

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2025
NAME OF PROVIDER OR SUPPLIER  Azria Health Park Place		STREET ADDRESS, CITY, STATE, ZIP CODE  2401 East Eighth Street Des Moines, IA 50316	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interview and policy review, the facility failed to fully submit a Level 1 Preadmission Screening and Resident Review (PASRR) evaluation to the appropriate state-designated authority prior to admission or within 30 days for 1 of 4 residents reviewed (Resident #50). The facility reported a census of 51 residents. Findings include: The Annual Minimum Data Set (MDS) dated [DATE] documented Resident #50 had a Brief Interview for Mental Status (BIMS) of 15, indicating intact cognition. The resident had diagnoses to include medically complex conditions, cerebral palsy, anxiety disorder and depression. The MDS documented the original admission date for Resident#50 as 3/3/25. Review of the Electronic Health Record (EHR) for Resident #50 lacked documentation of a Level I PASRR submitted prior to admission or within 30 days of admission. Resident #50 admitted to the facility on [DATE]. During an interview 12/2/25 at 11:30 AM, Staff F, Social Services Director (SSD), stated he just submitted a Level I PASRR last week for Resident #50 which had a determination of Level II, time limited approval. The determination date was 11/28/25. Staff F acknowledged the resident admitted to the facility in March of 2025. Clinical record review of the PASRR report for Resident #50, dated 11/28/25, had a determination of Level II approval, time limited, ending on 5/28/26. The PASRR report documented on 3/15/25 a Level I screen was submitted by the facility for consideration of nursing facility level of care, the screen was cancelled because the submitter did not submit requested documentation. On 11/8/25 a Level I screen was submitted by the facility for consideration of ongoing nursing facility level of care due to not having a PASRR approval prior to nursing facility admission. A full PASRR Level II assessment was completed and identified services and supports are identified. During an interview 12/2/25 at 12:40 PM, Staff F, SSD stated they were the one who submitted the PASRR in March for Resident #50 and did not realize it was cancelled due to not having the required documentation. Staff F acknowledged he did not go back in and check the resident's PASRR status and did not submit another PASRR until November which resulted in a Level II with identified specialized services for the resident. During an interview 12/2/25 at 1:39 PM, the Administrator stated an expectation a PASRR screening should have been fully completed in March when Resident #50 was admitted to the facility, and the requested documentation should have been submitted upon request in March of 2025 to completed the PASRR screening. The Administrator acknowledged the gap of time from March to November of 2025 with PASRR not completed for the resident. Review of facility policy admission Criteria, revision date of March 2019, documented all new admissions are screened for mental disorder, intellectual disabilities or related disorders per the Medicaid Pre-admission Screening and Resident Review (PASRR) process. The facility conducts a Level I PASRR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, record review, staff interviews and policy review, the facility failed to ensure residents on a therapeutic diet to include pureed food (Residents #24, #38, #40 and #42) were served the correct amount and serving size. The facility reported a census of 51 residents. Findings include: During an observation 12/3/25 at 10:30 AM, Staff E, cook, prepared the pureed lunch food items following a specific recipe for each food item. The recipe was followed accurately and provided the serving scoop size for each food item. Staff E advised there were 3 residents on a full pureed diet (Residents #24, #40 and #42) and one resident on a pureed meat diet (Resident #38). The food items pureed were frosted chocolate cake, beef stew, steamed vegetables and biscuit. Review of the Electronic Health Record (EHR) for Resident #24 revealed a diet order with a start date of 2/4/25 for a general diet, pureed texture (smooth, creamy and lump-free) and thin consistency. Review of the EHR for Resident #40 revealed a diet order with a start date of 10/29/25 for a general diet, pureed texture, nectar consistency. Review of the EHR for Resident #42 revealed a diet order with a start date of 2/5/24 for a general diet, pureed texture, thin consistency. Review of the EHR for Resident #38 revealed a diet order with a start date of 9/21/20 and a revision date of 5/24/22 for a general diet, mechanical soft texture, thin consistency and pureed meats. During a continuous observation 12/3/25 beginning at 12:00 PM, Staff E, [NAME] began preparation for lunch service in the main dining room and placed serving scoops into the pureed food items on the steam table. Staff E used the red handled scoop, which is a #16 scoop size (2 ounces), for the pureed beef stew, the pureed vegetables, and the pureed biscuit. Staff E used the grey handled scoop for the pureed dessert of frosted chocolate cake, which is a #8 scoop size (4 ounces). Review of the Sysco Dining Manager recipe sheets for the pureed food prepared and served for lunch revealed the residents on the pureed diet for the dessert should have received a scoop size #10 (3.76 ounces), for the vegetables it should have been a scoop size #12 (2.67 to 3.3 ounces), for the beef stew it should have been 2 servings of the scoop size #8 (4 ounces in each scoop) and for the biscuit it should have been a #12 scoop size. The residents received a smaller serving of the vegetables, beef stew and biscuit than what they should have received and a larger serving of the dessert. During an interview 12/3/25 at 1:30 PM, the Certified Dietary Manager (CDM) stated that staff are expected to use the appropriate size serving scoop for residents to ensure each resident is served the appropriate amount of food. The CDM acknowledged the residents on a pureed diet did not receive the appropriate amount of food, and were served less than what they should have been served for each food item other than the dessert, which was a larger portion than what they should have been served. Review of the facility policy Food and Nutrition Services, with a revision date of October 2017, documented each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Meals and/or nutritional supplements will be provided per order or per resident request.