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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165273	A. BUILDING _____ B. WING _____	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLEUR HEIGHTS CENTER FOR WELLNESS AND REHAB	4911 SW 19TH STREET DES MOINES, IA 50315

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F 000	INITIAL COMMENTS Correction date 12/5/19 The following deficiency relates to the investigation of mandatory #86925. (See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C). Facility reported incidents #87012 & #87133 were not substantiated. Complaint #85987 was substantiated without a deficiency as the facility took immediate action.	F 000		
F 610 SS=F	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on clinical record review, facility policy review and interviews the facility failed to	F 610		

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

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.

Julie Schulte

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F 610	Continued From page 1	F 610		

immediately report suspected abuse, investigate, and separate for 3 of 9 sampled (Residents #2, #3 and #8). The facility reported a census of 76.

Findings include:

1. According to the Minimum Data Set (MDS) assessment dated 9/20/19, Resident #8 had diagnoses that included dementia, a seizure disorder, anxiety, depression and a psychotic disorder. Resident #8 had severe cognitive impairments.

The MDS dated 9/20/19 revealed Resident #8 required the assistance of two staff with transfers and the assistance of one staff with dressing and personal hygiene. Resident #8 had physical behavioral symptoms, verbal behavioral symptoms and rejection of care.

The Care Plan dated 4/12/19 identified the potential for behaviors related to anoxic brain injury and directed the staff to speak to the resident in a calm manner when she had disruptive behavior.

During interview on 11/18/19 at 11:00 a.m., Staff B (Nurse Aide) stated on 9/30/19 at 6:15 a.m., Staff B observed Staff A getting Resident #8 ready for a transfer. Resident #8 swung at Staff A and Staff A grabbed Resident #8's arm and told her to shut up. Resident #8 called Staff A a b**** and said she did not like her. Staff B stated she did not reported the incident. Staff B stated she felt scared to report as Staff A had an intimidating demeanor. Staff A had a close relationship to other staff and feared reporting could cost her job.

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F 610	Continued From page 2 2. According to the MDS dated 9/4/19, Resident #3 had diagnoses that included Alzheimer's disease, dementia, a seizure disorder and chronic pain. Resident #3 had severe cognitive impairments. The MDS dated 9/4/19 revealed Resident #3 required assistance of two staff with dressing, transfers and toilet use. Resident #3 had verbal and physical behavioral symptoms and rejected care. The Care Plan updated 5/6/19, documented Resident #3 resisted/refused cares due to dementia and directed the staff to give clear explanations, praise appropriate behavior, provide consistency, and leave and return 5 - 10 minutes of resists cares. During interview on 11/18/19 at 11:00 a.m., Staff B (Nurse Aide) stated Resident #3 screamed and yelled when staff touched her. Staff B stated on 9/30/19 between 6:30 and 6:45 a.m., she and Staff A changed Resident #3's brief. Resident #3 started swinging her arms. Staff A grabbed Resident #3's hand forcefully. Staff A placed her hand over Resident #3's mouth, so no one would hear her. Resident #3 continued to scream and told Staff A not to do that. Staff B stated Staff A acted rough with Resident #3 and did not talk Resident #3 down. 3. According to the MDS dated 8/23/19, Resident #2 had diagnoses that included Alzheimer's disease, dementia and a psychotic disorder. Resident #2 had severe cognitive impairments. The MDS dated 8/23/19 revealed Resident #2 required assistance of one staff with dressing,	F 610		

