| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **165624** | A. BUILDING _____ B. WING _____ | **08/19/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **BRIO OF JOHNSTON, LLC** | **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) |
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| F 0656<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on clinical record review and staff interviews, the facility failed to document care plan interventions for 2 of 9 care plans reviewed (Residents #4 and #5). The facility reported a census of 28 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 showed an admission date of [DATE] and a Brief Interview for Mental Status (BIMS) score of 15, which meant the resident demonstrated intact cognition. The MDS revealed the resident had [DIAGNOSES REDACTED]. The MDS documented Resident #4 required assistance of staff for transfers. An incident report revealed a fall occurred on 7/30/20 at 8:00 pm when the resident attempted to transfer independently from the recliner to the bed. The resident sustained [REDACTED]. On admission, the care plan identified the resident as a fall risk and contained interventions to prevent falls, including assistance with transfers; however, staff did not list a care plan intervention for the 7/30/20 fall until 8/12/20. On 8/13/20 at 08:45 am, Staff E, Licensed Practical Nurse (LPN) reported not placing an intervention on the care plan the shift of the fall on 7/30/20. On 8/13/20 at 10:25 am, Staff D, Registered Nurse (RN) could not recall a fall intervention being implemented when working the two days following the fall (7/31/20 and 8/1/20). On 8/18/20 at 03:45 pm, the Minimum Data Set (MDS) Coordinator produced a note by the DON, dated 7/31/20, with the incident report stating the resident was forgetful at times and signage posted in the room for a reminder to use the call light. The DON, on 8/13/20 at 10:45 am, said he placed the intervention on the care plan on 8/12/20 following a review where he recognized the reminder sign had not been put on the care plan at the time the intervention had been implemented. 2. The MDS assessment dated [DATE] for Resident #5 showed an admission date of [DATE] and a BIMS score of 4, which indicated the resident displayed severe cognitive impairment. The MDS reveled the resident had [DIAGNOSES REDACTED]. Incident reports reveal the resident fell on [DATE], 5/21/20, 5/24/20, and 5/29/20. Interdisciplinary notes document the falls from 5/5/20 to 5/29/20 and do not indicate any interventions to prevent them in the future. The care plan identified the resident as at risk for falls and included interventions to prevent falls. However, the resident fell four times between 5/4/20 and 6/5/20, but did not contain any interventions to address those falls. On 8/18/20 at 03:45 pm, Staff C, LPN, stated that the nurse writing an incident report for a fall does not devise an intervention as that is left to the Director of Nursing (DON). On 8/13/20 at 03:45 pm, the MDS Coordinator stated that an interdisciplinary team meets Monday through Friday to discuss falls and determine an intervention to be placed on the care plan, although over the weekend, the on-call nurse might update the care plan. The facility's Fall Checklist revised 8/5/19 directed staff there must be a new intervention to prevent a fall added to the care plan and documented in the interdisciplinary notes. On 8/19/20 at 01:00 pm the DON stated the expectation is for the nurse writing the incident report to update the care plan with a fall intervention. |
| F 0677<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide care and assistance to perform activities of daily living for any resident who is unable.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, clinical record review, and staff interview, the facility failed to ensure staff provided oral care/personal hygiene for one (Resident #9) of two residents observed. The facility reported a census of 48 residents. Findings include: The Minimum Data Set (MDS) assessment for Resident #9 dated 7/18/20, included [DIAGNOSES REDACTED]. The MDS identified the resident needed extensive assistance of two staff for bed mobility, transfers, dressing, toilet use and personal hygiene. An observation on 08/19/20 at 11:38 AM revealed the resident lying in bed. Staff A, Certified Nurse Aide (CNA) and Staff B, CNA proceeded to provide incontinent care, dress the resident, transfer her to a wheelchair and push her to the dining room for lunch. At that time, the resident's hair stuck out in the back and on the sides. Staff did not offer or provide any personal hygiene (washing of face, hands, chest, arm pits; deodorant; hair grooming) or oral care. During an interview on 08/19/20 at 11:50 AM, Staff B, CNA, verified the resident did not get up for breakfast and was getting up for the first time that day. CNA stated the resident usually sleeps in and then staff assist her up for lunch. During an interview on 8/19/20 at 12 P.M., the Director of Nursing (DON) stated the expectation for resident's personal hygiene and oral care to be completed in the morning before breakfast or when getting up for the day. The DON stated the cares to be completed are perineal care, oral care, and washing of face, hands, and chest/armpit areas. He also stated staff should apply deodorant and brush/comb the resident's hair. The DON verified even if resident often refuses, staff should offer personal hygiene cares. |
| F 0880<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide and implement an infection prevention and control program.**<br><br>Based on observations, staff interviews, and policy review the facility failed to comply with current infection prevention and control standards. The facility reported a census of 48 residents. Findings include: 1. During observations on 8/12/20 at 12:30 P.M., 8/17/20 at 5:30 P.M., and 8/18/20 at 11:45 P.M., 12-14 residents were observed in the dining room seated at 3 tables and a bar. Four to six residents were seated at the table tops that measured 90 inches X 42 inches. Two to three residents were seated at the table tops that measured 36 inches X 36 inches. No residents were observed wearing masks and no masks were visible on the tables. The residents were not maintained at a distance of 6 feet apart to adhere to social distancing requirements. 2. During an observation on 8/18/20 at 11:30 A.M., Staff C, Licensed Practical Nurse (LPN) placed clothing protectors on several residents and touched each resident. The LPN proceeded to ask several individual residents what kind of juice they wanted to drink, pour the juice from a carafe into a glass, and give the glass to each resident. The LPN touched each resident on the shoulder or back while talking to them. The LPN failed to sanitize her hands after touching each resident and then touching the carafe and glasses for each resident. Review of a facility policy dated 2008 titled Hand Washing and Hand Hygiene stated hand hygiene must be performed with specific examples of before and after touching medication or food to be given to a resident and between contacts with different residents in high risk areas. During an interview on 8/18/20 at 1 P.M., the DON verified staff should sanitize their hands between touching residents and the glasses. |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE