

PRINTED: 11/13/2024
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SPL611

Facility ID: 1A0541

If continuation sheet Page 1 of 13

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165357	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH ROSE VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 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 658	<p>Continued From page 1</p> <p>Interview for Mental Status (BIMS) score of 00 out of 15 which indicated severely impaired cognition. It included diagnoses of Alzheimer's disease, Non-Alzheimer's dementia, dysphagia (difficulty swallowing), Gastro-Esophageal Reflux Disease (GERD), and Calculus of Gallbladder (gallstones). It indicated the resident was dependent with all aspects of Activities of Daily Living (ADL's).</p> <p>The Electronic Health Record (EHR) included a physician order dated 7/19/22 to elevate the head-of-bed (HOB) to 30 degrees when in bed.</p> <p>The Care Plan dated 7/19/22 listed an intervention for head-of-bed to be elevated 30 degrees. It also included an intervention revised 10/26/24 which directed staff to elevate the resident's HOB related to emesis (vomiting).</p> <p>The Progress Notes included long term care evaluations dated 7/21/24 and 10/23/24 which confirmed the resident's HOB was elevated. The progress note dated 7/21/24 indicated the resident's HOB was elevated related to emesis.</p> <p>On 11/06/24 at 8:58 AM, Staff F, Certified Nurse Aide (CNA) stated she did not know why the resident required her HOB to be elevated.</p> <p>The facility did not have a policy specific to following physician's orders.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the Care Plan.</p>	F 658			
F 803 SS=E	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p>	F 803			

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F 803	<p>Continued From page 2</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, menu review, clinical record review, staff interviews, and policy review, the facility failed to serve the appropriate portion of fried rice for 13 of 15 residents who received carbohydrate controlled or consistent carbohydrate diets. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>On 11/05/24 at 11:57 AM, Staff A, cook, identified</p>	F 803			

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F 803	<p>Continued From page 3</p> <p>the following lunch menu items and corresponding serving size scoop size:</p> <p>a) Sweet & Sour chicken - 6-ounce (oz) scoop</p> <p>b) Oriental vegetables - 4 oz scoop</p> <p>c) Fried rice - 4 oz scoop</p> <p>A review of the Diet Type Report indicated 15 residents were ordered carbohydrate controlled/consistent carbohydrate diets.</p> <p>On 11/05/24 beginning at 12:09 pm, a continuous lunch service observation revealed 13 residents with Carbohydrate Controlled/Consistent Carbohydrate (CCHO) diets were served 4-ounce (oz) servings of fried rice instead of 2 2/3 oz servings as ordered. Four (4) of the residents with CCHO diets received full 3" x 2.5" servings of mandarin orange cake instead of a 0.5 serving size. One (1) resident was out of the facility with family and one (1) resident ate a chef salad as an alternate menu option.</p> <p>On 11/05/24 at 12:58 PM, Staff A stated the Martin Brothers conversion chart was used to identify serving size scoops.</p> <p>A review of the Diet Spreadsheet indicated CCHO residents' fried rice portion size required a #12 scoop.</p> <p>The Martin Brothers conversion chart revealed a #12 scoop was 2 2/3 oz.</p> <p>A policy titled "Therapeutic Diets" revised 10/2017 indicated therapeutic diets will be determined in accordance with the resident's treatment goals. It identified diabetic/calorie-controlled diets as therapeutic diets.</p>	F 803			

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F 803	Continued From page 4	F 803			
F 812	On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the diet spreadsheets.				
SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812			
	<p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and facility policy review, the facility failed to maintain sanitary practices by improperly storing food. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>On 11/04/24 at 9:45 AM, a kitchen observation identified the following findings:</p> <p>1. Three (3) unlabeled plastic containers with "cereal-like" contents on a kitchen counter. Two</p>				

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F 812	<p>Continued From page 5</p> <p>(2) were not dated.</p> <p>2. An unlabeled bowl of "macaroni-like" substance in an Arctic Air refrigerator.</p> <p>3. An undated, unlabeled bag of "hamburger bun-like" items in the dry goods storage area.</p> <p>4. An unlabeled bag of "hot dog bun-like" items.</p> <p>5. A rack of trays with multiple undated & unlabeled plates of yellow, "pie-like" items in the Norlake walk-in refrigerator.</p> <p>6. A tube of undated & unlabeled "ground beef-like" meat in the Norlake walk-in refrigerator.</p> <p>7. Seven (7) trays of multiple bowls of undated, unlabeled, and uncovered "salad-like" substance. The bowls' contents were in direct contact with the bottom surface of the tray placed directly on them.</p> <p>8. A bag of unlabeled and undated "waffle-like" items in the Norlake walk-in freezer.</p> <p>9. An unlabeled, undated, and uncovered barrel of solid, white substance in the Norlake walk-in freezer stored on the floor.</p> <p>The Certified Dietary Manager (CDM) identified the barrel substance as old grease that was to be thrown away when the garbage was picked-up.</p> <p>On 11/05/24 at 12:40 pm, a follow-up kitchen observation identified the following findings:</p> <p>1. A tray of round pans with unlabeled pink, "pie-like" substance. The Certified Dietary Manager identified the items as creamy cherry pie and stated the probably should be labeled.</p> <p>2. A bag of unlabeled and undated "waffle-like" items in the Norlake walk-in freezer.</p> <p>3. An unlabeled, undated, and uncovered barrel of solid, white substance in the Norlake walk-in freezer stored on a crate.</p>	F 812			

