

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 02/20/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on record review, family and staff interview, the facility failed to involve the resident and/or resident's representative in care conferences and ensure care conferences held at least quarterly for one of three residents reviewed for care conferences (Resident #63). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #63 had diagnoses of cerebrovascular accident (CVA)(stroke), cancer, and dementia. The MDS revealed the resident admitted to the facility on [DATE]. The MDS indicated the resident had severely impaired decision making skills. The MDS indicated the resident's preferences for the family or significant other to be involved in care discussions</p> <p>The Progress Notes dated 8/28/24 at 10:11 AM revealed a Care Conference was held on 8/28/24.</p> <p>In an interview on 2/17/25 at 1:29 PM, a family member reported only two care conferences held in the past year, and only one care conference held since the new company took ownership.</p> <p>In an interview 2/20/25 at 10:07 AM, the Social Worker (SW) reported she set up the residents' care conferences. The SW reported care conferences held quarterly or more often if the family requested one. She notified the resident's representative via phone to let them know when a care conference would be held. The SW reported care conferences were documented in the electronic health record in the progress note. At the time, the SW confirmed Resident #63's last care conference held in 8/2024. The SW stated she was not sure why Resident #63 had not had a care conference since 8/2024.</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: 165616	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
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 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** 49990</p> <p>Based on direct observation, clinical record review, staff interview, and facility policy review, the facility failed to follow accepted professional standards and practices regarding medication being left in the open. The facility reported a census of 83.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) for Resident #20, dated 02/06/2025, documented the resident was rarely or never understood. It documented the following relevant diagnoses: Hypertension (high blood pressure), Renal Insufficiency (kidney failure), Hyperlipidemia (high cholesterol), Alzheimer's disease, Non-Alzheimer's dementia, Malnutrition, Anxiety disorder, Depression, and hypokalemia (low potassium).</p> <p>The Care Plan for Resident #20, last revised on 12/03/2024, instructed staff members to administer medication as ordered and to monitor the resident for side effects and effectiveness.</p> <p>The Medication Administration Record (MAR) documented the resident was to receive Potassium Chloride ER 20 milliequivalents, once a day for low potassium. It also documented the resident was to receive a probiotic capsule by mouth once daily in the morning.</p> <p>A direct observation on 02/17/2025 at 10:10 AM revealed a medication cup sitting on a dining room table with two medication tablets in the cup while a dietary staff (Staff S) cleaned. Upon noticing the medication cup, Staff S picked up the medication cup containing the medication and took it to the nurse on duty, Staff K, Licensed Practical Nurse (LPN). She informed Staff K that the medication had been left on the table near Resident #20. Staff K disputed this, stating she had witnessed Resident #20 swallow her meds and that they could not be hers. Staff S countered that Resident #20 was sitting alone and the medications were found next to her plate. Staff K took the medication and walked to the medication cart. She poured a glass of water and began to walk towards Resident #20's room when the surveyor asked if she intended to pass the medication. Staff K stated she did intend to pass the medication, and the surveyor stated she should contact her nurse manager for guidance on how to proceed. Staff K questioned the surveyor as to why she shouldn't pass the medication, and became agitated when she was again instructed to contact her nurse manager before passing unidentified medication to a resident. Staff K returned to the medication cart where she was able to confirm the medication in the cup matched a potassium oral tablet and probiotic pill, both of which were prescribed to Resident #20. Staff K stated the resident must have regurgitated the medication, but the medication in the cup showed no signs of moisture damage as of 10:23 AM. Staff K then took the medication and left the floor.</p> <p>In a conversation on 02/17/2025 at 11:24 AM, Staff K informed the surveyor she had contacted the provider and was informed she should hold the medication and not pass them to the resident.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/19/2025 at 01:04 PM with Staff K, LPN, she insisted the resident must have swallowed the pills and regurgitated them or spit them out at a later date. That she witnessed the resident swallow the medication. She noted she had never had medication brought to her by another staff member before, and she acknowledged she was unsure of the procedure for when that happens. When asked she had attempted to pass the medication to the resident without first verifying what the medications were, she stated she knew at a glance what medications they were. As they were clearly identifiable. She stated the resident struggles to take medication and that she requires close monitoring while giving medication, so she was positive she saw the resident swallow the medication. She did not answer when asked why the medication did not appear to have moisture damage consistent with having been in a mouth.</p> <p>In an interview on 02/19/2025 at 01:51 PM with the Director of Nursing (DON), she stated the expectation was for staff to contact nurse management when pills are discovered untaken to report the medication error. She stated the expectation is for staff to never attempt to pass medication without a positive identification to residents. At this time she presented the cup of medication from the incident on 02/17/2025 and informed the surveyor Staff K had not brought the medication to their attention until approximately 05:00 PM on 02/17/2025. The two medication in the cup still did not appear to have damage consistent with having been regurgitated or in a mouth, the DON agreed with that assessment.</p> <p>Review of a facility provided document titled Administering Medications, with a last revised date of December 2012, instructs staff members to verify a residents identify before administering medication, as well as to verify the medication is the right dose, right medication, and is being administered at the right time.</p> <p>49698</p> <p>2. Review of Resident #230's MDS dated [DATE] revealed Resident #230 was admitted to the facility on [DATE] with a BIMS of 14, indicating cognition is intact and diagnoses of atrial fibrillation, heart failure, hypertension, renal insufficiency, depression, asthma, respiratory failure and oxygen dependency.</p> <p>Review of Resident #230's Admission assessment dated [DATE] indicated Resident #230 does not want to self-administer medications.