

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0355	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/01/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EDENCREST AT GREEN MEADOWS**6750 CORPORATE DRIVE
JOHNSTON, IA 50131**

(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Assisted Living Programs for People with Dementia are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>General Population Program</p> <p>Number of tenants without cognitive disorder: 38 Number of tenants with cognitive disorder: 1</p> <p>Memory Care Unit</p> <p>Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 22</p> <p>TOTAL census of Assisted Living Program for People with Dementia: 61</p> <p>The following regulatory insufficiencies were cited during the investigation of Incident #109237-I and Complaint #109191-C.</p> <p>No regulatory insufficiencies were cited during the investigation of Complaints #107724-C and #106357-C.</p>	A 000	<p>See Attached</p> <p>POC</p>	
A 665	<p>481-69.33(4) Transportation</p> <p>481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program:</p> <p>69.33(4) Wheelchairs shall be secured when the vehicle is in motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to properly secure a wheelchair</p>	A 665		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 665	<p>Continued From page 1</p> <p>during transport of a tenant. This pertained to 1 of 1 tenant reviewed (Tenant #1) as a result of Incident #109237-I. Findings follow:</p> <p>Record review of Tenant #1's Incident Report dated 11/25/22 revealed her transport chair tipped over to the right side during transport. She complained of pain to her left shoulder and no other visible injury was noted. The Director called 911. Tenant #1 was transported to the hospital for evaluation.</p> <p>Observation on 11/30/22 at 4:20 p.m. revealed the Director demonstrated where he attached the hooks to the chair belonging to Tenant #1. He stood on the right side of Tenant #1's chair and bent over to attach the hooks on the left side.</p> <p>When interviewed on 11/30/22 at 2:20 p.m. Tenant #1 reported she continued to receive treatment at the hospital following the incident. She confirmed she suffered a fractured neck and collarbone as result of the accident. She reported ongoing pain and rated it 8 out of 10 most of the time. She remembered the Director attach the hooks and seatbelt. She reported the chair did not move much and she had no idea of how it tipped over. Tenant #1's daughter confirmed the injuries Tenant #1 sustained and noted Tenant #1 suffered continued loss of strength due to being bedridden along with history of Parkinson's disease, and required skilled nursing to recover and potentially unable to return to assisted living level of care.</p> <p>On 11/30/22 at 10:00 a.m. the Director stated staff assisted Tenant #1 into a transport chair and he loaded her on the bus. He placed four hooks on the frame by each wheel, placed the seatbelt around her, and jiggled the chair to ensure it was</p>	A 665		

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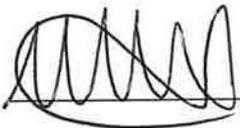
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A 665	Continued From page 2 tight. He proceeded to drive towards the destination. He reported after a short distance he looked in the mirror to check on her and all was fine. He drove through two roundabouts and the next time he looked in the mirror Tenant #1 could not be seen. He pulled over to check on her and observed her on her right side. He noticed seatbelt around her torso, but no longer fastened and the hooks on the left side were no longer attached to the wheelchair. He reported he observed no visible injuries, she moved all extremities, was alert and oriented, and initially declined medical intervention. During further interview on 11/30/22 at 4:00 p.m. the Director stated he could not determine how the wheelchair tipped over.	A 665		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0355 Edencrest at Green Meadows	DATE SURVEY COMPLETED: 12/01/2022		
TAG #	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERRED TO THE APPROPRIATE DEFICIENCY)	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	<p>Regulation and Reg Number 481-69.33(4) Transportation 481-69.33(231C) Transportation. When transportation services are provided directly or under contract with the program: 69.33(4) Wheelchairs shall be secured when the vehicle is in motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to properly secure a wheelchair during transport of a tenant. This pertained to 1 of 1 tenant reviewed (Tenant #1) as a result of Incident #109237-I.</p>	Tag #A665	<p>What initial correction was made?</p> <p>Bus transportation suspended until inspection completed of bus securement devices on 12/07/2022.</p> <p>Transportation safety training completed for all class D- chauffeur licensed drivers on 12/02/2022.</p>	<p>How will we ensure and maintain compliance going forward?</p> <p>Ensure all community drivers complete transportation safety training upon hire.</p>	<p>Implementation Date: 11/22/2022</p> <p>Completion Date: Ongoing</p> <p>Responsible Party: Director and/or Designee</p>

Community compliance date: 3/15/2023.



Alex McGregor, Community Director

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.