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F 610	Continued From page 3 hygiene and toilet use. Resident #2 had physical and verbal behavioral symptoms one to three days a week. The Care Plan updated 3/4/19, documented Resident #2 had impaired decision-making due to dementia and directed the staff not to rush during cares, encourage her to be active with cares, and keep decision-making simple. During interview on 11/18/19 at 11:00 a.m., Staff B (Nurse Aide) stated on 10/5/19 at 7:00 a.m. she observed Staff B (Nurse Aide) prepare Resident #2 for a transfer. Staff B stated, Staff A flopped Resident #2 like a piece of meat. Resident #2 told Staff A that she was hurting her and to stop. Staff A told Resident #2 she was not hurting her, just getting her ready. Staff B talked to Staff C (Restorative Aide) after the incident with Resident #2. Staff D (Licensed Practical Nurse) reported her concerns to the Administrator and Director of Nursing on 10/8/19. During interview on 11/19/19 at 9:09 a.m., Staff C (Restorative Aide) recalled talking with Staff B after the incidents on 9/30/19. Staff C assumed Staff B informed the Charge Nurse. Staff C recalled telling Staff B to report her observations to the Charge Nurse. During interview on 11/14/19 at 10:15 a.m., Staff D (Licensed Practical Nurse) stated on 10/7/19 about 1:30 to 2 p.m., she asked Staff A to help change Resident #2. Staff A told her gruffly that she had just changed Resident #2. Staff D offered to help Staff A and noticed Staff A seemed frazzled. While in the room with Resident #2, Staff A pulled Resident #2's blanket off roughly without saying anything. Resident #2 yelled to	F 610		

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give the blanket back and Staff D held Resident #2's hands. Staff A pulled Resident #2's brief down roughly and the brief ripped. Staff D told Staff A to stop and Staff A twisted Resident #2's brief, pulling it vigorously. Staff D told Staff A to leave the room. She stated she had never witnessed anything like it and had worked with Staff A 11 years ago. Staff D stated she never thought Staff A was capable of that. Staff D took Resident #2 with her and informed the Administrator right away. Staff D stated that Staff B was on duty on 10/7/19. On 10/8/19, another staff member asked her to relay concerns observed by Staff B to the Administrator.

The facility's Abuse Prevention, Identification, Investigation and Reporting policy, revised on 8/25/16, instructed staff to report all allegations of abuse immediately to the charge nurse. The charge nurse is responsible for immediately reporting the allegations of abuse to the Director of Nursing (DON), Administrator or designated representative.

During interview on 11/18/19 at 1:20 p.m., the Administrator and DON stated the facility had everyone re-do their Mandatory Reporter Training following the incident. The first staff training occurred on 10/8/19 about 2 p.m. Staff B did not receive a verbal reprimand for the delay in reporting. After talking to staff, it seemed like more than one staff required additional training. Some staff did not seem to understand reporting guidelines, to report right away and that staff cannot wait to report allegations of abuse. At 2:15 p.m., the Administrator provided a spreadsheet that documented re-enforcement Mandatory Reporter Training and she stated the expectation that staff complete the training by

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F 610	Continued From page 5 11/1/19. At 2:45 p.m., the Administrator stated that newly hired staff that had completed Mandatory Reporter Training were not required to complete reinforcement training. Review of the provided spreadsheet titled Dependent Adult Abuse dated 11/19/19 revealed the facility employed 106 staff members. As of 11/19/19, 10 staff members had not completed reinforcement training and seven staff members completed reinforcement training after 11/1/19. The facility provided a statement that if staff needed to complete Dependent Adult Abuse Mandatory Reporter Training must be done by 11/19/19 at 4 p.m. A staff member on medical leave would complete the training upon return to the facility. During interview on 11/25/19 at 9:39 a.m., the Administrator stated she became involved in the allegations the morning of 10/8/19 when Staff D reported that Staff B had something important to tell her. She stated on 10/7/19 at 3:30 p.m., Staff D also reported her concerns with personal cares.	F 610		

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and/or state law.

Credible allegation of compliance date: Thursday, December 5th, 2019

F610
Administrator and Director of Nursing posted 3 signs (break room, Station I nurses' station, and Station II nurses 'station) stating whom is the abuse coordinators and the timeframe to report.

Continue monthly education of timely reporting to Director of Nursing and Administrator on all abuse allegations.

December 18th, 2019 all-staff meeting will be held to further educate employees on company's abuse policy on reporting expectations of alleged abuse. In conjunction, Deer Oaks will educate employees on managing difficult behaviors and personality disorders in LTC; behavior management with dementia and geriatric population; privacy and dignity in nursing homes.

Thank you,

K Schenk

Kelsey Schenk, Administrator