</p> <p>Observation on 2/17/25 at 11:36 AM revealed a bottle of Zyrtec (Allergy medication) and a medication cup with two pills, one blue oval tablet with imprinted identification L2X2 and one orange and white oblong capsule with imprinted identification APO 015, sitting on Resident #230 ' s bedside table.</p> <p>During an interview with Resident #230 and Resident's Husband on 2/17/25 at 3:55 PM, Resident #230 and her husband acknowledged the medications still sitting on Resident #230's bedside table. Resident #230's husband stated he had brought the Zyrtec from home and had been notified by facility staff, for safety reasons he is not to bring medications from home. Resident #230 acknowledges the medications sitting at bedside and thought they might be her bedtime meds and was not certain why she had not taken them or how long they had been there.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/17/25 medications that were found on Resident #230's bedside table were identified as Diltiazem 180mg and Guaifenesin ER (Mucinex DM) 600mg, via Drugs.com using the medications imprinted identification IDs.</p> <p>Review of Resident #230's Order Summary Report revealed, orders for Mucinex DM 12 hour 30-600 mg tablet, give one tablet by mouth two times daily for congestion. Start date 2/13/25 and discontinued on 2/14/25 at 10:52 PM per provider's order. Diltiazem 180mg Extended Release Capsule, give one capsule by mouth one time a day for hypertension start date 2/12/25.</p> <p>Review of Resident #230's MAR dated February 2025, revealed the following:</p> <ol style="list-style-type: none"> 1. 2/13/25 Mucinex DM bedtime dose had been administered. 2/14/25 Mucinex DM morning dose had been administered. 2/14/25 Mucinex DM bedtime dose had been administered. 2/14/25 at 10:52 PM Mucinex DM was discontinued. 2. 2/12/25 Diltiazem morning dose had been held due to blood pressure measuring outside of recommended parameters. 2/13/25 Diltiazem morning dose had been administered. 2/14/25 Diltiazem morning dose had been administered. 2/15/25 Diltiazem morning dose had been administered. 2/16/25 Diltiazem morning dose had been administered. 2/17/25 Diltiazem morning dose had been held due to blood pressure measuring outside of recommended parameters. 2/18/25 Resident #230 refused Diltiazem morning dose. 2/19/25 Resident #230 refused Diltiazem morning dose. <p>On 2/17/25 at 4:00 PM, the Facility's Regional Director of Clinical Services was notified of medications sitting on Resident #230's bedside table.</p> <p>During an interview on 2/20/25 at 3:10 PM, the Director of Nursing (DON) revealed she was not aware how long these medications had been sitting at Resident #230 ' s bedside or when they had been administered as the last time the Diltiazem had been administered with the Mucinex was on the morning of 2/14/25 and the Mucinex was discontinued the night of 2/14/25. The DON stated it is expected for the nurses or CMA's (Certified medication Aide) to monitor and watch residents take their medications and not leave medication alone at bedside or anywhere else unattended.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided, Administering Medications Policy, Revised December 2012, stated, medications shall be administered in a safe and timely manner and as prescribed.</p>		

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 02/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on record review, family interview and policy review the facility failed to provide oral hygiene cares as directed in the care plan for 3 of 3 residents reviewed for oral cares (Resident # 63 and #25). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #63 had diagnoses of cerebrovascular accident (CVA) (stroke), hemiplegia (paralysis on one side of the body), cancer, and non-Alzheimer's dementia. The MDS revealed the resident had impaired memory and severely impaired decision-making skills. The MDS documented the resident dependent for oral hygiene. The MDS assessment under Section L left blank, indicated the resident did not have broken or loosely fitting dentures or mouth pain.</p> <p>The Care Plan revised 2/27/24 revealed the resident had a history of CVA with left sided hemiplegia and required assistance with Activities of Daily Living (ADL's). The resident had her own teeth. The Care Plan directed staff to encourage and provide oral cares in the AM (morning), afternoon and HS (evening), and observe, document and report any signs or symptoms of oral or dental problems.</p> <p>The Occupational Therapy (OT) Discharge Summary signed by OT on 11/15/23 revealed the resident required assistance for all self-cares and needed encouragement to complete oral cares. The resident's prognosis was good with consistent staff follow through.</p> <p>The Documentation Survey Report dated 12/1/24 to 1/31/25 revealed oral hygiene completed:</p> <p>12/2024:</p> <p>22 of 31 times on the 6 AM-2 PM (day shift)</p> <p>9 of 31 times on the 2 PM-10 PM (evening shift)</p> <p>1/2025:</p> <p>24 of 31 times on the 6 AM-2 PM shift</p> <p>3 of 31 days on the 2 PM-10 PM shift</p> <p>The electronic health record (EHR) Task Care Record revealed oral hygiene completed In 2/2025:</p> <p>7 of 18 times on the 6 AM - 2 PM shift</p> <p>0 of 18 times on the 2 PM - 10 PM shift</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview 2/17/25 at 1:25 PM, a family member stated the resident was unable to move her left arm because she had a stroke. The resident required assistance for ADL's. The family member reported sometimes the resident's breath smelt bad as if facility staff had not brushed her teeth.</p> <p>In an interview 2/20/25 at 9:50 AM, Staff E, Certified Nursing Assistant (CNA), reported Resident #63 got combative during cares, but she tried to reapproach the resident and talked the resident through whatever they needed to do. She brushed the resident's teeth usually when she got the resident up or after breakfast.</p> <p>In an interview 2/20/25 at 9:58 AM, Staff F, CNA, reported oral cares done whenever she got the resident up. The CNA's assisted the resident or provided oral cares for the resident.</p> <p>A Supporting Activities of Daily Living policy revised 3/2018 revealed residents provided with cares to maintain their ability to carry out ADL's. Residents unable to carry out ADL's independently will receive the services necessary to maintain good oral hygiene in accordance with the care plan.</p> <p>49990</p> <p>2. The Significant Change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #25 had diagnoses of anxiety disorder, depression, and non-Alzheimer's dementia. The MDS revealed the resident had impaired memory and severely impaired decision-making skills. The MDS documented the resident required partial or moderate assistance for oral hygiene. The MDS assessment under Section L noted the resident had obvious cavities or broken natural teeth.</p> <p>The Care Plan revised 2/05/25 revealed the resident had a history of non-Alzheimer's dementia and required assistance with activities of daily living. The resident had her own teeth. The Care Plan directed staff to encourage and provide oral cares in the AM (morning), afternoon and HS (evening), and observe, document and report any signs or symptoms of oral or dental problems.</p> <p>Review of the Plan of Care response history for oral hygiene, it documented Resident #25 only had documented oral hygiene on:</p> <p>10/26/2024</p> <p>12/20/2024</p> <p>01/03/2025</p> <p>01/07/2025</p> <p>01/26/2025</p> <p>01/31/2025</p> <p>There was no documentation for the month of February.