

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 03/13/2025
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 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.</p> <p>50500</p> <p>Based on electronic health record review, staff interview, and policy review, the facility failed to document on the Behavior Assessment Record, as ordered, behaviors related to psychotropic medication use (drugs which alter a person's mental state, emotions, or behavior) for 3 out of 3 residents reviewed for unnecessary medications (Residents #17, #24, and #25). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) Assessment, dated 2/6/25, revealed Resident #17 with a Brief Interview for Mental Status (BIMS) score of 1, indicating severe cognitive impairment. Diagnoses on the MDS include Alzheimer's Dementia, anxiety, and depression. The MDS listed the use of an antidepressant and an antipsychotic medication.</p> <p>Summary of Physician Orders for Resident #17, obtained on 3/13/25, listed orders for Divalproex (anticonvulsant used as a mood stabilizer) 125 mg tablet two times daily, Olanzapine (antipsychotic) 2.5 mg tablet daily and Sertraline (antidepressant) 50 mg tablet daily. The Physician Orders direct staff to Monitor and document for behaviors related to psychotropic medication use. Refer to active Care Plan for target behaviors one time a day every Tuesday and one time a day every Friday.</p> <p>The Behavioral Assessment Record (BAR) revealed the following:</p> <ul style="list-style-type: none"> a. In February 2025, behaviors were not recorded for 2 out of 8 days b. In January 2025, behaviors were not recorded for 4 out of 9 days c. In December 2024, behaviors were not recorded for 2 out of 9 days <p>Review of Progress Notes in the electronic health record lacked documentation to address if behaviors had been observed or not on the days missing documentation on the BAR for Resident #17.</p> <p>2. The MDS Assessment, dated 1/23/25, revealed Resident #24 with a BIMS score of 2, indicating severe cognitive impairment. Diagnoses on the MDS include Alzheimer's Dementia, anxiety, depression and senile degeneration of the brain. The MDS listed the use of an antianxiety, antidepressant, and an antipsychotic medication.</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
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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Summary of Physician Orders for Resident #24, obtained on 3/13/25, listed orders for Buspirone (antianxiety) 7.5 mg tablet two times daily, Quetiapine (antipsychotic) 1.5-25 mg tablets two times daily, and Sertraline (antidepressant) 1.5-50 mg tablets one time daily. The Physician Orders direct staff to Monitor and document for behaviors related to psychotropic medication use. Refer to active Care Plan for target behaviors one time a day every Tuesday and one time a day every Friday.</p> <p>The Behavioral Assessment Record (BAR) revealed the following:</p> <ul style="list-style-type: none"> a. In February 2025, behaviors were not recorded for 2 out of 8 days b. In January 2025, behaviors were not recorded for 4 out of 9 days c. In December 2024, behaviors were not recorded for 2 out of 9 days <p>Review of Progress Notes in the electronic health record lacked documentation to address if behaviors had been observed or not on the days missing documentation on the BAR for Resident #24.</p> <p>3. The MDS Assessment, dated 1/17/25, revealed Resident #25 with a BIMS score of 2 indicating severe cognitive impairment. Diagnoses on the MDS include Alzheimer's Dementia, anxiety, and depression. The MDS listed the use of an antipsychotic and antidepressant.</p> <p>Summary of Physician Orders for Resident #25, obtained on 3/13/25, listed orders for Duloxetine (antidepressant) 60 mg tablet one time daily, Quetiapine (antipsychotic) 12.5 mg tablet two times daily, and Trazodone (antidepressant) 1.5-50 mg tablets one time daily. The Physician Orders direct staff to Monitor and document for behaviors related to psychotropic medication use. Refer to active Care Plan for target behaviors one time a day every Tuesday and one time a day every Friday.</p> <p>The Behavioral Assessment Record (BAR) revealed the following:</p> <ul style="list-style-type: none"> a. In February 2025, behaviors were not recorded for 2 out of 8 days b. In January 2025, behaviors were not recorded for 4 out of 9 days c. In December 2024, behaviors were not recorded for 2 out of 9 days <p>Review of Progress Notes in the electronic health record lacked documentation to address if behaviors had been observed or not on the days missing documentation on the BAR for Resident #25.</p> <p>During an interview on 3/12/25 at 1:45 PM, Staff A, Licensed Practical Nurse, explained tasks, such as completion of the BAR, is flagged in yellow as a reminder. If the day is marked with a check-mark on the BAR, the specific question has been addressed and no behaviors observed. The initials NO on a day indicate behaviors not identified.</p> <p>(continued on next page)</p>		

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/25 at 2:00 PM, the Director of Nursing (DON), acknowledged the incomplete BAR documentation for Residents #17, #24, and #25. Upon further review, the missing documentation occurred on all the same days for the three residents. The DON explained the BAR is completed by nursing staff and flagged for completion during medication rounds throughout the day. Certified Medication Aides (CMA) were scheduled to pass medications on the undocumented days on the BAR. The CMA's do not have access to the BAR completion and are unaware of the task to alert nursing staff.</p> <p>The policy Adverse Effects Monitoring Process, revised 04/2024, stated professional team members should record if adverse effects are present as indicated on the order set at the triggered times.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50500</p> <p>Based on observations, staff interview, and policy review, the facility failed to securely store resident medications for 1 of 6 residents reviewed for medication administration. The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>During an observation on 3/10/25 at approximately 10:00 AM, on the Chronic Confusion or Dementing Illness (CCDI) Unit, the medication drawer in Resident #18's room was not securely locked and was easily opened. The unsecured drawer was full of Resident #18's medications.</p> <p>During an interview on 3/10/25 at 10:05 AM, the Director of Nursing, DON, witnessed and acknowledged the unlocked drawer. The DON removed the medications and placed them in another drawer that was securely locked. The DON stated medication drawers are to be locked when actively filled with medications and supplies.</p> <p>The policy Medication Administration, Storage, Disposal, and Nurse Review, revised 09/2020, stated all prescription medications must be kept in a locked cabinet.</p>