</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.  (continued on next page)		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observations, staff interview and policy review, the facility failed to ensure staff used proper food handling procedures, failed to ensure hair was covered by staff while in the kitchen area, failed to maintain a clean kitchen area where food was served to residents, failed to ensure all food was covered on room trays and failed to ensure staff used proper hand placement on glassware used to serve residents. The facility failed to prevent possible contamination of food. The facility reported a census of 51 residents. Findings include: During a continuous observation 12/1/25, beginning at 12:00 PM, Staff D, Dietary Aide, placed his hand directly on the rim of a coffee cup while serving residents drinks during lunch service for four separate residents. Staff D carried two separate room trays out of the dining room down hallways with the dessert (cake) not covered. The remainder of the room trays served to residents who ate their meal in their room were placed on carts and delivered to residents with the dessert partially covered by a plastic lid. During an observation 12/3/25 at 10:30 AM, Staff D, Dietary Aide, was observed performing meal preparation tasks in the main kitchen without a beard net, Staff D had a beard. During a continuous observation 12/3/25, beginning at 11:50 AM, Staff D, Dietary Aide, stacked the water/juice plastic cups and delivered residents cups from this stack of cups, with his hand on the rim of the cups. During an observation 12/3/25 at 12:00 PM, food was brought from the main kitchen in the basement to the kitchenette in the main dining room for lunch service. Observed the swinging door into the kitchenette to have splattered fluid and food on the inside of the door, pink and brown in color, with a pick substance pooled on the bottom of the rim of the door. Observed food/fluid splattered on the walls by the door and door frame area. The walls by the utility sink in the kitchenette had a brown substance splattered on the two walls. The insulated food cart used to bring up food from the kitchen in the basement to the kitchenette in the dining room had food/fluid splattered on the outside of the cart. During a continuous observation 12/3/25, beginning at 12:05 PM, Staff E, Cook, began preparations for lunch service from the kitchenette. Lunch served on this date was beef stew, a tossed green salad with shredded cheese and dressing, a biscuit and frosted chocolate cake. Staff E placed hot food in the steam table and placed a plastic container of shredded cheese and two separate plastic containers of shredded and torn salad greens on a cart next to the steam table. Staff E put a glove on her right hand, then placed plates out on the surface of the steam table with her right hand and began plating food, using her right hand to scoop hot food onto the plate and into bowls. Staff E put her right hand directly into the lettuce containers to place lettuce onto the plates and then put her right hand directly into the cheese container and put the cheese on top of the lettuce on the plates. Staff E continued this process of plating food for residents. In between placing the lettuce and cheese onto the plates, Staff E used this same gloved hand to touch plates, paper tickets, utensils and surfaces. Staff E used this same gloved hand to put the lettuce and the cheese onto several plates without changing the glove. Staff E did change the glove after touching fish sticks and then placed her gloved hand into the lettuce and then into the cheese for several more plates without changing gloves and touched surfaces, plates and utensils, and paper tickets in between. At the end of lunch service, with approximately 10 room trays left to plate, Staff E then used tongs to put the lettuce and the cheese onto the plates. The room trays had the dessert on a plate, the plate was covered with just a plastic lid, it did not cover the entire dessert, which was a piece of cake. During an interview 12/3/25 at 1:30 PM, the Certified Dietary Manager (CDM) stated an expectation staff do not place their hands on the rim of the cups or glasses to serve residents and do not stack the plastic cups while placing cups at each resident's table. The CDM stated an expectation all food is covered completely on room trays before they leave the dining room. The CDM stated an expectation staff change gloves each time before putting the gloved hand into a container of food and touching the food directly, the CDM stated an expectation staff use tongs or a utensil to touch food items and not their hands, and not use the same gloved hand after touching surfaces to stop the potential for cross contamination and for infection control purposes. The CDM stated an expectation the kitchenette area be clean and staff with beards wear a beard net while in the kitchen. The CDM acknowledged male staff in the kitchen, two staff, have a beard and have not worn beard nets, he stated the facility does not have beard nets available and they will need to be ordered. During an observation 12/3/25 at 1:50 PM, observed two male staff in the main kitchen, both cleaning the lunch service dishes, neither of them had a beard net and both had beards. Review of the facility policy Food Preparation and Service, with a revision date of April 2019, documented food and nutrition services employees prepare and serve food in a manner that complies with safe food handling practices and food preparation staff adhere to proper hygiene</p>		