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/20/2025 at 01:32 PM with Staff P, Certified Nursing Assistant (CNA), she stated it was the CNAs responsibility to document oral hygiene and it was required to be documented every shift, once in the morning and once in the evening. She noted if the resident refused oral cares she should document refused. She stated she was familiar with Resident #25, she required assistance to perform oral care. She stated you should sit with her and encourage her to brush her teeth otherwise she forgets and won't do it.</p> <p>In an interview on 02/20/2025 at 01:22 PM with Staff I, CNA, she stated the CNAs are responsible for documenting all ADLs in the electronic health record (EHR), she stated documentation is required during the morning and afternoon shift. She stated she was familiar with Resident #25, and she requires assistance with oral hygiene. She stated she was unaware of Resident #25 refusing oral hygiene so long as you sat with her and encouraged her.</p> <p>In an interview on 02/20/2025 at 09:35 AM with the Director of Nursing (DON), she stated she was unsure why there were only two documented instances of oral hygiene in the last thirty days for Resident #25. She acknowledged the expectation is for oral hygiene to be documented twice a day for the resident.</p>		

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 02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on record review, observations, and family and staff interviews, and policy review the facility failed to carry out therapy recommendations and provide restorative exercises for 3 of 4 residents reviewed for restorative services and/or limited range of motion (Resident #36, #54 and #63). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>1. The Admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #36 had diagnoses of cerebrovascular accident (CVA) (stroke), hemiplegia (paralysis on one side of the body), Alzheimer's Disease, dementia, and weakness. The MDS documented the resident had a Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired cognition. The MDS documented Physical Therapy (PT) and Occupational Therapy (OT) services started on 4/4/24 The MDS indicated the resident had impaired Range of Motion (ROM) to the upper and lower extremities on one side. The resident required partial to moderate assistance for eating, substantial to maximum assistance for dressing, and partial to moderate assistance for bed mobility and transfers and toileting.</p> <p>The MDS assessment dated [DATE] revealed the resident had a BIMS score of 0 indicating severely impaired cognition. The MDS documented the resident required substantial to maximum assistance for eating and bed mobility, dependent for toileting hygiene. The MDS documented the resident had PT and OT services again 12/11/24 -1/20/25.</p> <p>The Care Plan revised 10/22/24 revealed Resident #36's had a risk of contractures and a risk for falls due to impaired balance, CVA and dementia. The resident required assistance with Activities Of Daily Living (ADL's) and unable to perform ROM independently. The Care Plan directed staff to provide assistance of one for bed mobility, toileting, transfers and eating, and a refer to PT/OT to evaluate and treat. Notify the charge nurse and therapy of declines in ability to complete Passive Range Of Motion (PROM) tasks or if the resident had complaints of pain during or after performing PROM. The nurse assigned to review the restorative program routinely and addressed progress towards the goals.</p> <p>A Restorative Aide Exercise Prescription dated 6/1/24 revealed the resident's restorative exercise program frequency 3 to 6 times per week. The program included 4 pound (lb) weights to the left upper extremity for 10 repetitions, PROM to the right upper extremity, and ambulate 100-150 feet with a platform walker and assistance of one staff.</p> <p>The Documentation Survey Report revealed restorative exercises performed:</p> <p>12/2024: 1 of 31 days</p> <p>1/2025: 2 of 31 days</p> <p>The Restorative Nursing Service Progress Notes revealed the following:</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/12/25, major cueing needed for Active Range Of Motion (AROM) and PROM.</p> <p>On 2/17/25, resident tolerated sit to stand during toileting.</p> <p>The progress notes lacked the restorative exercises performed.</p> <p>A Electronic Health Record (EHR) Task Care Record dated 2/2025 revealed:</p> <p>Restorative AROM lower extremity exercised completed 5 of 18 days.</p> <p>Restorative AROM upper extremities completed 5 of 18 days</p> <p>Ambulated 100-150 feet using a front wheeled walker with a platform and assistance of one staff one to two times daily documented 3 of 18 days (on 2/1, 2/4, and 2/8/25).</p> <p>In an interview 2/18/25 at 9:15 AM, Staff H, PT, reported the facility had a restorative program but he was unsure who did the restorative exercises with the residents as staffing had been hit and miss for a while. He recommended the surveyor check the schedule to see who was assigned to do the restorative. Staff H reported therapy made recommendations such as a restorative program when a resident discharged from the therapy services as needed.</p> <p>In an interview 2/18/25 at 9:40 AM, Staff I, Certified Medication Aide (CMA) and restorative aide reported she worked with residents for restorative. Staff I reported she had not been able to do the resident's restorative program because the restorative aide had been pulled to work as a CNA on the unit, or pulled to work on the medication cart as a CMA. She had not done restorative with the residents for a couple of weeks due to the facility had been short- handed and the restorative aide got pulled to work other areas. The restorative aide is the first to get pulled when they had a call in or were short staffed. This occurred greater than 80 percent of the time. Staff I confirmed Resident #36, #54, and #63 were on a restorative program. She had seen a decline in some of the residents in their ADL's. When a resident had a decline, they often referred the resident to therapy for an evaluation. She documented restorative activities in POC (Point of Care) but also had a book to log if a resident had refused to do the exercises.</p> <p>In an interview 2/20/25 at 9:58 AM, Staff F, Certified Nursing Assistant (CNA), reported she had worked at the facility for 2 1/2 year. She started working as a restorative aide in the past couple of weeks because she had incurred an injury and required light duty tasks. Staff F reported each hall had a binder with the residents who were on a restorative exercise program and what exercises to do. Staff F reported the restorative activity and number of minutes completed with the resident was documented in the EHR. Staff F reported the facility pulled the restorative aide when they were unable to cover staffing needs. Staff F did not think any residents in the 500 hall had a decline in their ADL's.</p> <p>In an interview 2/20/25 at 12:15 PM, the Director of Nursing (DON) reported there had been several staff call-ins in the past couple of weeks, and they had to pull the restorative aide to work as a CNA or CMA. The DON stated she had not noticed any decline in resident ADL's, but she started a Performance Improvement Plan (PIP) because she had identified a concern for restorative.