

2/26/14  
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If continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/03/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOUNTAIN WEST HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1501 OFFICE PARK ROAD</b> <b>WEST DES MOINES, IA 50265</b>		
(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 309	Continued From page 1 documented Resident #3's weights as follows: a. Week of 11/09/13, 131.5 pounds (lb). b. Week of 12/17/13, 137.7 lb. c. Week of 12/31/13, 125.3 lbs. a weight loss of 12.4 pound, 5% weight loss in 30 days.  The Weight Summary Report for the week ending 1/30/14, documented the resident's weight 121.9 for the week of 1/9/14, a weight loss of 10%.  Record review revealed a physician order sheet dated 1/10/14 that directed staff as follows: weight resident weekly times 4, if stable, bi-monthly weights for one month, if stable monthly weights.  The resident's care plan dated 1/12/2014 documented Resident #3 had an alteration in nutrition status, as evidenced by: a. leaves 25% food. b. weight loss. c. therapeutic diet. The care plan directed certified nurse's aides to weight resident as ordered.  On 1/27/14 at 2:50 p.m., the facility Director of Nursing (DON) reported no other weights documented after 1/7/2014.  On 2/3/14, at 8:45 a.m., the DON reported no documentation the facility notified the physician of Resident's #3's weight loss until 1/13/14.	F 309			
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental,	F 353			

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F 353	<p>Continued From page 2</p> <p>and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and resident interview the facility failed to answer resident call lights within fifteen minutes or less for 3 of 5 residents reviewed (#1, #3, and #4). The facility reported a census of 100 residents.</p> <p>Finding include:</p> <p>1. The facility identified Resident #3 as interviewable. The MDS dated 11/14/13 documented the resident's BIMS (Brief Interview for Mental Status) score 13, indicating the resident mildly cognitively impaired.</p> <p>During an interview on 1/23/14 at 8:58 a.m., Resident #3 reported it took staff "too long to answer" the call lights. The resident reported it</p>	F 353			

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F 353	<p>Continued From page 3</p> <p>took 25 minutes for staff to respond to the call lights.</p> <p>2. The facility identified Resident #4 as interviewable. The 11/7/13 MDS documented the resident's BIMS score 12, mild cognitive impairment. The MDS indicated the resident frequently incontinent of both bowel and bladder.</p> <p>On 1/22/14, at 10:10 a.m., Resident #4 reported he/she had soiled him/herself more than once while waiting for staff to respond to the call light.</p> <p>3. The facility identified Resident #1 as interviewable. The 11/7/13 MDS documented the resident's BIMS score 15, fully cognitively intact.</p> <p>During an interview on 1/27/14 at 11:15 a.m., Resident #1 reported it often took staff as long as 50 minutes to answer the call lights. The resident reported the longest wait over an hour had occurred some time ago. The resident reported the call light response time the longest on evening and night shifts, as well as the weekends.</p>	F 353			

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IA0608</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/03/2014</b>
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STREET ADDRESS, CITY, STATE, ZIP CODE

**FOUNTAIN WEST HEALTH CENTER**

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WEST DES MOINES, IA 50265**

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N 101	<p>50.7(1) 481- 50.7 (10A,135C) Additional notification.</p> <p>481-50.7 (10A,135C) Additional notification. The director or the director ' s designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I,II,III):</p> <p>50.7(1) Of any accident causing major injury. a. " Major injury " shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a " major injury " based upon the circumstances of the accident, the previous functional ability of the resident, and the resident ' s prognosis. b. The following are not reportable accidents: (1) An ambulatory resident, as defined in rules 481-57.1(135C), 481-58.1(135C), and 481-63.1(135C), who falls when neither the facility nor its employees have culpability related to the fall, even if the resident sustains a major injury; or (2) Spontaneous fractures; or (3) Hairline fractures.</p> <p>This Statute is not met as evidenced by: Based on record and document review, observation, and resident and staff interviews, the facility failed to report a major injury which</p>	N 101		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

DEPARTMENT OF INSPECTIONS AND APPEALS

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N 101	<p>Continued From page 1</p> <p>required an admission to a higher level of care for 1 of 5 residents reviewed. Resident # 3 fell and sustained a right hip fracture on 12/11/13 and required admission to a hospital and surgery. The facility reported a census of 100 residents.</p> <p>Findings include:</p> <p>Review of the Admission Record document dated 1/31/14, identified Resident # 3 had diagnoses which included a femur fracture and unspecified anemia. The Minimum Data Set (MDS) assessment, with a reference date of 11/14/13, reflected Resident #3 could transfer independently but no longer walked and needed the limited assistance of one staff member to locomote (move from one location to another). The resident used a wheelchair. Additionally, the resident's BIMS (Brief Interview for Mental Status) score was 13. A score of 13 identified the resident as mildly cognitively impaired.</p> <p>Resident # 3's 12/11/2013 3:43 a.m. Progress Notes documented the staff found Resident # 3 lying on the room floor with the his/her left leg extended (straight) and the resident's right leg bent. The resident was yelling out in pain. The resident was independent with the assist of a wheelchair.</p> <p>Review of the Progress Note dated 12/11/13 at 8:50 a.m. reflected, Resident # 3 was admitted to the hospital with a peri- prosthetic (around the replaced hip joint) fracture of the right femur. The 12/16/13 hospital Physician Discharge Summary revealed Resident # 3 was admitted and discharged with a closed right peri-prosthetic fracture. The resident had an ORIF (open reduction, internal fixation- surgical repair of a fracture).</p>	N 101		

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N 101	Continued From page 2  On 1/23/14, at 8:58 a.m., Resident # 3 stated she/he did not remember the circumstances of the fall. On 1/27/14, at 3:35 p.m., observation revealed Resident #3 sitting in his/her wheelchair. The chair had antiroll bars present.  During an interview on 1/27/14, at 1:45 p.m., the facility Director of Nursing (DON) stated the facility did not report Resident # 3's 12/11/13 fall to the Department since the resident was independent in their room at the time of the fall. On 1/28/14, at 8:45 a. m., the DON reported the facility had not completed an incident report since the resident was sent to the hospital.	N 101		

### F353 Sufficient 24-Hours Nursing Staff per Care Plans

Call light audits have been initiated as of 2/24/2014. Call light audits will be done randomly by DON, ADON, Patient Care Managers, Charge Nurses, and the Administrator. Audits will be done randomly on all shifts including weekends, monitoring the time that the call light was activated and what time it was responded to. If call light time exceeds the 15 minute rule review of call light response time will be done with staff member.

Call light audits will be reviewed on a monthly basis by Director of Nursing during QA meetings.



### F309 Provide Care/Services for Highest Well Being

Resident #3 was monitored and evaluated and no ill effects noted from potential weight loss.

Scales have been re-calibrated by maintenance department on 2/15/14. Scales will be calibrated monthly by maintenance department as part of QA review.

Weights will be reviewed by dietician (case managers in absence of dietician) on days that weights are obtained. If discrepancy noted in weights a re-weigh will be done the next day to verify accuracy of weight. Physician will be notified within 24 hours of significant weight change.

All weight orders received to be noted and noted by 2 nurses. All order changes in regards to weight should be given restorative aide responsible for obtaining weights.

481-50.7 (10A, 135C) Additional notification

Requirements for reporting accidents and major injuries were reviewed with Director of Nursing by the Administrator on 2/12/2014.

When accident or injury occurs, the "Accident/Fall Reporting" flow sheet will be reviewed by Administrator and Director of Nursing. The facility will communicate with designated program chair if unsure of need to report incident. If program chair is unavailable, facility will report accident/injury to DIA.