STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165350	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Acres Rehabilitation and Care Center	1501 Office Park Road West Des Moines, IA 50265

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	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on clinical record review, and staff interviews, the facility failed to give medications as directed per the physicians orders for 2 or 4 residents reviewed. (Resident #1 and Resident #6). The facility reported a census of 56 residents. Finding include: 1. The Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 had diagnoses for which included anemia, hip fracture, cerebrovascular accident, seizure disorder, traumatic brain injury anxiety and depression. The MDS documented the resident scored a 3 on the Brief Interview for Mental Status (BIMS). A score of 3 identified severely impaired cognitive abilities. The MDS assessment documented the resident required substantial to maximal assistance with activities of daily living. The Medication Discharge report signed and dated by the physician on 1/11/24 at 10:50 a.m., instructed staff to apply a Lidocaine (pain) topical pad (4%) transdermal every day. The Electronic Order transmitted to the pharmacy dated 1/11/24, instructed staff to apply Lidocaine Pad 4%, apply 1 patch on at 8:00 a.m., and off at 8:00 p.m. The Medication Administration Record (MAR), date 1/11/24-1/31/24, documented Lidocaine Patch 4%, apply 1 patch topically and change daily (apply at 8:00 a.m., and remove at 8:00 p.m.) started on 1/15/24 at 8:00 p.m. Interview on 3/28/24 at 2:33 p.m., the facility Interim Administrator stated that the expectation of the staff are to follow the physicians orders. 2. The MDS assessment dated [DATE], revealed Resident #6 had diagnosis for which included anemia, renal failure, arthritis, osteoporosis, non-Alzheimer dementia, anxiety and depression. The MDS documented the resident scored a 3 on the BIMS for which identified severely impaired cognitive abilities, required substantial to dependent assist with activities of daily living and frequently incontinent of bowel and bladder. The Care Plan with an initiated dated 6/9/2022, identified Resident #6 has episodes of behaviors as evidenced by: exhibiting physical aggression towards another resident, and refusal of cares. Interventions include: (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Pine Acres Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Office Park Road West Des Moines, IA 50265	

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Administer medications as ordered. Monitor/document for side effects and effectiveness. *Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. * Remove from situation and take to alternate location as needed. *Observe and chart behaviors and report to physician as indicated Monitor/ document/ report as necessary any changes in cognitive function, specifically changes in the following: decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, mental status *Obtain labs as ordered. Report any abnormal values to physician. A Physicians Orders dated 2/28/24 at 11:08 a.m., documented, Urine Analysis (UA) with culture and sensitivity for increased altered mental status, irritability, lethargy and low grad temperature. The Progress Notes documented on these dates and times: *2/28/2024 3:35 p.m., Note Text: Weekly notes received from Hospice of the Midwest, new order for UA with culture and sensitivity from Advanced Registered Nurse Practitioner (ARNP). *2/28/2024 10:20 p.m., Note Text: Straight catheter UA attempted this shift. Bladder was empty at this time. *2/29/2024 12:02 p.m., Social Service Note Text: Resident has had an increase in confusion and some behaviors. *3/1/2024 1:47 p.m., Medication Administration Note Text: Obtain UA C&S every shift for labs discontinue (D/C) ONCE OBTAINED, Unable to obtained. *3/1/2024 9:59 p.m., Medication Administration Note Text: Obtain UA C&S every shift for labs D/C ONCE OBTAINED, Straight catheter attempted via sterile technique. Bladder empty at this time. *3/2/2024 5:02 p.m., Medication Administration Note Text: Obtain UA C&S every shift for labs D/C ONCE OBTAINED, lab pick up not available on weekend *3/3/2024 8:52 p.m., Medication Administration Note Text: Obtain UA C&S every shift for labs D/C ONCE OBTAINED, Sample obtained this shift via swab and sample to be sent via Fed Ex. *3/12/2024 00:19 a.m., Nursing Note Text: Received UA results with instructions from ARNP to start Ciprofloxin (antibiotic) (antibiotic) 250 milligrams by mouth twice daily for 10 days. order faxed to pharmacy. Waiting confirmation. *3/13/2024 9:38 p.m., Nursing Note Text: Medication received. A Scientific Report with a facsimile dated 3/9/24 at 8:08 a.m., documented, (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Collected date 3/6/2024 Received date 3/8/2024 Report dated 3/9/2024 Sample type=Urine swab The Order Electronically Transmitted From Pharmacy dated 3/11/24, documented Cirpofloxacin Tablet 250 milligrams, one tablet by mouth twice daily for 10 days. Interview on 4/2/24 at 4:35 p.m., the Regional Director of Operations confirmed and verified that the physicians orders were not followed and it is the expectation of the staff to follow the physicians orders.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on clinical record review and staff and resident interview, the facility failed to provide two baths a week as directed for 3 out of 4 residents reviewed (#1, #2, and #3). The facility reported a census of 56 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #1 had diagnoses for which included anemia, hip fracture, cerebrovascular accident, seizure disorder, traumatic brain injury anxiety and depression. The MDS documented the resident scored a 3 on the Brief Interview for Mental Status (BIMS). A score of 3 identified severely impaired cognitive abilities. The MDS assessment documented the resident required substantial to maximal assistance with showers/bathing. Review of electronic documentation of task completion (bathing) for Resident #1 revealed the facility failed to provide baths between: *December 21,2023 and December 28, 2023 *January 15, 2024 and January 22, 2024 *February 5, 2024 and February 12, 2024. 2. The MDS assessment dated [DATE], revealed Resident #2 had diagnosis for which included anemia, coronary artery disease, heart failure, anxiety, depression and muscle weakness. The MDS documented the resident scored a 12 on the BIMS for which indicated moderate cognitive abilities. The MDS assessment documented the resident required dependence on bathing/shower activity. Review of the electronic documentation of task completion (bathing) for Resident #2 revealed the facility failed to provide baths between: *March 8,2024 and March 15, 2024. Interview on 3/27/24 at 10:10 a.m., Resident #2 expressed that they would like a shower twice a week. 3. The MDS assessment dated [DATE], revealed Resident #3 with diagnosis for which included anemia, renal failure, diabetes mellitus, non-Alzheimer dementia, anxiety and depression. The MDS documented the resident scored a 9 on the BIMS for which indicated moderately impaired decision making abilities. The MDS documented the resident required substantial to maximum assistance with showers/bathing. Review of the electronic documentation of task completion (bathing) for Resident #3 revealed the facility failed to provide bath between: *December 4, 2023 and December 11, 2023 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*March 8, 2024 and March 15, 2024 Interview on 3/28/24 at 3:00 p.m., the facility Interim Administrator confirmed and verified that baths were not completed twice a week and that the expectation of the staff are to give the resident two baths a week.