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Restorative Nursing Services policy revised 7/2017 revealed residents received restorative nursing care to help promote optimal safety and independence. Residents may be started on a Restorative Nursing Program (RNP) during the course of their stay or when discharged from rehabilitative care. Restorative goals are outlined in the resident's care plan. Restorative assisted the resident in development, maintenance, or strengthening physiological and psychological resources and helped to maintain the resident's independence.</p> <p>2. The Annual MDS assessment dated [DATE] revealed Resident #54 had diagnoses of stroke, hemiplegia, arthritis, and Alzheimer's disease. The resident had impaired ROM to the upper and lower extremity on one side. The MDS documented the resident required set up assistance for eating, dependent for toileting and bathing, and substantial to maximum assistance for bed mobility and transfers. The resident had OT service 2/10/23 - 2/27/23 and PT services starting on 9/12/24. The MDS documented RNP AROM for 1 day during the look-back period.</p> <p>The MDS assessment dated [DATE] revealed the resident dependent for transfers. The MDS recorded RNP AROM and PROM for 0 days during the look-back period.</p> <p>The Care Plan initiated 4/3/24 and revised 1/25/25 revealed the resident had a self-care deficit and required assistance with ADL's. The Care Plan also revealed the resident had a risk for decline in her ability to complete AROM due to decreased strength. The Care Plan directed staff to provide assistance of one person for bed mobility and toileting, and assistance of two and a Hoyer (mechanical device) for transfers. The Care Plan also directed staff to notify the nurse if the resident had any declines in her ability to complete AROM tasks or had complaints of pain during AROM, review the restorative program and progress toward meeting goals routinely, and refer to PT and OT for evaluation and treatment as ordered.</p> <p>The Restorative Exercise Prescription dated 6/1/24 revealed upper extremity theraband exercise for 10 repetitions and AROM to the hip, knees and feet for 10 repetitions to be completed 3 to 6 times per week.</p> <p>The Documentation Survey Report revealed restorative exercised completed:</p> <p>12/2024 - 1 of 31 days</p> <p>1/2025 - 2 of 31 days</p> <p>The Restorative Nursing Service Progress Notes document dated 2/2025 was blank.</p> <p>The EHR Task Care Record dated 2/2025 revealed the following:</p> <p>a. Restorative AROM to the left upper extremity using one pound hand held weights including left shoulder flexion, chest press, shoulder abduction, and bicep curl for 15 repetitions completed 2 of 18 days.</p> <p>b. Restorative AROM to the right upper extremities using three pound weights including right shoulder flexion, chest press, shoulder abduction, and bicep curl for 15 repetitions completed 1 of 18 days.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Restorative AROM using the arm bike was refused by the resident 1 of 18 days, and arm bike AROM completed 0 of 17 days.</p> <p>d. Lower Extremities sitting exercises-using 2.5 pound weight (hip flexion, ankle pumps, hip abduction and adduction, and knee flexion for 10 repetitions completed 2 of 18 days.</p> <p>3. The Annual MDS assessment dated [DATE] revealed Resident #63 had diagnoses of CVA, hemiplegia, cancer and non-Alzheimer's dementia. The resident had impaired ROM to the upper and lower extremities on one side. The MDS recorded the resident required set up assistance for eating, dependent for bathing, dressing, hygiene, bed mobility and transfers. The MDS documented the resident had no therapy and had RNP for zero days during the look-back period.</p> <p>The MDS assessment dated [DATE] revealed Resident #63 required substantial to maximum assistance for eating. The MDS documented the resident had no therapy and had RNP for zero days during the look-back period.</p> <p>The Care Plan revised 2/27/24 revealed the resident had a history of CVA with left sided hemiplegia and required assistance with ADL's. The Care Plan directed staff to provide assistance of two persons for bed mobility and toileting, and use a Hoyer and assistance of two staff for transfers. The Care Plan also recorded the the resident unable to independently perform ROM and had a risk for developing contractures related to a history of CVA. The resident had a risk for declines in ability to complete AROM. The Care Plan also directed staff to notify the nurse if she had any decline in her ability to complete AROM tasks or had complaints of pain during AROM, and review the restorative program and progress toward meeting goals routinely.</p> <p>A Restorative Aide Exercise Prescription dated 7/1/24 revealed PROM exercises to the upper and lower extremities for 10 repetitions with a frequency 3 to 6 times per week.</p> <p>The Restorative Nursing Service Progress Notes for 2/2025 were blank.</p> <p>The Progress Notes dated 7/1/24 to 2/18/25 revealed:</p> <p>a. On 8/6/24 at 4:35 PM, a Restorative Nursing Program Evaluation note: The resident required a PROM restorative program. Resident required restorative nursing program due to hemiparesis and hemiplegia on the left side. The resident participates in PROM program occasionally. Resident meeting current goal for completion of PROM program. No barriers to progress noted. Will continue current program as written. Care plan has been reviewed.</p> <p>b. On 2/8/25 at 2:43 PM, a Monthly Nursing Assessment revealed the resident required assistance of 1 to 2 (staff) for all ADL's.</p> <p>The PT Discharge Summary signed by the Staff H, PT, revealed a restorative nursing program (RNP) recommended to maintain the resident's current level of performance and prevent decline. A RNP for active range of motion (AROM) and passive range of motion (PROM) instructions completed with the IDT (interdisciplinary team).</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The OT Discharge Summary signed by OT on 11/15/23 revealed the OT recommended RNP PROM to the LUE and AROM to the RUE with 2 lb resistance band, and peg board and close pin tree manipulations. The resident required assistance for all self-cares. The resident's prognosis good with consistent staff follow through.</p> <p>The Documentation Survey Report revealed PROM restorative exercises to the upper extremity and to all joints on the left upper extremity completed:</p> <p>12/2024: a total of 2 times in 31 days</p> <p>1/2025: restorative AROM and PROM a total of 2 times in 31 days.</p> <p>A EHR Task Care Record dated 2/2025 revealed restorative PROM to the upper extremities and lower extremities documented 3 of 18 days, and restorative AROM to the right upper extremity using a theraband for 10 repetitions twice completed 2 of 18 days.</p> <p>In an interview 2/20/25 at 9:50 AM, Staff E, CNA, reported she had worked at the facility one year. Staff E reported she had not seen a decline in Resident #63's ability to do ADL's. The resident got combative with cares, but she tried to reapproach the resident and tried to talk her through whatever they needed to do.</p>		

