

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165616	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER The Bridges at Ankeny		STREET ADDRESS, CITY, STATE, ZIP CODE 3510 Northwest Abilene Road Ankeny, IA 50023	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, staff interview, and policy review, the facility failed to accurately complete a Minimum Data Set (MDS) assessment for one of eighteen resident's reviewed in the sample (Residents #19). The facility reported a census of 82 residents.</p> <p>Findings include:</p> <p>The Annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #19 admitted to the facility on [DATE] and had diagnoses of non-Alzheimer's dementia, anxiety disorder, depression, and bipolar disorder. The MDS documented the resident not currently considered by the state level II PASRR (pre-admission screening and record review) process to have serious mental illness and/or intellectual disability or a related condition.</p> <p>The Care Plan revised 2/15/24 revealed the resident had a diagnoses of bipolar disease and at risk for extreme mood swings, agitation, and paranoia. The resident had a PASRR completed and a Level II determined.</p> <p>The PASRR dated 1/26/24 revealed a Level II outcome. The PASRR included the resident's diagnoses of major depressive disorder, anxiety , Bipolar disorder, traumatic brain injury, and dementia.</p> <p>In an interview 4/4/24 at 9:59 AM, Staff C, Social Services (SW), reported PASRR's completed by the hospital prior to admission, but the SW's completed PASRR's if a resident came from the community. Staff C reported Resident #19 had a Level II PASRR. Staff C reported she was in the process of making a psychiatric referral.</p> <p>In an interview 4/4/24 at 1:21 PM, the Director of Nursing reported Staff D, Assistant Director of Nursing (ADON), completed the MDS assessment before 3/2024.</p> <p>In an interview 4/4/24 at 2:47 PM, Staff D, ADON, reported she completed the residents MDS assessments prior to 3/2024. Staff D reported she got information to complete MDS assessments and Care Plans from the admission information, AM daily interdisciplinary meetings, therapy communication, and forms the nurse/certified nurses assistants filled out regarding updates. The surveyor reviewed the MDS assessment dated [DATE] for Resident #19 with Staff D. Staff D stated she planned to update and resubmit the updated information to CMS.</p> <p>In an email 4/4/24 at 1:40 PM, the Administrator wrote they didn't have a PASRR policy.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	A Behavioral Assessment, Intervention, and Monitoring policy revised 3/2019 revealed the [NAME] II PASRR evaluation report used when conducting the resident assessment and care plan development.		