Citation Numb	er:	Amended 12/4/2018 following	g an IDR		Date:	
FC6837						
					August	27, 2018
Facility Name:			Survey D	ates:		
Fountain West			Jun vey 2	accs.		
Facility Addres	ss/City/State/Zip					
1501 Office Pa	rk Road		July 5-August 3, 2018			
West Des Moi	nes, IA 50265					
Rule or				Fine A	mount	Correction
	Natur	e of Violation	Class	1111071	ount	date
Code Section			Class			
58.11(3)			II	\$500		UPON
+						RECEIPT
135C.33(2)a						
+						
50.9(3)C						
58.14(4)		hall provide prompt response	II	\$500		UPON
		or the resident's use of the , III) (Prompt response being				RECEIPT
	considered as no long	ger than 15 minutes.)				
	DESCRIPTION:					
	_					

Facility Administrator Date

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FC6837						
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West Des Moi	nes, IA 50265					
Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section	Natur	e or violation	Class			date
	member interviews ar records and resident staff failed answer residents reviews and #9 and for resident residents reviews and #9 and for resident intervicence from the resident form. Findings include: 1. An observation 7/2 p.m. revealed the call Resident #7 and #8. If observation, the follow occurred: a. 12:45 p.m An increase assistant (CN propelled 2 separate down the same hallwatheir call light in view. b. 12:46 p.m An	council minutes, the facility sident call lights in a timely an 15 minutes) for 5 of 10 ewed (Residents #1, #5, #7, sidents present during the ew. The facility identified a s. 23/18 beginning at 12:37 light as on in the room of During continued wing is a timeline of events female agency certified (A) and Staff A, CNA residents to their rooms ay as the residents and with				

Facility Administrator	 Date

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1501 Office Pa West Des Moi			July 5-Au	ıgust 3,	2018	
Rule or	Notur	e of Violation		Fine A	mount	Correction
Code Section	Natur	e or violation	Class			date
		e residents' rooms they				
	assisted others from t	the dining room. I unknown male CNA				
	•	esident to her room and				
	walked past the resid					
	responding to the res	ident's call light.				
		aff A walked past the				
	resident's unanswere					
		male dietary staff member				
		f member walked past the				
	resident's unanswere	•				
		male agency staff member sident down the hallway and				
	past the resident's ac					
	·	aff B, CNA propelled a				
		the resident's unanswered				
	call light.					
	•	unknown female CNA				
		nt's call light, removed a				
	room tray but did not					
	<u> </u>	known female CNA returned and shut off the call light at				
	1:03 p.m.	i and shut on the call light at				

Facility Administrator Date

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1501 Office Pa West Des Moi			July 5-Au	igust 3,	2018	
West Des Mon	1103, IA 30203					
Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section	Natai	o or violation	Class			date
		0.4 (MD0)		I		
	dated 5/4/18, indicate					
		ed diabetes mellitus (DM), dent (CVA), hemiplegia,				
	edema and chronic pa	ain syndrome. The				
	assessment documer Interview for Mental S	Status (BIMS) (cognitive				
	function) score of 15 intact memory and co	out of 15, which indicated				
	required the assistant	ce of one staff with transfers				
	and toilet use and did	not walk.				
		/23/18 at 1:15 p.m. Resident				
	hour using her watch	er call light on as long as 1 which caused her not to feel				
		lly, the resident stated there eft her on the toilet for a				
	lengthy period of time	especially over the lunch				
	hour which caused he	er pain.				
		ment form dated 5/11/18				
	indicated Resident #8 included urge incontir	nence, constipation,				
		d edema. The assessment had a BIMS score of 15,				

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Facility Administrator Date

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1501 Office Pa West Des Moi			July 3-Ac	igust 5,	2010	
West Des Moi	11es, IA 30203					
Rule or	Natar	(\ \ \ - \ - \ \ - \ - \ \ - \ - \		Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	•	stance of one staff with and toilet use and did not				
	#8 stated her call light periods of time due to the resident failed to that been on at various. 4. The MDS assessing Resident #1 had diag tract infection (UTI), I stage 4 (CKD) and inclinated she had a Element which indicates mode impairment. Resident of one staff with bed ruse, did not walk and incontinence of her between the continence of the staff with the	nent dated 6/26/18 indicated noses the included a urinary DM, chronic kidney disease, somnia. The assessment BIMS score of 12 out of 15, erate cognitive and memory #1 required the assistance mobility, transfers and toilet experienced occasional owels and bladder.				
	light timely because of	/24/18 at 1:34 p.m., aff failed to answer her call of the lack of enough staff. he timed the call light on up				