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 02/20/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on observations, record review, staff interview, and policy review the facility staff failed to ensure a resident's bed was placed in a low position to ensure the resident's safety for one of five residents reviewed for transfers (Resident #12). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Admission Minimum Data Set (MDS) assessment dated 12/27/24 revealed Resident #12 had diagnoses of dementia, osteoporosis, and anxiety disorder. The MDS recorded the resident had a Brief Interview for Mental Status score of 10, indicating moderately impaired cognition. The MDS indicated the resident dependent on staff for bed mobility and transfers.</p> <p>The Care Plan revised on 12/23/24 revealed the resident had impaired cognitive function and impaired thought processes as evidenced by short and long term memory deficit and impaired decision-making related to diagnosis of dementia. The resident also had a risk of falls related to poor safety awareness, functional impairment, and use of medications that increased the resident's fall risk.</p> <p>The Care Plan directed staff to supervise the resident as needed and provide a safe environment.</p> <p>Observations revealed the on 2/19/25 at 7:20 AM, Resident #12 lying in bed on her back with clothes on and a sling under her. The resident's bed was left in the high position. No staff were observed in the resident's room, the hallway area or at the nurse's station. At 7:46 AM, the resident continued to [NAME] in bed on her back and the bed remained in a high position. No staff observed in the resident's room, hallway area or at the nurse's station. At 7:55 AM, the surveyor requested Staff D, Assistant Director of Nursing (ADON) to check the resident's room with the surveyor. Staff D entered the room with the surveyor. Staff D reported the resident's bed left in a higher position than what she would like to see. At the time, Staff D thought maybe staff got the resident dressed and staff were coming back to get the resident up for breakfast. Staff D took the bed control and lowered the bed toward the floor.</p> <p>The facility's Fall Prevention Program Policy updated 12/23/01 revealed falls were a significant concern and many falls resulted in injury. The fall prevention strategies to promote resident safety and prevent falls included maintaining beds at the lowest position at all times. The policy directed staff not to leave cognitively impaired residents at high risk for falls or had a history of falls in a room by themselves, as the resident may try to transfer themselves.</p>		

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 02/20/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on record review, observations, staff interview, and policy review the facility failed to provide complete incontinence care for one of four residents observed (Resident #27) for incontinence care. The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Significant Change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #27 had diagnoses of end stage renal disease, obstructive uropathy (a urinary tract disorder), and diabetes. The MDS indicated the resident had an indwelling catheter and had dependence on staff for toileting.</p> <p>The Care Plan revised 6/12/24 revealed the resident had a suprapubic catheter. The Care Plan directed staff to provide catheter care per facility policy.</p> <p>On 2/18/25 at 2:45 PM, Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA, washed their hands and donned a pair of gloves. Staff A and Staff B transferred Resident #27 from the broda chair to the bed using a mechanical lift. The cushion in the Broda chair was visibly wet. Staff A and Staff B washed their hands. Staff A obtained disposable wipes, a box of gloves, and a clean brief and placed the supplies by the bed. Staff A and Staff B donned a pair of gloves. Staff removed the resident's wet, urine saturated jeans and brief. The suprapubic catheter found disconnected from the leg bag. The leg bag was empty. Staff A removed the leg bag straps around the resident's thigh. Staff A used an alcohol swab and cleansed the end of the suprapubic catheter, then took another alcohol swab and cleansed the leg bag connection, and attached the catheter to the leg bag. Staff A changed her gloves and sanitized her hands. At 3:00 PM, Staff A told the resident she needed to clean him up. Staff A asked the resident to open his legs so she could clean the front. The resident did not respond. At 3:10 PM, the Director of Nursing (DON) entered the room. Staff A donned gloves, took disposable wipes and cleansed the resident's buttocks from front to back. The resident was incontinent of stool. Staff A continued to remove disposable wipes from the package with her soiled gloves, and cleansed between the resident's buttocks. Staff A removed additional wipes, cleansed between the resident's buttocks, folded the disposable wipe, and cleansed the area again. Staff A changed her gloves. Staff rolled the resident onto his right side. Staff B took disposable wipes and cleansed the resident's left outer buttock, then removed his gloves. Staff lowered the bed and placed a call light by the resident. Staff failed to cleanse the resident's groin, penis, scrotum, right hip and thighs. The DON stood in the room and observed staff with the surveyor present.</p> <p>In an interview 2/20/25 at 12:15 PM, the DON confirmed staff did not perform complete incontinence care on Resident #27 when she observed the CNA perform incontinence care on 2/18/24. The DON confirmed Staff A did not cleanse the resident's front, hips or thighs.</p> <p>The facility's Perineal Care policy revised 2/2018 revealed perineal care provided cleanliness to the resident and prevented skin irritation and infections. The procedural steps included the following:</p> <ol style="list-style-type: none"> 1. Assemble supplies <p>(continued on next page)</p>		

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 02/20/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Wash hands and don gloves.</p> <p>3. For a male resident, wash perineal area starting with the urethra and working outward. If the resident had a catheter, gently wash the juncture of the tubing, rinse and dry the area. Retract the foreskin if resident uncircumcised. Continue to wash the perineal area including the penis, scrotum and inner thighs. Dry the perineum.</p> <p>4. Position the resident onto the side.</p> <p>5. Wash the rectal area thoroughly including the area under the scrotum, the anus, and the buttocks. Dry the area.</p> <p>6. Remove gloves and wash hands.</p>		

