

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Savannah Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  601 S Prairie Street Mount Pleasant, IA 52641	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>35434</p> <p>Based on observation, clinical record review, and staff interview, the facility failed to ensure only residents able to safely self-administer medications had access to medications for 1 of 5 residents reviewed (Resident #5). The facility reported a census of 32 residents.</p> <p>Findings:</p> <p>1. The Minimum Data Set(MDS) assessment tool, dated 6/7/24, listed diagnoses for Resident #5 included traumatic brain dysfunction, anxiety, and morbid obesity and listed the resident's Brief Interview for Mental Status(BIMS) score as 9 out of 15, indicating moderately impaired cognition.</p> <p>A 4/8/21 Care Plan entry stated the resident had impaired thought processes due to traumatic brain injury.</p> <p>The August 2024 Medication Administration Record(MAR) listed a 5/7/22 order for chlorhexidine gluconate solution (a physician ordered medicated oral rinse used to prevent infections) one time per day.</p> <p>The resident's clinical record lacked documentation the resident could safely self-administer her medications.</p> <p>During an observation on 8/26/24 at 2:13 p.m., a bottle of chlorhexidine gluconate solution sat on the sink in the bathroom while the resident was in her room. A label on the bottle directed staff to keep out of the reach of children.</p> <p>On 8/26/24 at 2:13 p.m. the acting Director of Nursing(DON) stated the mouthwash should be in a lock box and stated she would lock it up. She stated staff most likely took it out and used it and forgot to put it back in.</p> <p>Via email correspondence on 8/29/24 at 1:05 p.m., the Administrator stated she could not locate a policy regarding the self-administration of medications.</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>35434</p> <p>Based on clinical record review, policy review, and staff interviews, the facility failed to address the use of anxiolytics (medications used to treat anxiety) on the Care Plan, and the use of non-pharmacological interventions staff should attempt prior to administration for 1 of 5 residents reviewed for medications (Resident #31). The facility reported a census of 32 residents.</p> <p>Findings:</p> <p>The Minimum Data Set (MDS) assessment tool, dated 6/4/24, listed diagnoses for Resident #31 included generalized anxiety disorder, chronic pain, and hypertension (high blood pressure). The MDS listed the resident's Brief Interview for Mental Status (BIMS) score as 12 out of 15, indicating moderately impaired cognition.</p> <p>The undated facility policy PRN (as needed) Medication Use, directed staff to document non-pharmacological interventions prior to administration such as relaxation, repositioning, and food/beverages.</p> <p>The July and August 2024 Medication Administration Records (MARS) listed a 7/25/24 order for lorazepam (an anxiolytic) 0.5 milligrams (mg) every 8 hours as needed for anxiety. The MAR documented the resident received the medication at the following times:</p> <p>7/25/24 10:45 p.m.</p> <p>7/26/24 9:23 p.m.</p> <p>7/27/24 2:25 p.m.</p> <p>7/27/24 10:32 p.m.</p> <p>7/28/24 1:30 p.m.</p> <p>7/30/24 7:15 a.m.</p> <p>7/30/24 8:55 p.m.</p> <p>7/31/24 8:19 p.m.</p> <p>The facility lacked documentation of non-pharmacological interventions carried out prior to the above administrations.</p> <p>The resident's Care Plan, as of 8/28/24, did not address the resident's anxiolytics or direct staff to attempt non-pharmacological interventions prior to the administration of prn anxiolytics.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/28/24 at 2:51 p.m. the Administrator stated staff should document 3 non-pharmacological interventions prior to the administration of an anxiolytic.</p> <p>On 8/29/24 at 7:52 a.m., Staff A Registered Nurse(RN) stated staff attempted three interventions prior to the administration of a PRN anxiolytic.</p> <p>On 8/29/24 at 12:00 p.m., the Administrator stated they worked on Care Plans this week and inquired as to which medications needed to be included.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>35434</p> <p>Based on clinical record review, policy review, and resident and staff interviews, the facility failed to respond to call lights in a timely manner for 1 of 2 residents reviewed for staffing concerns(Resident #135). The facility reported a census of 32 residents.</p> <p>Findings:</p> <p>The 8/15/24 Brief Interview for Mental Status(BIMS) evaluation listed Resident #135 score as 15 out of 15, indicating intact cognition.</p> <p>An 8/12/24 Care Plan entry stated the resident required assistance with activities of daily living(ADLs).</p> <p>The facility All Alarms Report for the time period of 8/21/24 to 8/28/24 revealed call light response times for Resident #135 which exceeded 15 minutes:</p> <p>8/21/24 24 minutes</p> <p>8/21/24 22 minutes</p> <p>8/22/24 17 minutes</p> <p>8/23/24 26 minutes</p> <p>8/24/24 41 minutes</p> <p>8/24/24 23 minutes</p> <p>8/25/24 17 minutes</p> <p>8/25/24 22 minutes</p> <p>8/26/24 17 minutes</p> <p>8/27/24 19 minutes</p> <p>On 8/26/24 at 2:51 p.m. Resident # 135 stated it too staff 20 minutes to respond to her call light when she had to go to the bathroom.