

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165548	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2024
NAME OF PROVIDER OR SUPPLIER  Arbor Springs of West Des Moines L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 7951 E P True Parkway West Des Moines, IA 50266	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</b></p> <p>Based on record review, staff interview, and policy review, the facility failed to provide post-fall assessments and interventions for 3 of 3 residents reviewed (Residents #1, #2, and #3). The facility reported a census of 55 residents.</p> <p>Findings include:</p> <p>1. On 11/25/24 at 9:30 am, a review of Resident #1's Electronic Health Record (EHR) included a Progress Note that revealed Resident #1 had an unwitnessed fall on 10/19/24.</p> <p>The Minimum Data Set (MDS) dated [DATE] indicated the resident had a Brief Interview for Mental Status (BIMS) score of 05 out of 15, which indicated severely impaired cognition. It included diagnoses of Alzheimer's Disease and depression. It revealed the resident required set-up assistance with eating, moderate assistance with bathing, and supervision with all other aspects of Activities of Daily Living (ADLs).</p> <p>The Care Plan dated 8/11/24 revealed the resident was at risk for falls related to confusion and directed staff to follow the facility's fall protocol.</p> <p>The resident's EHR included a Progress Note dated 10/19/24 which indicated the resident was assessed due to an unwitnessed fall in his room. No follow-up fall assessments were further documented in the Progress Notes.</p> <p>The EHR Assessments tab included 12 of the 14 required follow-up fall neurological assessments.</p> <p>2. On 11/25/24 at 10:05 am, a review of Resident #2's EHR included a Progress Note that revealed Resident #2 had an unwitnessed fall on 9/27/24.</p> <p>The Minimum Data Set (MDS) dated [DATE] indicated the resident had a BIMS score of 03 out of 15, which indicated severely impaired cognition. It included diagnoses of Non-Alzheimer's Dementia, Diabetes Mellitus (DM), anxiety, and depression. It revealed the resident required supervision with eating and oral hygiene, moderate assistance with upper body dressing and personal hygiene, maximal assistance with toileting, showering, and lower body dressing, and was dependent on staff with putting on and removing footwear.</p> <p>(continued on next page)</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan dated 3/22/24 revealed the resident was at risk for falls related to confusion, gait and balance problems and directed staff to follow the facility's fall protocol.</p> <p>The resident's EHR included a Progress Note dated 9/27/24 at 1:37 pm which indicated the resident fell during the night shift with no neurological assessment changes. A Progress Note dated 9/27/24 at 9:01 pm indicated the resident refused an assessment. A Progress Note dated 9/28/24 at 12:00 pm included a neurological assessment without vital signs. No other follow-up fall neurological assessments were documented in the Progress Notes.</p> <p>The EHR Assessments tab included 3 of the 14 required follow-up fall neurological assessments.</p> <p>3. On 11/25/24 at 10:40 am, a review of Resident #3's EHR included a Progress Note that revealed Resident #3 had an unwitnessed fall on 11/12/24.</p> <p>The Minimum Data Set (MDS) dated [DATE] indicated the resident had a BIMS score of 02 out of 15, which indicated severely impaired cognition. It included diagnoses of Non-Alzheimer's Dementia, insomnia, and depression. It revealed the resident required set-up assistance with eating, supervision with oral hygiene, moderate assistance with bathing, personal hygiene, and upper body dressing, and maximal assistance with all other aspects of ADLs. It also revealed the resident had a previous fall.</p> <p>The Care Plan dated 8/11/24 revealed the resident was at risk for falls related to confusion and directed staff to follow the facility's fall protocol.</p> <p>The resident's EHR included a Progress Note dated 11/12/24 at 1:46 pm which indicated the resident's neurological assessments were within normal limits. A Progress Note dated 11/13/24 at 5:49 am indicated the follow-up fall neurological assessments continued. No follow-up fall assessments were documented in the Progress Notes.</p> <p>The EHR Assessments tab included 7 of the 14 required follow-up fall neurological assessments.</p> <p>On 11/25/24 at 1:00 pm, Staff A, Licensed Practical Nurse (LPN) verified the three (3) aforementioned residents' falls were unwitnessed. She also stated unwitnessed falls and witnessed falls that involved potential head injury required neurological assessments. She stated the initial assessment did not count as the first 15-minute follow-up neurological assessment and all neurological assessments were documented in the resident's Assessments tab, or the Progress Notes if the resident refused an assessment.</p> <p>At 2:06 pm, the three (3) residents' hard charts revealed no neurological assessment documentation.</p> <p>On 11/25/24 at 2:41 pm, the Director of Nursing (DON) stated the protocol for staff to follow for a resident post-fall was to complete a resident neurological assessment and complete follow-up neurological assessments if the fall was unwitnessed. She also stated neurological assessments were documented only in the resident's EHR and not in the hard chart.</p> <p>An undated document titled Neuro Sheet indicated the neurological assessment times were 15 minutes x 2; 1-hour x 2; 2 hours x 2; 4 hours x 2; and once per shift on days two (2) and three (3). The DON clarified the undated document was for staff reference only and was not part of the EHR.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 3:05 pm, the DON stated she didn't locate any other completed neurological assessments.</p> <p>A document titled Fall Assessment revised 8/01/21 indicated if the resident has a known head injury, resident was observed hitting their head, or the fall was unwitnessed, neurological checks will be implemented and documented in the EHR as follows:</p> <p>a) Full vital signs, orientation, level of consciousness, pupil size and reaction, response to verbal commands, pain, and movement of extremities</p> <p>b) Neuro checks are charted in EHR under [facility name] Neurological Assessment</p> <p>c) Neuros are as follows:</p> <p>I. Initial</p> <p>II. Every 15 minutes x 2</p> <p>III. Every 1-hour x 2</p> <p>IV. Every 2 hours x 2</p> <p>V. Every 4 hours x 2</p> <p>VI. Every shift x 6</p> <p>d) If at any time the nurse assesses a change in neuro status, the physician will be contacted.</p>