DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165357	A. BUILDING _____ B. WING _____	C 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH ROSE VISTA	1109 NORMAL STREET WOODBINE, IA 51579

(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	Correction date: 6/4/2024			
	The following deficiencies resulted from investigation of complaint #120869-C conducted May 16, 2024 to May 22, 2024.			
	Complaint #120869-C was substantiated.			
	See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.			
F 684 SS=D	Quality of Care CFR(s): 483.25	F 684		
	§ 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, family interview, staff interview, and policy review the facility failed to provide needed services in accordance with professional standards by not completing an x-ray ordered by a physician in a timely manner for 1 of 3 (Resident #1) residents reviewed. The facility reported a census of 45 residents.			✓
	Findings include:			
	Review of the Minimum Data Set (MDS) for Resident #1, dated 4/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 00			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lara Mallow | TITLE: Administrator | (X6) DATE: 6.6.24

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	Continued From page 1	F 684		

indicating severe cognitive impairment. The MDS further revealed Resident #1 totally dependent on staff for assistance with sitting to lying, sitting to standing, the ability to transfer to or from bed to chair, and transferring to the toilet.

Review of the Progress Notes for Resident #1 documented the following:
On 5/1/24 at 10:30 PM Resident #1 found in the sitting position facing her bed on the floor. Range of motion per Resident #1's normal per progress notes. Neurological assessments initiated and hospice services, the Director of Nursing (DON), and primary care physician notified.
On 5/2/24 at 12:18 AM Resident #1 complaining of left wrist pain and rated the pain at a 2 on a scale of 0-10. The nurse further documented the left wrist swollen with yellow/purple bruising measuring 5.5 cm x 4 cm and the area raised and had a hard bump. Ice applied to the site and as needed Tylenol was given at this time.
On 5/2/24 at 2:14 PM Hospice services at the facility and discussed the issue with the left arm, and left knee and agreed to obtain an order to obtain an x-ray.
On 5/4/24 at 10:00 AM the x-ray company in the building and had obtained the x-rays as ordered.

Review of facility provided radiology reports dated 5/4/24 revealed Resident #1 had sustained an acute fracture of the distal radius (arm bone by the wrist), and a recent fracture to the left femoral neck (upper leg bone by the hip).

During an interview 5/16/24 at 1:45 with Resident #1's family member revealed they had heard the facility had not obtained an x-ray until 5/4/24.

During an interview 5/21/24 at 9:08 AM with Staff

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A revealed that she agreed with Staff B's assessment of Resident #1 showing no signs of pain and that the facility had treated Resident #1's wrist with ice and stabilized the area. Staff A then revealed that when she came back to the facility on 5/4/24 that the x-ray had still not been completed and that she would no longer wait to get this x-ray obtained. Staff A further reveal that Resident #1 had no external or internal rotation or shortening on the left lower extremity at this time. Staff A then revealed that while Resident #1 in bed post fall that pain medications were increased for Resident #1's comfort.

During an interview 5/21/24 at 9:37 AM with Staff B revealed that she had been notified by the facility on 5/2/24 and assessed Resident #1 at the facility around 1:40 AM. Staff B stated Resident #1 sitting in a wheelchair when she arrived and was showing no signs or symptoms of discomfort. Staff B further revealed that an x-ray order was obtained the morning of 5/2/24, and further revealed that the x-ray was not obtained until 5/4/24.

During an interview 5/21/24 with the DON revealed her expectation would be for physician's orders to be followed in a timely manner. The DON further revealed that she would expect an x-ray to be obtained within 24 hours, and if it was a stat x-ray order to be carried out immediately.

Review of a facility provided policy titled, Medication and Treatment Orders, with a revision date of July 2016 documented:
Physician orders shall be followed, if unable to follow physician orders, notify Director of Nursing Services/Designee and physician as appropriate.

F684 Quality of care

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

   Resident #1 is no longer in the facility.

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

   Audit of current x-ray orders completed on 5/26/24. No discrepancies noted

3. **Actions taken/systems put into place to reduce the risk of future occurrence include:**

   Education was initiated on 5/31/24 with licensed nurses regarding x-ray orders process and having them completed per physicians orders.

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

   DON or designee will complete a random audit on x-ray orders weekly x 4 weeks then monthly x 2 months.

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Correction Plan completion Date: 6/4/24