STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165479	A. Building B. Wing	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calvin Community	4210 Hickman Road Des Moines, IA 50310

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817 Based on clinical record review, staff interview, and policy review the facility failed to refer one of one residents with a negative Level I result for the Pre-Admission Screening and Resident Review (PASRR), who were later identified with newly evident or possible serious mental disorder or other related condition, to the appropriate state-designated authority for Level II PASRR evaluation and determination (Residents #17). The facility reported a census of 51 residents. Findings include: The annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #17 identified the resident not considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition. The assessment documented the resident entered the facility on 2/8/22. The MDS documented diagnoses that included non-Alzheimer's dementia, anxiety disorder, depression, and bipolar disorder. The MDS indicated the resident took an antipsychotic, antidepressant, and hypnotic medications during the 7 day lookback period. The MDS documented the resident had disorganized thinking, inattention, and no other behaviors. The care plan revised 3/25/24 identified Resident #17 had diagnoses of bipolar disorder, mood disturbance, depression and generalized anxiety disorder. The care plan revealed the resident took antidepressant and antianxiety medications. The care plan directed staff to monitor the effectiveness of the medications and document target behaviors. Review of the clinical record revealed a Notice of Negative Level I Screen Outcome dated 2/28/22. The Level I screen documented Resident #17 had diagnoses of anxiety disorder and depression, but had no major mental illness such as bipolar disorder (manic depression). The PASRR required no further screening required unless the resident had a suspected major mental illness of intellectual or developmental disability or had a significant change in treatment needs. Review of the electronic health record diagnosis list revealed Bipolar disorder added on 9/19/22. The nurse practitioner progress note dated 9/26/23 revealed the resident had diagnoses of bipolar disorder. The clinical record lacked documentation the resident had been referred for a Level II evaluation and determination when he had a new/change in mental health diagnoses (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview 3/27/24 at 11:30 AM, the Social Services (SS) Director reported she checked Resident #17's medical record documents and the Maximus website, and confirmed Resident #17 last had a PASRR completed 2/28/22. When she checked the resident's chart, she found he had a new medication added, so she resubmitted a request for a PASRR review to Maximus on 3/27/24 at 11:26 AM. The Social Services Director reported the nursing staff were supposed to let her know whenever a resident had a new medication or psychiatric diagnoses added so she could submit information for a PASRR review, if applicable. The SS Director reported the PASRR process being worked on by staff at the facility. In an email from the Administrator on 3/27/24 at 2:47 PM, the Administrator wrote the facility did not have a policy for PASRR but would work on it. The Administrator wrote nursing had been educated on the importance of informing the SS Director when there had been a significant change or medication change for a resident in order for SS to update the PASRR. The SS Director now attended the morning clinical meetings.