

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

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 05/29/2025
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)		
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>49990</p> <p>Based on direct observation, clinical record review, staff interview, and policy review, the facility failed to provide residents with prescribed therapeutic diets for 1 of 3 residents reviewed (Resident #30). The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>The significant change Minimum Data Set (MDS) for Resident #30, dated 02/14/2025, documented the following relevant diagnoses: gastroesophageal reflux disease (GERD), non-Alzheimer's dementia, seizure disorder, muscle weakness, and cognitive communication deficit. It documented the resident was rarely or never understood, and had severely impaired cognition skills. It further documented the resident was on a mechanically modified diet and required supervision and touch assistance while eating.</p> <p>The Care Plan for Resident #30, with a last revised date of 05/19/2025, noted the resident had a history of significant weight loss. It instructed staff to provide a therapeutic diet as ordered. It noted the resident's diet as being mechanically altered (mechanically soft diet), with soft or ground meat.</p> <p>A direct observation on 05/27/2025 at 12:26 PM, Staff C, dietary assistant, was observed bringing Resident #30 his lunch. He placed it in front of the resident, and Staff I, Certified Nurse Aide (CNA), began feeding Resident #30. While feeding the resident, it was observed Staff I looked confused before she began to feed the resident a bite of the soup. When approached, it was noted there were large chunks of what appeared to be beef and vegetables in the stew. Staff I was asked to take a piece of the meat out of the soup bowl and attempt to cut and mash it, to see if it was appropriate for a mechanically altered diet that requires soft and ground meats. Staff I attempted to cut the meat, and it did not cut easily. She attempted to crush the chunk of meat with the back of a spoon, and the meat resisted compression and slid out from under the spoon intact. A call was placed to the dietary manager.</p> <p>In an interview on 05/27/2025 at 12:33 PM the dietary manager confirmed the bowl of soup Resident #30 had been served was not approved for his diet. She confirmed it was regular diet, and provided the resident with the mechanically altered diet alternative.</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

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 05/29/2025
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)		
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>In an interview on 05/29/2025 at 09:03 AM with Staff I, CNA, she stated it is the kitchen's responsibility to plate the food, they include the appropriate diet and the CNAs pick up and serve the food to the residents. She stated the diet card for Resident #30 reflected he was to receive a mechanically altered diet, and that she was going to serve the soup to the resident. When asked why she looked confused she stated it was because she knows soup can be served to residents on mechanically altered diets, but the meat chunks looked far bigger than mechanically altered soups usually had. She confirmed the meat she cut for the resident was tough, not at all soft enough.</p> <p>In an interview on 05/29/2025 at 09:12 AM with Staff H, Certified Medication Aide (CMA), she stated the kitchen is responsible for plating the food and the CNAs are responsible for serving it to residents. She stated if a CNA notices the wrong diet has been served they are to report the issue to the kitchen and not serve the resident the incorrect meal.</p> <p>In an interview on 05/29/2025 at 11:04 AM with the Director of Nursing (DON), she stated CNAs are responsible for serving food to residents, dietary staff are responsible for plating food and matching it to the dietary card. Her expectation is that if a therapeutic diet is prescribed to a resident they received the correct therapeutic diet.</p> <p>In an interview on 05/29/2025 at 11:19 AM with the Registered Dietician, she stated Resident #30 had been on a mechanically altered diet for a significant period of time. She stated the resident does not have a diagnosis of dysphagia, but had been moved to a mechanically soft diet by hospice to promote intake and prevent weight loss.</p> <p>In an interview on 05/29/2025 at 11:32 with the Dietary Manager, she stated Resident #30 had been under the care of a different hospice provider at one point in time, and that the previous hospice provider had ordered a mechanically soft diet with pleasure feedings of normal textured foods. The resident had since switched hospice providers and the current order only recommended mechanically altered diet with ground meats. She stated she believed this is where the confusion had occurred.</p> <p>Review of a facility provided document titled Addendum to Simplified Diet Manual: Texture Altered Diets, with an effective date of 06/01/2024, stated the following:</p> <p>The Facility will offer the following diets for consistency alteration.</p> <p>The mechanical soft diet is designed to permit easy chewing. The general diet is modified in consistency and texture by cooking, grinding, chopping, mincing, or mashing.</p> <p>The diet includes foods soft in texture such as cooked fruit and vegetables, moist ground meats and soft bread and cereal products.</p>		