

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Story Medical Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE 710 S 19th St Nevada, IA 50201	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886</p> <p>Based on clinical record review, staff interview and policy review, the facility failed to submit a Level II Preadmission Screening and Resident Review (PASSR) evaluation for 1 of 1 residents reviewed with a new mental health diagnosis and initiation of a psychotropic medication (Resident #17). The facility reported a census of 54 residents.</p> <p>Findings include:</p> <p>Resident #17's Minimum Data Set (MDS) assessment dated [DATE] included a diagnosis of delusional disorder. The MDS reflected Resident #17 received an antidepressant on a routine basis during the lookback period.</p> <p>The Care Plan initiated 5/24/24 indicated Resident #17 received the antidepressant Lexapro due to his diagnosis of delusions and anxiety. The Care Plan goal indicated Resident #17 would not have any adverse effects from the medication.</p> <p>Resident #17's Medical Diagnoses reviewed 4/1/25 included a diagnosis of delusional disorders effective 5/24/24.</p> <p>Resident #17's PASRR completed 9/25/23 listed a completed negative Level 1 screening. The PASRR lacked documentation of a known or suspected mental health diagnosis.</p> <p>The clinical record lacked a Level II PASRR evaluation submission following the new mental health diagnosis of delusional disorder effective 5/24/24.</p> <p>The PASSR Screens/Level I and Level II Evals policy, revised November 2024 directed changes in status are required when a resident receives a new mental health diagnosis.</p> <p>During an interview 4/1/25 at 2:23 PM the Director of Nursing (DON) acknowledged she had not completed a Level II evaluation for Resident #17 with her new diagnosis of delusional disorder and initiation of Lexapro (antidepressant).</p> <p>During an interview 4/2/25 at 1:40 PM the Administrator revealed the expectation that a Level II PASSR evaluation needed to be submitted for residents with a significant change, psychotropic medication change or a new diagnosis related to mental health.</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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