STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 000	INITIAL COMMENTS Correction Date_____ An investigation of Complaint #82532-C, Self Report #83370-I and Self Report #85216-M ending on 9/11/19 resulted in the following deficiencies. Complaint #82532-C was not substantiated. Self Report #83370-I was substantiated. Self Report #85216-M was investigated and results will be sent at a later date under separate cover. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis,	F 550		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 550	Continued From page 1	F 550		

severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

§483.10(b) Exercise of Rights.
The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
Based on facility records, policy and staff interviews, a facility Staff Member spoke to 1 out of 3 Residents (Resident #2) reviewed in an undignified manner. The facility reported a current census of 46 residents.

Findings included:

According to the Minimum Data Set (MDS) assessment dated 3/13/19, Alzheimer's disease and depression were listed as Resident #2's diagnoses. The MDS also noted Resident #2's Brief Interview for Mental Status (BIMS) score as 4 out of 15; severely impaired cognition and inattention. The MDS indicated that people

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 550	Continued From page 2	F 550		

usually understood Resident #2 and she usually understood them. According to the MDS, Resident #2's needs varied; she ambulated independently, but needed either supervision or limited assistance of one staff person for activities of daily living (ADLs).

The 7/22/19 Care Plan instructed staff to speak to Resident #2's face with clear, calm, step by step comments/directions because of being hard of hearing.

The revised 4/1/17 Abuse Prevention, Identification, Investigation and Reporting Policy Statement notes that all residents must not be subjected to abuse by anyone, including but not limited to facility and other agency staff, other Residents, consultants or volunteers, family members, legal guardians, friends or other individuals.

Abuse is defined differently under both State and Federal law and regulation. Dependent Adult Abuse is defined under Iowa law, pursuant to Iowa Code 235E as:

Any of the following as a result of willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances; including:

Personal degradation of a dependent adult. Personal degradation means a willful act or statement intended to shame, degrade, humiliate or otherwise harm the personal dignity of a dependent adult, or where the caretaker knew or reasonably should have known the act or statement would cause shame, degradation, humiliation or harm to the personal dignity of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 550	Continued From page 3	F 550		

reasonable person.

Resident Abuse under the Federal Certification Guidelines [42 C.F.R 483.12 and 42 C.F.R. 483.5] is defined as follows:

Verbal Abuse is defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to Residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.

Mistreatment means inappropriate treatment or exploitation of a Resident.

A document titled Investigation of Staff A, CNA (certified nurse aide) and Resident #2, dated 5/10/19 revealed that the receptionist reported Staff A for speaking to Resident #2 inappropriately, saying "I don't need your attitude right now." According to the document, Staff A admitted to the co-Director of Nursing (DON) and Education Director that she told Resident #2 that she did not need her attitude and she only tried to help the resident.

An interview on 8/26/19 at 3:10 p.m. with the receptionist revealed that she overheard Staff A tell Resident #2 "I don't need your attitude right now" in an angry tone of voice; as if she was annoyed by the resident. The receptionist said Resident #2 stepped back and looked at Staff A with a confused look after being spoken to like that. The receptionist said she considered what the CNA said to be disrespectful. When asked, the receptionist said she did not hear anything else or see what led up to the incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 550	Continued From page 4	F 550		

According to the receptionist, Staff A did not see her at first. Once Staff A saw the receptionist, she used a completely different tone of voice and called Resident #2 "honey" once she realized the receptionist was present. The receptionist said she reported it to the Education Director.

An interview on 8/26/19 at 3:56 p.m. with Staff B, Certified Medication Assistant (CMA) revealed that she heard Staff A raise her voice as she said "I don't need any of your..." The CMA said she did not hear the entire sentence, but thought Staff A seemed irritated. According to the CMA, Staff A kind of "flung" a coat at Resident #2 when she gave it to the resident. The CMA said she did not know what led up to it; she coincidentally approached them at the time of the incident. The CMA said she knew Resident #2 appeared confused about the coat that day because the resident even asked her earlier that morning if the coat belonged to her or her brother.

Staff B said she did not report what she saw. The CMA said that although Staff A raised her voice, she never thought of it as abuse until the co-DON interviewed her. Staff B believed Staff A definitely treated Resident #2 disrespectfully; but not abusively.

An interview on 8/29/19 at 9:50 a.m. with the Administrator revealed that Staff A just finished her education on abuse and Resident's rights in January. The Administrator said she absolutely expected Staff A to put what she learned into practice.

An interview on 8/29/19 at 11:12 a.m. with Staff A revealed that she remembered Resident #2 yelling because she found a coat in her room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 550	Continued From page 5 that she did not think was hers. After labeling Resident #2's coat, Staff A said "let's not yell at each other" and walked Resident #2 back to her room. Staff A said the facility talked to her about the incident. They said someone told them she yelled at Resident #2 and threw the coat at her. The CNA said she explained that she spoke loudly because the Resident cannot hear very well. Staff A denied throwing the coat, saying "I set it on the counter and the resident took it." The CNA said she remained calm as she tried to help Resident #2, saying "we don't need to yell at each other and show attitude, I'm just trying to help you." When asked, Staff A admitted saying "I don't need your attitude right now" and agreed that what she said showed disrespect; regardless of her tone of voice. Staff A said "I guess I said it out of frustration because Resident #2 kept repeating herself".	F 550		
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on facility records, policy, Paramedic and Staff interviews, the facility failed to initiate CPR (Cardiopulmonary Resuscitation) to 1 out of 3 Residents (Resident #1) reviewed at the time they witnessed her death. The facility reported a	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 6	F 678		

current census of 46 residents.

