of 4/20/26 indicated the MDS is a required tool that is used to develop a plan of care for each resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to refer resident with a negative Level I result for the Preadmission Screening and Resident Review (PASARR), who was later identified with newly evident or possible serious mental disorder, intellectual disability, or other related condition, to the appropriate state-designated authority for Level II PASARR evaluation and determination for 1 out of 1 residents (Resident #10) reviewed for PASARR requirements. The facility reported a census of 80 residents.Findings include:The Minimum Data Set (MDS) assessment dated [DATE] documented diagnoses of anxiety, major depressive disorder with severe psychotic symptoms, psychotic disorder, and Post Traumatic Stress Disorder (PTSD). Review of the EHR page titled, Current ICD-10 (International Classification of Diseases 10th revision) revealed diagnoses of:A. major depressive disorder, recurrent, severe with psychotic symptoms with a diagnosis date of 10/2/24. B. Post traumatic stress disorder, chronic with a diagnosis date of 4/14/20.Review of the PASARR dated 10/17/19 lacked inclusion of PTSD, and major depressive disorder, recurrent, severe with psychotic symptoms. The clinical record lacked an updated PASARR to include PTSD, and major depressive disorder, recurrent, severe with psychotic symptoms. Interview 6/16/26 at 2:20 PM with the Director of Nursing (DON) revealed that another PASARR should have been run related to the PASARR not being completed since 2019. The DON further confirmed Resident #10 had new diagnoses of PTSD in 2020, and major depressive disorder, recurrent, severe with psychotic symptoms in 2024. Review of the PASARR dated 10/17/19 indicated it is important for nursing staff to note if Resident #10 improves medically, has a change in symptoms, behavior or diagnosis changed, a status change may be submitted. No policy was available to review.