</p> <p>On 8/29/24 at 11:41 a.m., the resident stated she had a clock on the wall to time staff call light response time.</p> <p>On 8/29/24 at 12:00 p.m., the Administrator stated staff should respond to call lights as close to 15 minutes as possible.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The undated facility policy Answering the Call Light, directed staff to answer call lights within 15 minutes.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>35434</p> <p>Based on clinical record review, policy review, and staff interviews, the facility failed to document non-pharmacological interventions carried out prior to the administration of as needed (PRN) anxiolytics(medications used to treat anxiety) for 1 of 1 residents reviewed with PRN anxiolytics(Resident #31). The facility reported a census of 32 residents.</p> <p>Findings:</p> <p>The Minimum Data Set(MDS) assessment tool, dated 6/4/24, listed diagnoses for Resident #31 which included generalized anxiety disorder, chronic pain, and hypertension(high blood pressure). The MDS listed the resident's Brief Interview for Mental Status(BIMS) score as 12 out of 15, indicating moderately impaired cognition.</p> <p>The July and August 2024 Medication Administration Records(MARS) listed a 7/25/24 order for lorazepam(an anxiolytic) 0.5 milligrams(mg) every 8 hours as needed for anxiety. The MAR documented the resident received the medication at the following times:</p> <p>7/25/24 10:45 p.m.</p> <p>7/26/24 9:23 p.m.</p> <p>7/27/24 2:25 p.m.</p> <p>7/27/24 10:32 p.m.</p> <p>7/28/24 1:30 p.m.</p> <p>7/30/24 7:15 a.m.</p> <p>7/30/24 8:55 p.m.</p> <p>7/31/24 8:19 p.m.</p> <p>The facility lacked documentation of non-pharmacological interventions carried out prior to the above administrations.</p> <p>The resident's Care Plan did not address the resident's anxiolytics or direct staff to attempt non-pharmacological interventions prior to the administration of PRN anxiolytics.</p> <p>On 8/28/24 at 2:51 p.m. the Administrator stated staff should document 3 non-pharmacological interventions prior to the administration of an anxiolytic.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/24 at 7:52 a.m., Staff A Registered Nurse(RN) stated staff attempted three interventions prior to the administration of a PRN anxiolytic.</p> <p>The undated facility policy PRN Medication Use, directed staff to document non-pharmacological interventions prior to administration such as relaxation, repositioning, and food/beverages.</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**</b> 50471</p> <p>Based on clinical record review, staff interview, facility policy review, the facility failed to offer the pneumococcal vaccine at the recommended times for 2 of 5 residents reviewed for Pneumococcal vaccinations (Residents # 13, #26). The facility reported a census of 32 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident #26's Immunization record stated the resident received the PCV13 (Pneumococcal conjugate vaccine) on 10/18/2016 and the PPSV23 (Pneumococcal polysaccharide vaccine) on 10/31/2012. The record stated the resident was [AGE] years old.</li> <li>2. Resident #13's Immunization record stated the resident received the PCV13 Pneumococcal vaccine on 12/16/2018 and the PPSV23 Pneumococcal vaccine on 9/8/2010. The record stated the resident was [AGE] years old.</li> </ol> <p>The facility showed no documentation they offered the Pneumococcal vaccine.</p> <p>The Centers for Disease Control and Prevention (CDC) Pneumococcal Vaccine Timing for Adults, retrieved from <a href="https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf">https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf</a> on 8/29/2024 contained the following guidance:</p> <p>For adults [AGE] year or older who:</p> <ol style="list-style-type: none"> <li>a. Shared clinical decision-making for those who already completed the series with PCV13 and PPSV3:</li> <li>b. Prior Vaccines: Completed series: PCV13 at any age and PPSV23 at greater or equal to 65 yrs.</li> <li>c. Shared clinical decision-making option: For greater or equal to 5 years PCV20. Together, with the patient, vaccine providers may choose to administer PCV20 to adults equal or greater [AGE] years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of [AGE] years old.</li> </ol> <p>During an interview on 8/29/2024 at 11:00 AM, the Administrator stated she did not realize, Iowa Immunization Registry Information System (IRIS), had two Pneumococcal 23 vaccination listed for the same date on both of the residents, resulted with completion of series according to IRIS.</p> <p>The facility policy Policy and Procedure: Subject: Influenza, Pneumococcal, and COVID Immunization, reviewed 2/8/24, stated Residents will be offered the influenza vaccine and education yearly during the flu season and the Pneumococcal and COVID vaccination will be offered on admission, following the current CDC or Iowa Department of Public Health. Education for all vaccination's will be provided.</p>		