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 02/20/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49698</p> <p>Based on observation, clinical record review, document review, resident, family, and staff interviews, the facility failed to provide sufficient staff to ensure call lights were answered within a reasonable amount of time (within 15 minutes) to provide needed care and supervision to residents. Family members and residents reported having to wait thirty to sixty minutes for the call light to be answered numerous times during the week. Observation of the call light system revealed the call lights were answered between one to sixty four minutes. The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>Observations revealed the following:</p> <p>On 2/19/25 at 7:37 AM, the Palatium Care Monitor located at the nurse's station revealed call lights had been on for the following rooms and the amount of time the call light had been on at that time:</p> <p>room [ROOM NUMBER] - 21 minutes</p> <p>room [ROOM NUMBER] - 32 minutes</p> <p>room [ROOM NUMBER] - 24 minutes</p> <p>room [ROOM NUMBER] - 27 minutes</p> <p>On 2/19/25 at 7:45 AM, the Palatium Care monitor located at the nurse's station revealed the following call lights remained on and the amount of time the call light had been activated.</p> <p>room [ROOM NUMBER] - 30 minutes</p> <p>room [ROOM NUMBER] - 35 minutes</p> <p>On 2/19/25 at 9:08 AM, the Palatium Care monitor located at the nurse's station revealed call lights on for the following rooms and the amount of time the call light had been on at that time:</p> <p>room [ROOM NUMBER] - 24 minutes</p> <p>On 2/19/25 at 9:21 AM, room [ROOM NUMBER]'s call light had been activated and on for 37 minutes.</p> <p>On 2/19/25 at 9:27 AM, room [ROOM NUMBER]'s call had been activated for 21 minutes prior to the call light being answered by the Social Worker.</p> <p>On 2/19/25 at 9:27 AM, room [ROOM NUMBER]'s call light had been activated and on for 20 minutes.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an email on 2/19/25 at 10:32 AM, the surveyor requested call light reports from 2/10/25 to 2/20/25.</p> <p>An email received from the Administrator on 2/19/25 at 10:51 AM revealed he could only obtain call light reports that were available for the past 2 days. There had been a switchover with who manages the call light system, and the facility had lost some functionality. The Administrator provided call light reports for the dates he could see.</p> <p>what I can see.</p> <p>The Location Event Reports dated 2/18/25 to 2/20/25 revealed call light response times greater than 15 minutes for the following:</p> <p>room [ROOM NUMBER] -</p> <p>2/19/25 8:15 AM - 16 minutes</p> <p>2/19/25 8:40 AM - 21 minutes</p> <p>2/19/25 10:09 AM - 16 minutes</p> <p>room [ROOM NUMBER] -</p> <p>2/19/25 7:12 AM - 31 minutes</p> <p>2/20/25 9:24 AM - 16 minutes</p> <p>room [ROOM NUMBER] -</p> <p>2/19/25 9:47 AM - 21 minutes</p> <p>room [ROOM NUMBER] -</p> <p>2/18/25 11:40 AM - 26 minutes</p> <p>2/18/25 6:41 PM - 25 minutes</p> <p>2/19/25 9:29 AM - 22 minutes</p> <p>room [ROOM NUMBER] -</p> <p>2/18/25 9:41 AM - 18 minutes</p> <p>2/19/25 7:44 AM - 23 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/19/25 7:05 AM - 39 minutes</p> <p>(continued on next page)</p>

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 02/20/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>room [ROOM NUMBER]</p> <p>2/18/25 5:23 PM - 24 minutes</p> <p>2/18/25 9:41 PM - 17 minutes</p> <p>2/19/25 6:43 AM - 21 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/19/25 7:15 AM - 38 minutes</p> <p>2/19/25 5:29 PM - 16 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/19/25 7:10 AM - 44 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/18/25 5:35 PM - 64 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/19/25 8:44 AM - 45 minutes</p> <p>2/19/25 11:21 AM - 29 minutes</p> <p>2/20/25 5:56 AM - 19 minutes</p> <p>room [ROOM NUMBER]</p> <p>2/19/25 1:50 AM - 19 minutes</p> <p>2/19/25 5:24 AM - 30 minutes</p> <p>2/19/25 6:25 AM - 16 minutes</p> <p>During an observation on 2/17/25 at 11:03 AM, Staff N, CNA, had asked Staff O, LPN what a resident was at the facility for, this resident had been admitted to the facility on [DATE]. Staff O, LPN, informed Staff N, CNA she wasn't sure as she hadn't even had a chance to look at the hospital discharge paperwork.</p> <p>(continued on next page)</p>

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 02/20/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During confidential resident and family interviews starting on 2/17/25 at 10:15 AM, seven of ten residents reported concerns there were not enough staff and it took up to an hour for staff to respond and assist the residents after the call light had been activated. Four of four family members reported it took a while for staff to respond to the call light to see what was needed, but then it took another 30-60 minutes for staff to return and provide assistance and address the needs of the resident. A family member voiced concern the facility had trimmed back staff, especially on the weekend.</p> <p>During a confidential family interview on 2/19/25 at 2:40 PM, a family member reported that the resident waited 20 minutes. A Certified Nursing Assistant (CNA) from another hall had come to this unit looking for another CNA to assist in the other hall. This CNA assisted the resident to the restroom. Family member stated she had informed the resident to turn on her call light as soon as she felt any need for assistance or if it had been some time since she had been to the restroom due to the long wait time. The family member also told resident when she was transferred to the restroom, after she is situated to turn on the call light so the CNA would respond by the time she was done using the restroom.</p> <p>During a confidential family interview on 2/19/25 at 3:30 PM, a family member reported that the facility staff have all been really good to their loved one, the staff engage with the residents and care. The family member stated concerns with new ownership trimming back the number of staff and seem to be even shorter on the weekends.</p> <p>In an interview, on 2/18/25 at 10:53 AM, Staff M, CNA, reported picking up multiple shifts due to the amount of call ins and low number of staff working on the floor, many times the CNA that is assigned to be the float for each unit is pulled to other units to pass medications, leaving them short or having to wait long periods of time for two CNAs to be available to assist those who need two people. Staff M, CNA informed the increase of resident admissions has made it harder, the CNAs have not been able to get a full report on the needs for these newly admitted residents due to Nurses not having enough time to fully complete the admission.</p> <p>During an interview, on 2/17/25 at 12:47 PM, Staff O, Licensed Practical Nurse (LPN) reported an increased number of admissions, the previous week in one day a unit had 5 new residents admitted to the facility and today this unit was to expect two more new residents being admitted to the facility. Staff O, LPN stated it is a lot to complete with no help, the</p> <p>CNA's are needing help from the nurses at times as well as the Certified Medication Aide (CMA's). There are multiple things the nurse is responsible for and when having that many admission at once there is not enough support or time in the day to thoroughly complete it all.</p> <p>In an interview, on 2/19/25 at 9:35 AM, Staff E, CNA, reported she was the only CNA on the 300 and 400 hall with 27 residents. Six residents required the assistance of two staff for transfers with a mechanical lift but they also had residents that needed the assistance of 1-2 for pivot transfers.</p> <p>In an interview, on 2/19/25 at 3:35 PM, Staff L, LPN, reported there is never enough staff, CNAs or Nurses, there had been a huge change in staffing with the Facility's change in ownership and management doesn't seem to care. Management Staff are never on the floor to help and the social worker never answers call lights, as they had been this week. There are a lot of two assist residents, which means when both CNAs are caring for a resident, another resident will have to wait. Staff L, LPN, stated the night shift wait times are even worse for residents.