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F 812	Continued From page 6 A policy titled "Food Receiving and Storage" revised 10/2017 indicated all foods stored in the refrigerator or freezer will be covered, labeled, and dated. It also indicated dry foods that are stored in bins will be removed from original packaging, labeled and dated. On 11/06/24 at 4:05 PM, the Administrator stated food that is removed from an identifying box must be dated, labeled and stored properly.	F 812			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880			

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F 880	<p>Continued From page 7</p> <p>but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, clinical record review and policy review the facility failed to provide appropriate catheter and peri-care to prevent the development of communicable disease and infection for 2 of 2 residents (#16 & #27) reviewed. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>1. On 11/04/24 at 3:16 pm, Resident #16 was observed with an indwelling catheter.</p> <p>The Minimum Data Set (MDS) assessment for Resident #16 dated 9/11/24 revealed a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated moderately impaired cognition. It included diagnoses of heart failure, peripheral vascular disease, Non-Alzheimer's dementia, Stage 4 Chronic Kidney Disease, and neurogenic bladder (condition that affects bladder control due to damage to the brain, spinal cord, or nerve). The MDS indicated Resident #16 required setup assistance with eating, was dependent with toileting hygiene, required moderate assistance with personal hygiene. It indicated the resident had an indwelling catheter.</p> <p>The Care Plan revised 7/26/24 revealed the resident had bacteria in her urine on 7/21/24. It included a goal that the resident would be free from catheter related trauma through the review date of 12/03/24.</p> <p>On 11/06/24 at 9:46 AM, Staff B, Licensed Practical Nurse (LPN) and Staff C, Certified Nurse Aide (CNA) donned Personal Protective</p>	F 880			

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F 880	Continued From page 9 Equipment (PPE - gown, gloves, and face shield). Staff C got hygiene wipes, removed the trash bag from the resident's trash bin, tore off a new trash bag stored under the active bag, and replaced the active bag back in the trash bin. Staff B got a brief from the resident's cabinet and placed it on the resident's bed. Staff B & Staff C pulled the resident's covers off the resident and instructed the resident to relax her legs and warned her that a cold cloth would be used. At 9:50 am, Staff C moved the resident's right leg and the catheter tubing was observed not secured to the resident. Staff C grabbed some hygiene wipes from the packaging and wiped the resident's left groin from top to bottom. She grabbed another hygiene wipe and wiped the resident's right groin from top to bottom. She repeated the process for the perineal area and wiped from front to back four (4) times and included wiping the catheter tubing. No hand hygiene or glove change was performed between touching the trash bin and performing perineal care. Staff C grabbed the urine drain bag and hung it from her left front pocket. Staff C removed her gloves, grabbed another pack of hygiene wipes, performed hand hygiene with sanitizer, and donned new gloves. Staff B & C repositioned the resident on her left side. Staff C grabbed a hygiene wipe and wiped the resident's perianal area. She repeated this process six (6) times. Staff C removed her gloves, performed hand hygiene, donned new gloves and repositioned the resident on her right side. The catheter tubing was observed partially under the resident's draw pad and put tension on the catheter tubing. Staff C removed her gloves, performed hand hygiene, donned new gloves, entered the resident's restroom, got several napkins, and the urine drain cylinder. She placed the cylinder on a few of the napkins on the floor.	F 880			

