STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	09/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES I, L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date: 9-13-21 A recertification health survey and investigation of Complaint #96746-C and Facility Reported Incidents #97076-I and #98544-I was completed 8/31/21 - 9/9/21 and resulted in the following deficiencies. Complaint # 96746-C was not substantiated. Facility Reported Incident #97076-I was not substantiated. Facility Reported Incident #98544-I was not substantiated. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to follow physician orders for one of fourteen residents sampled (Resident #29). Facility reported a census of 55 residents. Findings Included: A Minimum Data Set (MDS) dated 7/11/21, assessed Resident #29 with a Brief Interview for Mental Status (BIMS) score of 6 (severe cognitive	F 658		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 9/30/21

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.

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F 658	Continued From page 1 impairment). The MDS identified the resident with diagnoses which included: fracture, non-Alzheimer's dementia, and thoracic spina bifida. The care plan dated 7/22/21 revealed no focus area for edema or swelling to the lower extremities (LE's) or interventions for edema. An Order Summary Report revealed an order, with start date of 8-12-21, for ACE (elastic) wraps to bilateral lower extremity (LE)- toes to the knees- on in the morning with AM wound care and off at bedtime with wound care daily for venous stasis. The Treatment Administration Record (TAR) dated 9/1/21 to 9/30/21 revealed ACE wraps to bilateral LE toes to the knees on in the morning with AM wound care and off at bedtime with wound care daily for venous stasis. The TAR revealed ACE wraps administered from 9/1/21 to 9/9/21 and documented the resident refused ACE wraps on 9/7/21. Observations revealed the following: a. On 09/02/21 at 8:04 AM Resident # 29 wore no ACE wraps on LE's. The resident's LE's appeared swollen and edematous. b. On 09/07/21 at 8:50 AM Resident # 29 wore bunny boots to bilateral LE and no ACE wraps. The resident's LE's appeared swollen and edematous. c. On 09/08/21 at 2:05 PM Resident # 29 wore no ACE wraps on LE's. The resident's LE's appeared swollen and edematous. d. On 09/09/21 at 9:08 AM Resident # 29 no ACE wraps noted on at this time. The resident's LE's appeared swollen and edematous.	F 658		

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F 658	Continued From page 2 e. On 09/09/21 at 12:28 PM Resident # 29 wore no ACE wraps. The resident's LE's appeared swollen and edematous. On 09/09/21 at 12:28 PM the Director of Nursing (DON) confirmed the resident did not wear ACE wraps and acknowledged, per the physician order, the resident should have the ACE wraps on and staff should follow the physician order. The DON reported she planned to follow up with staff regarding staff documenting they applied ACE wraps to the LEs when they did not.	F 658		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 758		

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F 758	Continued From page 3 contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on policy and record review and staff interviews, the facility physician failed to provide rationale for not decreasing or discontinuing psychotropic medications as recommended by the pharmacist for a Gradual Dose Reduction (GDR) for two of five residents reviewed (#48 & #51). The facility reported a census of 55 residents. Findings included: 1. A Minimum Data Set (MDS) dated 8/11/21, for Resident #51 revealed diagnoses that included: hypertension (high blood pressure), Diabetes	F 758		

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F 758	Continued From page 4 Mellitus (type 2), hyperlipidemia (high cholesterol), thyroid disorder, and Alzheimer's dementia. The MDS assessed the resident with a Brief Interview for Mental Status (BIMS) score of 3 (severe cognitive impairment). The MDS revealed the resident showed trouble concentrating, poor appetite, and short temper and easily annoyed. The MDS identified the resident with disorganized thinking and inattention. The resident also experienced physical and verbal behaviors and behaviors not directed towards others. The MDS revealed the resident received antipsychotic and an antidepressant 7 out of the 7 days of the lookback period. The care plan, dated 8/31/21, identified the resident received an antipsychotic medication related to dementia. Physician orders for Resident #51 revealed the physician prescribed the resident Seroquel (anti-psychotic). The pharmacy performed a gradual dose reduction (GDR) review on 2/26/21 for the resident for Seroquel 25 mg twice a day and Zoloft 100 mg daily and sent recommendations to the physician. In response, the physician wrote to continue the order, no change on the medication at this time for the Seroquel. There was no rationale why the Seroquel was not reduced. 2. Resident # 48 MDS, dated 8/8/21, revealed resident diagnoses that included: heart failure, hyperlipidemia, Alzheimer's disease, non-Alzheimer's dementia, Parkinson's, Anxiety, and cognitive communication deficit. The MDS assessed the resident with a BIMS score of 3	F 758		

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F 758	Continued From page 5 (severe cognitive impairment). The MDS showed the resident experience inattention and disorganized thinking. The MDS showed the resident also experienced physical and verbal behavior towards others, and other behavioral symptoms not directed towards others. The resident also experienced wandering behaviors. The MDS 7 day look back revealed the resident received an antipsychotic and antidepressant 7 out of the 7 days. The care plan, dated 8/31/21, revealed the resident received anti-depressant medication for anxiety and antipsychotic medication related to disease process from Alzheimer's disease. Orders for Resident #48 revealed the physician prescribed the resident Seroquel 100 mg daily. A pharmacy GDR request on 7/23/21 revealed the physician chose to continue the current dose of Seroquel at 100 mg but provided no rationale as to why. A Psychotropic Medication policy, dated 3/1/21, revealed the facility supported the appropriate use of psychopharmacological medications for therapeutic use. Efforts to reduce dosage or discontinue of psychopharmacological medications will be ongoing, as appropriate, for the clinical situation. The facility will make every effort to comply with state and federal regulations related to the use of psychopharmacological medications in the long-term care facility to include regular review for continued need, appropriate dosage, side effects, risks and or benefits. The facility is to attempt a GDR of psychotropic medications quarterly unless clinically contraindicated.	F 758		

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F 758	Continued From page 6 On 09/09/21 at 2:30 PM the Director of Nursing stated she was unaware of rationales being necessary for GDRs and she reported it was something she could work on for the future.	F 758		

Arbor Springs Plan of Correction for State Survey completed on 9/9/21

This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

F658:

Resident had an order for ace wraps daily to BLE due to edema. These were not applied as ordered.

For this resident, the order was discussed with her physician on 9/13/21 and changed by him to TED hose for better edema control.

Her care plan was updated on 9/13/21 to include the use of TED hose as a treatment for her peripheral edema. The task lists for CNA's was updated 9/13/21 to include the use of TED hose.

This was corrected as of 9/13/21, please see attached QAPI plan for monitoring and further plan for facility wide correction.

F758:

Residents did not have an appropriate rationale for continuing psychotropic therapy on the GDR form.

The residents in question have ongoing behavior symptoms, depressive symptoms, and anxiety symptoms that make a reduction in their psychotropics clinically contraindicated. This was discussed with the physician who made the determination to continue current therapies, and he was instructed to document that rationale. At this time we am currently awaiting the documentation from his transcription service, however it was discussed with him on 9/13/21 via phone call with the DON.

This was corrected as of 9/13/21, please see attached QAPI plan for monitoring and facility wide correction.

Sylvia Cossi - Administrator
POC corrected as of 9/13/2021