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 2/20/25 at 12:55 PM, Staff Q, LPN, reported weekends are difficult with staffing. If there is even one call in it gets hard to take care of everything, two nurses are needed for each unit. Staff Q, LPN stated it is too much for one nurse to cover the 500 and 600 hall. When 100-200 halls (Residents on skilled level of care) had a lower census one nurse was enough, but now with the increased admissions it is too much for only one nurse. Staff Q, LPN, reported the census on the 500-600 hall is currently 36 residents that alone can be hard to handle, if there are any incidents or new admissions it is extremely hard for one nurse to complete everything and properly care for the residents.</p> <p>In an interview on 2/20/25 at 1:10 PM, Staff R, CNA, stated they do have staff but when people call in they have to work short. They used to have two nurses for the halls, but don't anymore, the nurses get busy which makes it hard when the nurses help is needed.</p> <p>During an interview on 2/20/25 at 1:22 PM, Staff I, CNA, stated even with full staffing it can be really difficult, the CNA ' s can handle the resident ' s cares but being on time is hard. The 600 hall has a lot of residents that require assistance to two and that can take forty minutes to complete their cares, which makes other residents have to wait for help. The nurses are usually busy, if there is a fall and there is only one nurse for the unit it can take a long time for them to respond.</p> <p>In an interview on 2/20/25 at 1:39 PM, Staff P, CNA, reported there are a lot of residents that need two people to assist them, so when both CNAs are helping one resident other residents may have to wait thirty to forty minutes. Residents have complained to Staff P, CNA and they (residents) think the CNAs don't want to help. It is hard on the CNAs and residents.</p> <p>On 2/20/25 at 3:10 PM, the DON, (Director of Nursing) stated she would expect call lights to be answered within fifteen minutes.</p> <p>Review of The Bridges at [NAME] Facility Assessment, review date September 2024, revealed the following:</p> <p>The facility will have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by the facility assessment, resident assessments and individualized plan of care.</p> <p>The facility will provide these services by sufficient number of each of the following types of personnel on a 24- hour basis to provide nursing care to all residents in accordance with the resident care plans and state regulations:</p> <ol style="list-style-type: none"> 1. The facility will designate licensed nurses to serve as a charge nurse/s on each shift 2. The facility will use the services of a registered nurse for at least 8 hours consecutively a day, 7 days a week. 3. The facility will designate a registered nurse to serve as the director of nursing on a full time basis. 4. The facility will designate certified nursing assistance and certified medication assistants for daily cares/services. 		

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 02/20/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49990</p> <p>Based on clinical record review, resident and staff interview, and facility document review, the facility records failed to maintain complete and accurate documentation for 1 of 22 residents reviewed (Resident # 23). The facility reported a census of 83.</p> <p>Findings Include:</p> <p>The Annual minimum data set (MDS) for Resident #23, dated 02/06/2025, documented her brief interview for mental status score (BIMS) as 14, indicating intact cognition.</p> <p>In an interview on 02/18/2025 at 01:51 PM with Resident #23, she reported that on 02/12/2025 she was ambulating independently in her room when she slipped and fell over her four wheeled walker. She reported she was assisted to her feet by the Certified Nurses' Assistants (CNAs) and assessed after her fall by one of the nurses. She did not initially report pain, but noted that by 02/15/2025 she was in so much pain that her prescribed pain medication no longer helped. At this point she was convinced to go to the emergency room for assessment. She reports that after assessment in the emergency room and a brief stay in the hospital she was diagnosed with three broken ribs related to the fall.</p> <p>In an interview on 02/18/2025 at 09:11 AM with a Fire Department and responding EMS, they reported they had arrived to the facility on [DATE] to assess a resident who was reporting pain. The resident was alert and oriented, and reported to them she had fallen in the evening on 02/12/2025. She reported she had been helped to her bed by facility staff members. They reported when they questioned facility staff about the fall, the facility staff were unaware the resident had fallen. They reported the facility had no documentation of a fall, and were unsure what could have happened. They also spoke to the residents' daughter who reported she was unaware Resident #23 had fallen until 02/15/25 when the resident reported to her she had fallen. Upon assessment, EMS reported a sizable bruise on Resident #23's ribs, approximately the size of a hand and forearm that stretched towards the residents back. EMS reported the bruise was consistent with a fall and several days of healing in their professional opinion. After assessment they provided transportation to the hospital.</p> <p>In an interview on 02/18/2025 at 11:19 AM with Resident #23's daughter, she reported that Resident #23 reported severe pain that would not respond to medication on 02/15/2025, she was in the facility when EMS arrived to convince her mother to go to the emergency room . She was unaware of a fall prior to her mother telling her on 02/15/2025 that she had fallen earlier in the week. She reported the facility appeared unaware that her mother had fallen, disputing to her Resident #23 fell at all.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/18/2025 at 04:01 PM with Staff J, CNA, he confirmed he did respond to a fall on 02/12/2025 involving Resident #23. He stated he was walking rounds in the unit when he saw sudden movement in the corner of his eye, heard a crash, and heard Resident #23 begin to cry out Help! Help!. He reported he entered her room immediately to find the resident lying next to her four wheeled walker on the floor. She reported to him she was attempting to get pajamas out of her dresser when she slipped and fell , then asked him for assistance in standing up. He informed the resident he needed to get nursing first, and he would be back in a moment to assist her. He informed the nurse on duty at the time of the Incident, Staff K, Licensed Practical Nurse (LPN), of the fall. He reported that with Staff K's assistance he helped Resident #23 back to her bed, and he went on with assisting other residents. He reported he was unaware if a fall assessment was done at this time.</p> <p>Review of facility documentation on 02/17/2025 revealed a late entry record detailing a fall that occurred on 02/12/2025 at 05:46 PM. It documented Resident #23 fell , was assessed by Staff K, and that the physician and Resident #23's family was notified about the fall on 02/12/2025. It recorded her vitals as normal, that she was alert and oriented to person, place, and time, and Resident #23 was not wearing gripper socks. Upon further investigation, the late entry was revealed to have been entered on 02/17/2025 at 02:25 PM by Staff K.