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F 880	<p>Continued From page 10</p> <p>She opened the alcohol (ETOH) swab pack and placed it on the bedside table. She opened the drain bag spigot with the napkins, drained the urine into the cylinder, grabbed the ETOH swab, and wiped the spigot. She emptied the urine, removed her gloves and performed hand hygiene. No hand hygiene or a glove change was performed between getting the napkins, drainage cylinder, and ETOH swab and accessing the urine drainage spigot.</p> <p>On 11/06/24 at 10:04 AM, Staff C stated she should've changed gloves and performed hand hygiene before wiping the resident's catheter tubing. She also stated urinary catheters should be secured but didn't know where the resident's securement device was. She didn't secure it when she was finished.</p> <p>2. On 11/04/24 at 3:27 PM, Resident #27 was observed with a urinary catheter.</p> <p>The MDS assessment for Resident #27 dated 9/04/24 revealed a BIMS score of 10 out of 15 which indicated moderately impaired cognition. It included diagnoses of peripheral vascular disease, vascular dementia, Parkinsonism, and obstructive uropathy. The MDS indicated Resident #27 required setup assistance with eating and oral hygiene, was dependent with toileting hygiene, required supervision with personal hygiene, and required moderate-to-maximal assistance with all other Activities of Daily Living (ADLs). It indicated the resident had an indwelling catheter.</p> <p>The Care Plan dated 4/23/24 included the resident's urinary catheter and directed staff to utilize proper hand hygiene techniques.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>The Electronic Health Record (EHR) included a urinalysis dated 11/01/24 that indicated the resident had greater than (>) 100,000 colony-forming units/milliliter (cfu/ml) of Proteus Mirabilis Extended Spectrum Beta-Lactamase (ESBL - multi-drug resistant organism). It also included the following physician's orders:</p> <p>a) 10/17/24 Ciprofloxacin tablet 250 milligrams (mg) take 1 tablet by mouth twice daily for 7 days for Urinary Tract Infection (UTI).</p> <p>b) 11/05/24 Gentamicin injection 40 mg/ml inject 2.5 ml (100 mg) intramuscular (IM) three time daily for 3 total days for UTI.</p> <p>On 11/06/24 at 9:30 AM, Staff D, Certified Nurse Aide (CNA) and Staff E, CNA donned PPE and entered Resident #27's room. Staff E gave Staff D a face shield. Staff D removed the face shield from the plastic packaging, and pulled the protective film from the shield. Staff D & E donned gloves. Staff D entered the resident's restroom and got some napkins and a drainage cylinder. She placed the napkins on the floor and the cylinder on the napkins. She opened an alcohol (ETOH) swab pack and placed it on the napkins beside the collection cylinder. She grabbed the resident's urine drainage bag, stood up, lifted the catheter drainage bag above the resident's bladder, pulled the spigot from the spigot chamber, lowered the bag over the cylinder, unlocked the spigot and drained the urine into the cylinder. While the urine was draining, some urine splashed over onto the napkin directly in front of the opened end of the ETOH swab package. When the urine bag was empty, Staff D locked the spigot, grabbed the ETOH swab from the opened package, wiped the spigot tip, and secured it back in the spigot</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH ROSE VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1109 NORMAL STREET WOODBINE, IA 51579		
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F 880	<p>Continued From page 12</p> <p>chamber. No hand hygiene or glove change was performed during the procedure.</p> <p>A facility policy titled "Handwashing/Hand Hygiene" revised 8/2019 directed all personnel should follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. It also directed staff to use alcohol-based hand rub or soap and water before and after handling an invasive device and after contact with objects in the immediate vicinity of the resident.</p> <p>On 11/06/24 at 4:05 PM, the Administrator stated staff should follow the facility's hand hygiene policy.</p>	F 880			

Azria Health Rose Vista Plan of Correction

Annual Survey 11/4/2024 - 11/7/2024

F658 Service Provided Meets Professional Standards

1. Residents with specific orders for head of bed height were immediately reviewed, bed heights confirmed to follow orders, care plans and kardex reviewed to assure accuracy.
2. Residents with specific head of bed height orders have the potential to be affected.
3. Staff were re-educated on the Azria Medication and Treatment Order Practice Policy.
4. The DON or designee will complete an audit of residents with specific head of bed height orders to assure head of bed is at appropriate height 3 times weekly x 2 weeks, then weekly x 4 weeks, then monthly x 3 months.

Compliance Date: 11/23/2024

F803 Menus Meet Resident's Needs/Prep in Advance / Followed

1. Residents with carb-controlled diets were immediately reviewed. Dietary staff were immediately re-educated on serving sizes for carb-controlled diets.
2. Residents with carb-controlled diets have the potential to be affected.
3. Dietary staff were re-educated on the Azria Therapeutic Diet Policy.
4. The Dietary Supervisor or designee will complete an audit of portion sizes for carb-controlled diets during meal pass 3 times weekly x 2 weeks, then weekly x 4 weeks, then monthly x 3 months.

Compliance Date: 11/23/2024

F812 Food Procurement, Store/Prepare/Serve-Sanitary

1. Food items out of original box and not identified for what kind food were immediately labeled. The grease barrel was moved out of the freezer with food and placed in a freezer without food, a lid was applied. Prepped food was assured to be covered appropriately.
2. All residents have the potential to be affected.
3. Dietary staff were re-educated on the Azria Food Receiving and Storage Policy.
4. The Dietary Supervisor or designee will complete an audit of food storage and labeling, fresh food appropriately covered, and grease storage 3 times weekly x 2 weeks, then weekly x 4 weeks, then monthly x 3 months.

Compliance Date: 11/23/2024

F880 Infection Control

1. Certified and Clinical staff members were immediately educated on infection control practices during catheter care.
2. All residents have the potential to be affected.
3. Staff members were re-educated on the Azria Hand Hygiene Policy and Azria Emptying of Urinary Collection Bag Policy.
4. The DON or designee will complete an audit of hand hygiene during catheter cares and peri-cares 3 times weekly x 2 weeks, then weekly x 4 weeks, then monthly x 3 months.

Compliance Date: 11/23/2024