

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Brio of Johnston, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6901 Peckham Street 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>40905</p> <p>Based on staff interview, record review, and policy review the facility failed to follow a physician's order for one (Resident #26) of twelve residents reviewed. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>A Minimum Data Set (MDS) for Resident #26 dated 4/5/24, included diagnoses of hypertension (high blood pressure), urinary tract infection in last 30 days, and anxiety disorder. The MDS identified the resident required partial to substantial assistance for transfers, toileting, and personal hygiene. The MDS documented the resident had a Brief Interview for Mental Status score of 9, indicating moderate cognitive impairment.</p> <p>Resident's Order Summary Report dated 4/24/24 documented the following current physician orders:</p> <ol style="list-style-type: none"> 1. Clonidine (blood pressure medication) 0.1milligrams (mg) every 6 hours as need (PRN) for systolic blood pressure (SBP) (top number of BP) greater than 160 or diastolic blood pressure (DBP) (lower number of BP) greater than 100 starting 4/1/24. 2. Check BP every 6 hours and administer PRN clonidine per parameters every 6 hours related to hypertension starting 4/11/24. <p>Resident's blood pressure summary report revealed the following dates and blood pressures:</p> <ol style="list-style-type: none"> a. 4/6/24 8:00 AM - 161/71 b. 4/7/24 10:47 PM -169/97 c. 4/7/24 11:15 PM - 190/96 d. 4/8/24- 3:33 AM 181/93 e. 4/8/24 8:15 AM - 172/84 f. 4/8/24 11:15 AM - 175/85 <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
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>g. 4/12/24 7:15 AM - 175/85</p> <p>h. 4/17/24 7:27 AM - 168/93</p> <p>i. 4/22/24 7:37 AM - 163/99</p> <p>j. 4/22/24 6:42 PM - 163/99</p> <p>k. 4/24/24 8:08 AM 180/100</p> <p>Resident's Medication Administration Record for 4/1/24 - 4/30/24, revealed the clonidine PRN order had not been administered at all during those dates.</p> <p>Interview on 4/24/24 at 10:43 AM, Staff A, Licensed Practical Nurse stated the skilled residents' BPs are taken 2 times a day. Staff A further stated that she had taken the resident's BP about 8 AM and the resident's BP was 180/100. Staff stated she administered the resident's morning medications and did not give the clonidine PRN medication. Staff A stated she was not aware of the order for the resident's BP to be taken every 6 hours or the order for clonidine. Staff A stated she should have administered the clonidine based on the BP 180/100.</p> <p>Facility policy, Medication Administration revised 11/2022 documented the authorized person will ensure prescribed medication is administered per physician order.</p> <p>Interview on 4/24/24 at 11:05 AM, the Director of Nursing stated her expectation is to follow the physician's order.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40905</p> <p>Based on document review and staff interview the facility failed to provide Registered Nurse (RN) coverage eight consecutive hours a day, seven days a week. The facility reported a census of 33.</p> <p>Findings include:</p> <p>Review of facility's PBJ (Payroll Based Journal) Staffing Data Report (staffing numbers reported to Centers for Medicare and Medicaid Services) for the fiscal quarter of 2024 (October 1, 2023-December 31, 2023) identified a No RN hours trigger for 11/12, 12/9, 12/10, 12/23, and 12/24/23.</p> <p>Review of facility's schedule for the following dates revealed no RN scheduled to work: 11/12, 12/9, 12/10, 12/23, and 12/24/23.</p> <p>Interview on 4/23/24 at 2:42 PM, the Administrator confirmed the facility did not have 8 hours of RN coverage on the days reported on the PBJ report of 11/12, 12/9, 12/10, 12/23, and 12/24/23. The Administrator stated there was a RN on call but not in the facility. The Administrator stated they do not have a policy for RN coverage that they follow the federal regulations for RN coverage 8 hours a day and her expectation for RN coverage 8 hours a day/7 days a week.</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>40905</p> <p>Based on observation, staff interviews and policy reviews the facility failed to ensure staff completed appropriate hand hygiene and glove usage prior to incontinence care for 1 of 1 residents (Resident #26) reviewed. The facility reported a census of 33 residents.</p> <p>Findings Include:</p> <p>A Minimum Data Set (MDS) for Resident #26, dated 4/5/24, included diagnoses of hypertension (high blood pressure), urinary tract infection in last 30 days, and anxiety disorder. The MDS identified the resident required partial to substantial assistance for transfers, toileting, and personal hygiene. The MDS documented the resident had a Brief Interview for Mental Status score of 9, indicating moderate cognitive impairment.</p> <p>Observation on 04/24/24 at 1:32 PM, Staff B, Certified Nurse Aide entered room to assist Resident #26 during toileting. Staff B washed hands, applied gloves, removed the resident's shoes and pants, applied a new attend, reapplied the resident's shoes, touched the dirty trash bag, and with the same gloves on proceeded to complete peri care on the resident. After cares completed, Staff B removed gloves and washed hands.</p> <p>Facility policy, Hand Washing and Hand Hygiene revised 6/2020 revealed hand hygiene must be performed after touching contaminated items and before providing personal cares for a resident (peri care).</p> <p>Interview on 4/24/24 at 4:00 PM, the Director of Nursing stated her expectation for staff to complete hand hygiene and apply new gloves before completing peri care.</p>