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West Des Moi						
Rule or				Fine A	mount	Correction
	Natur	e of Violation	Class	Fine A	imount	date
Code Section			Class			
	5. The MDS assessing Resident #5 had diagon hypertension (high bload Alzheimer's demential lower radius (wrist), doinging in the ears), score of 10 out of 15, cognitive and memory required the assistant walking, dressing and assessment indicated motion impairment in and/or hand. A Physician's Progressing and assessment indicated motion impairment in and/or hand. A Physician's Progressing and the intake due to having the often having had to with call light. Unforture	nent dated 6/8/18 indicated				

Facility Administrator	

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Facility Addres	ss/City/State/Zip		Indu E Au	iguet 2	2010	
1501 Office Pa West Des Moi			July 5-Au	igust 3,	2010	
11001 200 mo.						
Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section			Class			date
		100/40 / 4 45				
	resident and a family	/23/18 at 4:45 p.m. the member confirmed the				
		ll light on as long as 47 ck on the wall. The delay				
	made her felt like exp	loding due to the need to ed anger. The resident				
	stated she quit drinkir	ng a lot of water because				
	staff failed to answer manner.	the call light in a timely				
	6. The MDS assessn	nent dated 5/11/18 indicated				
	Resident #9 had diag	noses that included al pain, polyosteoarthritis				
	and generalized muse					
	The assessment indic	cated the resident suffered				
		nich made it hard to sleep at day to day activities. On a				
		dent rated her worst pain at				
	During an interview 7					
		ne utilized the call light light as on for up to 2 hours				
	as she watched the c	•				

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West Des Moi	iles, IA 30203					
Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section	Natui	e or violation	Class			date
		sed the call light to ask for different terrible pain while she				
	waited for pain pills.					
		/25/18 at 10:22 a.m., Staff F, urse (LPN) stated Resident				
		station for staff assistance.				
	7. During a resident	Group interview on 7/25/18				
		esidents stated that staff call lights within 15 minutes				
	or less due to not end	•				
		ident Council Meeting				
	minutes revealed the dated:	following information as				
	a. 7/6/17 - Call lig	hts not answered in a timely				
	manner.	not answered in a timely				
	manner.	•				
	c. 9/7 - Call lights manner.	not answered in a timely				
	d. 4/5/18 - Reside lights answered quick	ents requested their call cer.				

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Rule or	Natur	e of Violation		Fine A	mount	Correction
Code Section	Natui	e or violation	Class			date
	e. 5/3 - Call lights on hall 2.	not answered all the time				
	f. 6/7 - Call lights 1, 2 and 3.	took long to answer on halls				
	,	/24/40 at 2:40 n m Ctaff D				
	Certified Nursing Ass	/24/18 at 2:19 p.m., Staff B, istant (CNA) indicated staff				
	were not really able to and residents compla	o answer call lights timely ined at times.				
	During an interview 7	/24/18 at 3:21 p.m., Staff C,				
	CNA indicated she ar the best she could bu	nswered resident call lights				
		lld not say she answered all				
		/25/18 at 12:33 p.m., Staff ability to answer resident				
	, , ,	ended on if she took care of ;; then it may take longer.				
	Staff D confirmed res	idents complained about call				
	lights not being answ	ered timely.				
	•	/25/18 at 2:12 p.m., Staff G, Aide (CMA) indicated there		_		

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West Des Mon	nes, IA 30203					
Rule or	Natur	e of Violation		Fine A	Mount	Correction
Code Section	Natur	e or violation	Class			date
	had been a sounds of	call lights as aver 45				
	had been a couple of minutes and he has h here and there.	neard residents complain				
	CNA indicated he cou	/25/18 at 2:30 p.m., Staff A, uld not always answer call r less but that he tried his				
	FACILITY RESPONS	SE:				

Facility Administrator	Date

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Fountain West						
Facility Addres	s/City/State/Zip					
7	, e, e.i.y, e i i i i e, <u>-</u> p		July 5-Au	N.E. August 2, 2019		
1501 Office Park Road			July 3-Au	July 5-August 3, 2018		
West Des Moir	nes, IA 50265					
Rule or			Fine		mount	Correction
	Nature	e of Violation				date
Code Section			Class			

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Facility Administrator	Date	