

PRINTED: 03/07/2024
FORM APPROVED
OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/27/2024
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH LONGVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1010 LONGVIEW ROAD MISSOURI VALLEY, IA 51555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
Ok Lg ✓	<p>Correction date: <u>3/16/24</u></p> <p>The following deficiencies resulted from investigation of complaints #115330-C, #117844-C, #118129-C, and facility reported incident #116910-I conducted February 26, 2024 to February 27, 2024.</p> <p>Complaints #115330-C and #118129-C were substantiated. Complaint #117844-C was not substantiated. Facility reported incident #116910-I was substantiated.</p> <p>See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.</p>				
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility policy review, and staff interviews, the facility failed to complete comprehensive, weekly wound assessments of the resident's skin for 2 of 3 residents sampled (Residents #1 and #2). The facility reported a census of 71 residents.</p>	F 684			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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.

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F 684	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated 6/22/23 for Resident #1 revealed that she had modified independence with cognitive skills for daily decision making. The MDS revealed the resident had Parkinson's disease and bipolar disease. The MDS also revealed she required extensive assistance of 2 with bed mobility, toileting, transfers and personal hygiene.</p> <p>The Incident Report dated 10/30/23 revealed, the resident inadvertently received a burn to her forehead while a HHA (hospice health assistant) was curling her hair.</p> <p>The Skin Assessment on 10/31/23 lacked assessment of the resident's burn to her forehead. Review of the clinical record revealed the record lacked a skin assessment of the burn until 11/10/23.</p> <p>In an interview on 2/27/24 at 1:50 PM, the Director of Nursing (DON) reported that an incident report is not part of a resident's clinical record and agreed that when a new wound is identified, the assessment should be documented in the clinical record.</p> <p>2. The MDS dated 12/27/23 for Resident #2 revealed a Brief Interview of Mental Status (BIMS) score of 4 which indicated severely impaired cognition. The MDS revealed the resident had diagnoses of diabetes mellitus, dementia, morbid obesity, and vitamin d deficiency. The MDS also revealed the resident had moisture associated skin damage (MASD).</p> <p>The Care Plan last revised on 1/2/24 documented</p>	F 684			

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F 684	<p>Continued From page 2</p> <p>the resident had a risk for impaired skin integrity: obesity, skin fold, moisture, history of redness/excoriation under breasts and abdomen.</p> <p>The untitled facility document dated 10/2/23, signed by a physician, revealed in pertinent part, an order for treatment for area under the resident's left breast.</p> <p>The Progress Notes for Resident #2 documented the following: On 10/2/24 at 7:25 PM noted area under resident left breast open, 1 x 1.7 cm. Physician aware, see order for Nystatin cream to area TID until healed. Family aware. On 10/31/24 at 8:36 AM cleaned area under left breast, redness decreased. Continue to monitor.</p> <p>Review of the Comprehensive Skin Evaluations 10/2/23 through 1/9/24 revealed the resident had MASD under her left breast. The skin evaluations dated 10/10/23, 10/17/23 and 10/24/23 did not contain a complete assessment of the resident's MASD to her left breast. On 10/10/23 the evaluation documented the left breast area open, no measurements, beefy wound bed, 100 percent of the wound bed covered. On 10/17/23 left breast not assessed. On 10/24/23 no skin issues documented.</p> <p>The Skin Tears - Abrasions and Minor Breaks, Care of Policy, revised September 2013 documented to assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress and wound stage.</p> <p>In an interview on 2/27/24 at 1:50 PM, the Director of Nursing (DON) reported that</p>	F 684			

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F 684	Continued From page 3 comprehensive wound assessments should include measurements, appearance, treatment, and physician notification.	F 684			

Tag 684 Quality of Care

1) Immediate action(s) taken for the resident(s) found to have been affected include:

Resident #1 and #2 have since been discharged no further action is required.

2) Identification of other residents having the potential to be affected was accomplished by:

Facility completed a comprehensive skin assessment on 2/27/24 for all current residents to ensure accurate skin evaluations and supporting documentation are being completed per facility process and procedures. MD, POA, and families were notified of all identified changes observed.

3) Actions Taken/Systems put into place to reduce the risk of future occurrence include:

Education was provided to nursing staff/nursing management on 2/29/24 regarding the facilities skin assessment process and procedure. Gentell will be providing a wound education regarding skin assessment for completion scheduled on March 25th, 2024. ✓

4) How the corrective action(s) will be monitored to ensure the practice will not recur:

DON or Designee will complete an audit to ensure accurate completion of skin assessments, MD notification, and Risk management completion 3x a week x3 weeks, then 2x a week x3 weeks, then weekly x 3 weeks, then monthly for 3 months or until substantial compliance. Reviews will be reporting in monthly QAPI for monitoring.

Corrective Action Completion date: _____ 3/16/24 _____