

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165507	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Valley View Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2571 Guthrie Avenue Des Moines, IA 50317	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, and policy review, the facility failed to ensure resident preferences for end of life treatments were followed as indicated on their Iowa Physician Orders for Scope of Treatment (IPOST). for 1 of 1 resident reviewed for advance directives (Resident #2). The facility reported a census of 79 residents. Findings include: The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had diagnoses that included hypertension (high blood pressure), Type 2 diabetes, cerebral infarction, heart failure and cardiomyopathy. The Care Plan initiated [DATE] for Resident #2 lacked information on end of life treatment for a Full Code Cardiopulmonary Resuscitation (CPR) status with limited interventions. The electronic medical record (EHR) included an IPOST signed [DATE] that indicated Resident #2 wanted CPR attempted with limited additional interventions including do not use intubation or mechanical ventilation. In an interview on [DATE] at 1:29 PM Staff A, RN was very concerned that she should not talk with me as she no longer works there. She stated that Resident #2 was found unresponsive and they started CPR and called 911 as he was a full code. She stated they put on the AED and it did not advise shock as he was deceased. Staff A, RN then stated that Emergency Medical Services (EMS) arrived and took over CPR. Stated she does not remember if EMS intubated Resident #2 but they may have. She added that she did not remember if Resident #2 was a Do Not Intubate (DNI) as it was very chaotic. In an interview on [DATE] at 2:35 PM Staff B, Educational Nurse stated she was pulled into the room by a Certified Nursing Assistant (CNA) who said the resident was unresponsive and she assessed him he was still warm no pulse or respirations. She stated Staff A, RN initiated CPR and not sure who but someone called 911. Staff C, CNA was also present and was quite distressed as she had found Resident #2. Staff B, Educational Nurse then said that EMS arrived and Staff A, RN discussed Resident #2's code status verbally with EMS but did not present the IPOST. Confirmed EMS did intubate Resident #2. Staff B, Educational Nurse stated that no staff tried to stop EMS from intubating. The Power of Attorney (POA) was contacted and CPR was discontinued. In an interview on [DATE] at 2:45 PM the Director of Nursing (DON) confirmed that Resident #2 was a full code with DNI. The DON reported typically, if sending someone out, they present the IPOST but this was very chaotic and both aids were extremely distressed, and that they don't usually do CPR. The DON did state that the IPOST or wishes should have been presented to EMS. In a policy updated [DATE] titled IPOST-Advance directive form implementation it stated in the event of a crisis situation with a resident, staff will be instructed to look at the resident's order for code status and IPOST if the resident has one. It also indicated that upon discharge or transfer to another facility, the original IPOST form will be included in the discharge papers.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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