</p> <p>Review of facility documentation on 02/17/2025 also revealed a late entry fall assessment, dated 02/12/2025. It documented Resident #23 was attempting to use the restroom at the time of the fall, and also records her vitals. It again documented the family and physician was notified at the time of the fall.</p> <p>In an interview on 02/19/2025 at 01:04 PM with Staff K, LPN, she confirmed that Resident #23 did have a fall the evening of 02/12/2025. She reported the time as being 6:30 PM or later, early in the evening, when a man approached her and let her know that Resident #23 was found lying by her walker and had reported she fell . She stated she responded to the fall and assessed the resident at that time for injury, but the resident stated she wasn't in any pain, she stated she recorded the vitals on a piece of paper, but when asked if the surveyor could see the piece of paper she quickly stated it had been destroyed. She disputed the resident had injured herself in a fall, and stated she Doesn't believe she has broken ribs. When questioned about the late entry, Staff K became dismissive and stated It wasn't my job. She stated because the resident fell after her shift ended .but before the incoming nurse had arrived at the facility .she felt it was not her job to assess the resident or record the fall. It was the job of the PM nurse. When asked why she had entered the fall assessment and fall progress note on 02/27/2025 if it wasn't her job, she stated she had been told by management that it was her responsibility, she then entered the details of the fall. She stated she had not informed anyone else of the fall before leaving the shift, because she was already late getting off work, and it wasn't her responsibility.</p> <p>In an interview on 02/20/2025 at 01:22 PM with Staff I, Certified Medication Aide (CMA), she stated it was the responsibility of the nurse who responds to an incident to assess a resident and to document their assessment. It was the duty of the Certified Nurses Aides (CNAs) to notify the nurse of any incidents like a fall.</p> <p>In an interview on 02/20/2025 at 01:32 PM with Staff P, CNA she stated her role is to inform the nurse of what has happened, she believed it was the nurses responsibility to document things in the electronic health record (EHR).</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/20/2025 at 01:39 PM with Staff L, Licensed Practical Nurse (LPN), she confirmed it was the duty of the nurse who responded to an incident to assess and document the incident. She confirmed that all documentation was performed on the EHR, and stated it should be done before your leave your shift. As soon as you get a chance to sit down.</p> <p>In an interview on 02/19/2025 at 01:51 PM with the Director of Nursing (DON), she confirmed it is the responsibility of the nurse who responds to an incident to record the incident and any assessments in the EHR. She stated that if a nurse were to use pen and paper to record vitals, she would expect them to be documented in the EHR as soon as possible and no later than end of shift.</p> <p>Review of the staffing file for Staff K documented she was currently on a final written warning for failure to document things in a timely manner, for failing to complete skin assessments on at least two occasions, and for failure to document a resident's death.</p> <p>Review of a facility provided document titled Charting and Documentation with a last revised date of 07/2017, documented Objective observations, medications administered, treatments or services provided, changes in the resident's condition, events incidents and accidents involving a resident, and progress toward or changes in the care plan are to be documented in the resident medical record.</p>		

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 02/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on record review, observations, staff interview, and policy review the facility failed to ensure staff utilized Enhanced Barrier Precautions (EBP's) when cares provided for one of six resident sampled on EBP's (Resident #27). The facility reported a census of 83 residents.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #27 had diagnoses of end stage renal disease, obstructive uropathy, and diabetes. The MDS indicated the resident had an indwelling catheter. The MDS revealed the resident had dependence on staff for toileting.</p> <p>The Care Plan revised 6/12/24 revealed the resident had a suprapubic catheter. The resident required EBP's related to presence of indwelling suprapubic catheter. The Care Plan directed staff to implement and adhere to EBP's during completion of high contact activities, and hand hygiene prior to and after cares.</p> <p>Observations revealed the following:</p> <p>a. On 2/17/25 at 9:49 AM, an EBP sign hung on the wall in the resident's room and a 3-drawer bin sat on the floor by the doorway with gown, bags, and gloves inside.</p> <p>b. On 2/18/25 at 2:45 PM, Staff A, certified nursing assistant (CNA), and Staff B, CNA, transferred Resident #27 from a Broda chair to a bed. Resident #27 had a suprapubic catheter in place and the catheter had disconnected from the leg bag. Staff A provided catheter care and reconnected the catheter to the leg bag.</p> <p>c. On 2/18/25 at 3:10 PM, Staff A, CNA, donned a pair of gloves, took disposable wipes and cleansed Resident #27's buttocks from front to back. The resident had bladder and bowel incontinence. Staff A continued to remove disposable wipes from the package with her soiled gloves and cleansed between the resident's buttocks until the stool was removed. Staff A changed her gloves. Staff rolled the resident onto his right side. Staff B took disposable wipes and cleansed the resident's left outer buttock, then removed his gloves. Staff A and Staff B did not wear a gown when they transferred the resident from the Broda chair to the bed, or when catheter care performed and incontinence care provided. The Director of Nursing (DON) observed staff with the surveyor in the room.</p> <p>In an interview 2/20/25 at 9:58 AM, Staff F, CNA, reported an EBP sign posted in a resident's room when a resident was on EBP's. Any resident who had a g-tube, open wounds, catheter or an ostomy was placed on EBP's. Staff F reported a gown and gloves required whenever resident cares provided for a resident on EBP's.</p> <p>In an interview 2/20/25 at 11:44 AM, Staff C, Assistant Director of Nursing (ADON), reported EBP's in place for residents with any tubes, such as a catheter. Staff are required to wear a gown and gloves whenever they worked with a resident on EBP's.</p> <p>In an interview 2/20/25 at 12:15 PM, the DON reported she expected staff wear a gown and gloves whenever they took care of a resident on EBP's, including caring for a resident with a catheter.</p> <p>(continued on next page)</p>		

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 02/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility's Enhanced Barrier Precautions policy dated 3/25/24 revealed EBP's are utilized to prevent the spread of Multi-Drug Resistant Organisms (MDRO's) to residents. Gowns and gloves worn during high-contact resident care activities such as transferring a resident, providing hygiene, changing briefs, and care of an indwelling devices such as a urinary catheter. Signs are posted indicating the resident required EBP's and personal protective equipment available to use.</p>		