

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Edgewater, A Wesleylife Community		STREET ADDRESS, CITY, STATE, ZIP CODE 9225 Cascade Avenue 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on observations, clinical record review, staff interview and resident interview, the facility failed to follow physician orders for dressing changes for 1 of 3 resident's (#3) reviewed. The facility reported a census of 40 residents.</p> <p>Findings Include:</p> <p>On 10/16/24 at 9:26 am, a dressing was observed on Resident #3's right shoulder.</p> <p>On 10/17/24 @ 9:45 am, Resident #3 stated her right shoulder dressing was not changed on 10/16/24.</p> <p>The resident's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated completely intact cognition. It included diagnoses of cancer, depression, right artificial shoulder joint, morbid obesity, and osteoarthritis. It indicated the resident required moderate to maximum assistance with all aspects of Activities of Daily Living (ADLs). It also indicated the resident had no upper extremity limitations.</p> <p>The Electronic Health Record (EHR) included a Physician Order dated 10/12/24 for dressing change to right shoulder as follows: apply ABD pad (thick pad) and change daily one time a day for wound care.</p> <p>The Care Plan did not include any wound care directives for staff.</p> <p>The Progress Notes did not include documentation that indicated the dressing was changed on 10/16/24.</p> <p>The Treatment Administration Record (TAR) for October 2024 included a documented right shoulder dressing change for 10/16/24.</p> <p>On 10/17/24 at 10:10 am, Staff B, Registered Nurse (RN) stated she told Resident #3 to leave the right shoulder wound open to air since it didn't have a dressing on it. She stated she did not put any dressing on it. The TAR had her signature indicating she completed the dressing change.</p> <p>On 10/17/24 at 10:45 am, Staff C, RN stated she changed the resident's right shoulder dressing on 10/15/24.</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>On 10/17/24 at 10:50 am, Staff D, RN stated she did not apply Resident #3's current right shoulder dressing.</p> <p>The facility did not have a policy specific to following physician's orders.</p> <p>On 10/17/24 at 4:00 pm, the Director of Nursing (DON) stated you should not sign off an order until the treatment is completed.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47079</p> <p>Based on observations, staff interviews and policy review, the facility failed to secure prescribed medications from the possibility of unauthorized access. The facility reported a census of 40 residents.</p> <p>Findings included:</p> <p>On 10/16/24 @ 2:38 am, the medication room door was observed propped open with an angled floor stopper. A small basket of over-the-counter medications (OTC) was positioned on top of a small cart. Two (2) medication packets, Prednisone and Furosemide, were lying on the counter.</p> <p>On 10/16/24 at 2:43 am, Staff A, Licensed Practical Nurse (LPN) stated medications were not stored in the medication room. When Staff A was informed there were medications on the medication room counter, he stated the resident didn't want staff in her room before 6:00 am, so he left them there. He also stated the door was closed to prevent residents from accessing them. When he was informed the door was propped open, he stated all of the residents were asleep but confirmed the door should be closed.</p> <p>On 10/17/24 at 4:00 pm, the Director of Nursing (DON) stated the medication room door should be closed if the nurse is not present.</p> <p>A policy titled Medication Administration, Storage, Disposal and Nurse Review revised 9/2020 indicated all prescription medication must be kept in a locked cabinet. All other medications must be stored in a locked area not accessible to person other than employees responsible for administration and storage of medications.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47079</p> <p>Based on observations, staff interviews, and policy review, the facility failed to properly protect resident information from unauthorized access. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>On 10/16/24 @ 2:55 am, a document containing resident information was observed on a table in an open area of the unit with no staff present.</p> <p>On 10/16/24 at 2:58 am, Staff A, Licensed Practical Nurse (LPN) stated the form was the 24-hour nurses' report sheet. He also stated he left it out because all of the residents were asleep but it should not be left out when staff are not present.</p> <p>On 10/16/24 at 4:00 PM, the Director of Nursing (DON) stated staff should turn paperwork with resident information over so it's not visible to others.</p> <p>A policy titled Policy Regarding Use and Disclosure of Health Information Pursuant to Resident Authorization revised 1/2015 indicated the facility is committed to protecting the privacy and confidentiality of an individual's Protected Health Information.</p>