

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER CLARION WELLNESS AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 110 13TH AVENUE SW CLARION, IA 50525	
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)		
F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to meet professional standards of care for 1 of 5 residents reviewed, (Resident #1). The facility reported a census of 40. Findings include: According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #1 scored 10 on a Brief Interview for Mental Status (BIMS) showing moderate impairment. The resident had a [DIAGNOSES REDACTED]. The MDS showed Resident #1 was receiving anticoagulant medication. Chart review showed Resident #1 had admission orders [REDACTED]. Chart review showed pharmacy Admission Medication Review dated 5/26/20, asking the facility to clarify current [MEDICATION NAME] dosing. Form was dated 5/28/20 asking to please clarify, with the provider's signature dated 5/28/20 with no [MEDICATION NAME] clarification on form and noted on 5/29/20. Chart review showed a Nursing Communication form dated 5/28/20 asking for clarification of eye drops and [MEDICATION NAME], signed by the provider, and dated 5/28/20. Form has [MEDICATION NAME] crossed out and [MEDICATION NAME] written in place noted as an error dated 5/29/20. During interview on 9/15/20 at 10:35 am, the Director of Nursing (DON) stated the admission orders [REDACTED]. The DON was asked how she knew the correct way to administer the medication to Resident #1 and she stated used the directions that were on the medication bottle that the resident brought in. Resident #1's chart included a facsimile from the facility asking the provider when they wanted [MEDICATION NAME] Time (PT) International Normalized Ration (INR) drawn. The provider ordered in 2 weeks on (6/11/20), signed and dated by the provider on 5/29/20. Review of chart showed a Progress Note dated 6/10/20 at 10:00am at care conference discussed Residents admission medications and residents wife related dose was different prior to admission to the facility. Review of records show INR was drawn on 6/11/20 and faxed to the provider, call was placed to the clinic requesting the provider to address the lab results. Review of Progress Note dated 6/ 11/20 at 2:21 pm showed facility contacted the clinic and was directed to the INR clinic and was given an order to be the same as it was at home. [MEDICATION NAME] 5mg Sunday and Wednesday and 5.5mg all other days. Progress Note dated 6/18/20 at 4:26 pm documented received lab results from INR-2.89 Call placed to pharmacist, the family expresses that is who takes take of INR/[MEDICATION NAME] dosing. Review of Medication Order policy dated 5/07, noted medications are administered only upon the clear and complete order, medication orders to contain the dosage, and any dose or order that appears inappropriate is verified with the attending physician. The policy showed to complete documentation of medication order, the order needs to be clarified. On 9/14/20 at 11:50 am Resident #1's power of attorney (POA) stated he did not receive weekly skin assessments during his stay. The POA stated Resident #1 is on an anticoagulant and should have skin checks done for bruising, skin tears, and bleeding. Review of Residents Order Summary report showed Resident #1 had weekly skin assessment/ evaluation ordered from 5/23/20 to 6/23/20. Review of the Assessment tab in Point Click Care (PCC) showed no weekly skin assessments. During interview on 9/15/20 at 1:00 pm the DON stated copies of skin assessments were given to the family as requested and now cannot be found. On 9/16/20 at 2:30 pm, DON stated she expects the skin assessments to be completed weekly. She stated she is going to be taking over this task to ensure completion. The DON stated she expects unclear orders to be clarified as soon as possible.</p>		
F 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to assure there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs by answering residents calls lights in a timely manner for two of five residents reviewed (Residents #2 and #3). The facility reported a census of 40 residents. Findings Include: 1. The Minimum Data (MDS) with an Assessment Reference Date of (ARD) of 7/16/20 for Resident #2 showed a Brief Interview Status Score (BIMS) of 15, indicating intact cognition. The MDS showed the Resident to have a [DIAGNOSES REDACTED]. The resident had extensive assistance requiring two person assist with transfers, dressing, and hygiene. During interview on 9/14/20 at 1:00 pm the Resident stated sometimes she has to wait a long time for staff to help her after pushing her call light, but cannot state the amount of time but stated it feels like an hour. Resident said shift change is the worst time, and stated the call light times need to be better. Resident said she learned her lesson, and she had a fall yesterday (9/13/20) in the bathroom. Resident stated she took herself to the bathroom and fell trying to get back to her wheelchair. Resident stated she did not use the call light until she had fallen and could not get back up. Resident said she did not use the call light because sometimes it takes a while and she had to go. Resident stated she knows they are busy and that she needs to be more patient. Review of Progress Note dated 9/13/20 at 9:30 pm, noted Resident #2 had a fall in the bathroom. The Resident had already self-transferred to the toilet and was going to her wheelchair and missed sitting just on its edge then sliding to the floor. Staff asked Resident How do we prevent future falls? resident replied I need to push my call light and wait for the girls, Certified Nursing Assistant (CNA) to come. Review of the call light report showed Resident #2 did push the call light after the fall on 9/13/20 at 9:16 pm. Review of the call light report for 9/11/20 thru 9/14/20 showed the resident waited: 35:44 minutes on 9/11/20 at 11:25 am, 19:57 minutes on 9/12/20 at 7:27 am, 16:20 minutes on 9/12/20 at 8:10 am, 16:43 minutes on 9/12/20 at 11:12 am, 25:52 minutes on 9/12/20 at 11:42 am, 18:22 minutes on 9/12/20 at 4:13 pm, 32:26 minutes on 9/13/20 at 11:39 am. 2. The MDS with ARD of 8/14/20 for Resident #3 showed a BIMS score of 15, which indicates intact cognition. The MDS showed the Resident to have a [DIAGNOSES REDACTED]. Resident #3 had extensive assistance with two person assist for transfers, dressing, and hygiene. The resident required total dependence with locomotion. During interview on 9/14/20 at 12:40 pm Resident #3 said she doesn't have to wait an unusually amount of time for staff to answer her call light. She stated sometimes it takes longer but is unable to state how much time it does take. Review of the call light report from 9/11/20 thru 9/14/20 showed Resident #3 waited 28:00 minutes on 9/11/20 at 10:23 am, 23:47 minutes on 9/12/20 at 11:27 am, 22:27 minutes on 9/12/20 at 11:22 am. The call light report for 9/11/20 through 9/14/20 showed 37 times when the call light was not answered within 15 minutes. On 9/15/20 at 2:00 pm Staff A, Certified Nursing Assistant (CNA) stated it is hard to answer call lights quickly due to short staff. Staff A said the call light system is a pager system and is unaware of call light policy. On 9/15/20 at 2:35 pm, Staff B, CNA stated the call light should be answered in 15 minutes or less, if the call light is not answered within the 15 minutes it alerts somebody but was unsure who alerted. Staff B said sometimes residents get frustrated but was unable to give exact names. On 9/15/20 at 2:45 pm, Staff C, CNA stated the call lights should be answered in less than 8 minutes and if it goes to 15 minutes it was bad. Staff C said all pagers can see all call light alerts. Staff C stated it depends on the day and what is going on and who is working if call lights get answered timely. During interview on 9/16/20 at 2:30 pm the DON stated the facility is aware call lights are not being answered within 15 minutes. She is preparing a staff education and will be conducting audits. The DON stated she expects call lights to be answered before 15 minutes. Review of the Call Light policy dated 5/07, directed staff should answer the call light within a reasonable time (10-15minutes).</p>		
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER CLARION WELLNESS AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 110 13TH AVENUE SW CLARION, IA 50525	
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 0725</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	(continued... from page 1)		