

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2025
NAME OF PROVIDER OR SUPPLIER  Independence Village of Waukee		STREET ADDRESS, CITY, STATE, ZIP CODE  1645 SE Holiday Crest Circle Waukee, IA 50263	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25854</p> <p>Based on observation, photographs, and staff interview the facility failed to provide a clean, sanitary, and homelike atmosphere in resident shower rooms and the heating/cooling vents in some common areas for the residents who resided in the facility. The facility identified a census of 36 residents.</p> <p>Findings include:</p> <p>1. A photograph taken 4.16.25 at 3:12 p.m. revealed a build up of dust, dirt, and debris on the 4 heating/cooling vents located on the dining room ceiling in the long term care unit of the facility.</p> <p>During an interview 4.18.25 at 11:50 a.m. the Maintenance Lead confirmed the ducts on the ceilings as heating and cooling vents.</p> <p>2. A photograph taken 4.16.25 at 3:17 p.m. revealed a build up of a black substance with the appearance of mold on the wall and floor tiles in the resident shower room located in the long term care unit of the facility. An observation at the same time revealed the water continually flowed at a slow stream from the shower head.</p> <p>During an observation 4.17.25 at 4 p.m. revealed the black substance remained present along with the steady slow stream of water from the shower head as stated above</p> <p>An observation 4.18.25 at 9:30 a.m. revealed staff utilized the shower room in the long term care unit as staff had been heard from the hallway area as they showered an unknown resident.</p> <p>During an interview 4.16.25 at 3:21 p.m. Staff A, Certified Nursing Assistant (CNA) confirmed staff used the shower room for resident showers.</p> <p>3. An observation 4.16.25 at 3:31 p.m. vent on ceiling in the hallway outside the clean laundry room with a build up of dust, dirt, and debris.</p> <p>The Shower room [ROOM NUMBER] on the rehab unit with a build up of a black substance with the appearance of mold along the floor and the wall in the shower area and a piece of trim had been missing from the right side of the inside of the shower room door.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 4.16.25 at 3:44 p.m. Staff B, CNA confirmed staff used the above described shower room for resident showers.</p> <p>An observation 4.18.25 at 9:50 a.m. revealed the mold still present and the trim not replaced.</p> <p>4. An observation 4.16.25 at 4 p.m. revealed the bottom section of trim had been missing from the right side of the outer portion of the door to the bathroom between rooms [ROOM NUMBERS]. (shared bathroom)</p> <p>An observation 4.18.25 at 9:50 a.m. revealed the trim as stated above had not been replaced.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>25854</p> <p>Based on observation, clinical record review, and staff interview the facility failed to maintain a complete and accurate Care Plan based on the individual resident needs for 1 of 4 residents reviewed (Resident #1). The facility identified a census of 36 residents.</p> <p>Findings include:</p> <p>A Fall Risk assessment form dated 3.4.25 at 12 p.m. revealed Resident #1 with a score of 14. (10 or above indicated high risk)</p> <p>An Emergency Department Note dated 3.20.25 indicated the resident fell out of bed and hit the side of his head.</p> <p>Review of the resident's Care Plan (not dated) revealed the facility failed to address the resident's fall risk.</p> <p>During an interview 4.18.25 at 12:15 p.m. the Director of Nursing Services confirmed staff failed to address the resident's fall risk on his Care Plan as he would have expected.</p>