Findings included:

According to the Minimum Data Set (MDS) assessment dated 6/19/19, Resident #1 had diagnoses that included: dementia, Parkinson's disease, depression, chronic pulmonary embolism (matter wedged in an artery in the lung) and shortness of breath. The MDS also noted Resident #1's Brief Interview for Mental Status (BIMS) score as 3 out of 15 (severely impaired cognition) with inattention and disorganized thoughts. The MDS indicated that people usually understood Resident #1 and she usually understood them. According to the MDS, Resident #1 needed limited to extensive assistance of one or two staff members for activities of daily living (ADLs).

The 6/5/19 Care Plan noted Resident #1's code status (whether or not to be resuscitated at the time of death) as being a "full code" (elected to receive CPR).

Policy:

An untitled undated policy document titled with facility name revealed the following:

Determine the circumstances when Cardio-pulmonary resuscitation must be initiated, pursuant to Federal law requirement to carry out a Resident's advanced directives.

Procedure:

Upon determination that a Resident is in cardiopulmonary or respiratory arrest, CPR will be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 7	F 678		

immediately initiated by the Charge Nurse and 911 will be called for advanced cardiac life support unless one of the exceptions applies:

When the Resident or responsible party has indicated that resuscitation is not desired and the attending Physician has issued a written "do not resuscitate (DNR)" order that is maintained in the facility's clinical record; or

When there is the presence of obvious signs of irreversible death defined as rigor mortis (stiffening of the body a few hours after death) or dependent lividity (blood settling after a significant amount of time without circulation); or

When a Physician states do not do CPR.

3. If CPR is required, it will be immediately initiated by the Charge Nurse

4. If CPR is initiated, it will be continued until a Physician directs staff to stop or paramedics arrive and take over the CPR

6. If a Nurse's assessment concludes that the Resident exhibits signs of irreversible death leading to nursing judgement not to initiate CPR, complete documentation of the Nursing assessment shall be documented in the clinical record.

Record Review:

A document titled Iowa Physician Orders for Scope of Treatment (IPOST) dated 6/5/19 noted that Resident #1 should receive CPR at the point she no longer had a pulse and respirations. The IPOST was signed by her Spouse/Durable Power

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 8	F 678		

of Attorney for Health Care to indicate Resident #1's known preference.

A Health Status Note dated 8/20/19 at 12:03 p.m. noted that Resident #1 refused to get out of bed that morning, had difficulty breathing, coarse lung sounds throughout and refused to cough. The nurse also noted that Resident #1 had a temperature of 100.8 F. The physician ordered a portable chest x-ray and lab work.

A Medication Administration Note dated 8/20/19 at 3:10 p.m. noted Resident #1 cried and showed signs of discomfort. Staff administered Tylenol (analgesic) to the resident at her husband's request.

A Health Status Note dated 8/20/19 at 5:12 p.m. noted the physician ordered an antibiotic twice a day for 10 days for an upper respiratory infection.

A Health Status Note dated 8/20/19 at 6:21 p.m. noted that Resident #1 with a slight fever.

A Health Status Note dated 8/20/19 at 7:25 p.m. and documented by Staff C RN (registered nurse) noted that Staff D CNA (certified nurse aide) and Staff E CMA (certified medication aide) summoned Staff C to Resident #1's room at about 7:10 p.m. Staff C documented that Resident #1's color changed and identified the resident with difficulty breathing. Staff C ordered Staff E CMA to check vital signs immediately and raise the head of the resident's bed. Staff C noted that she went to get an O2 concentrator and stopped at the Nurse's station to check the resident's code status; which was specified as a full code. Staff C noted that she then called the physician to obtain an order to send Resident #1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 9	F 678		

to the hospital. Staff C called 911 for transportation due to the resident's full code status. Staff C also noted that she used the mobile phone to dial Resident #1's husband before quickly returning to the resident's room.

According to Staff C's documentation in the health status note, EMS arrived and followed about 20 feet behind her to the resident's room. As Staff C entered the room she noted Resident #1's skin color notably changed to paler, jaw dropped without respirations. Staff C noted that she did not hear any breath or heart sounds after she listened for several seconds. EMS (emergency medical services) entered the room and also did not detect any heart sounds after they listened. Staff C pronounced Resident #1 dead at 7:18 p.m. According to Staff C, EMS stated that the medical examiner did not need to be called once Staff C told them the facility was a skilled and intermediate care facility.

EMS report and interviews:

The EMS Incident Detail Report dated 8/20/19 noted that Staff C, RN, called at 7:12 p.m. for emergency assistance of a full code resident with breathing problems. They arrived at 7:18 p.m. and completed their objective at 7:22 p.m.

The EMS Patient Care Report dated 8/20/19 noted EMS arrived at the facility at 7:18 p.m. after being summoned for Advanced Life Support related to breathing problems. According to the document, Resident #1 was deceased and they made no effort to resuscitate her.

The EMS Narrative noted that EMS responded in emergent mode immediately after being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 10	F 678		

dispatched to the facility for a report of difficulty breathing. According to the Paramedic, facility staff informed them upon arrival that Resident #1 just passed. The Paramedic noted that she confirmed that Resident #1 had DNR orders. She also confirmed that Resident #1 did not have a pulse or respirations. The facility Nurse pronounced Resident #1 dead at 7:18 p.m.

An interview on 8/29/19 at 2:18 p.m. with Paramedic 2 revealed that they were dispatched because of a resident having breathing problems. According to Paramedic 2, the Facility Nurse met them outside Resident #1's room when they arrived and said the Resident just passed. Paramedic 2 said she entered the room and observed while Paramedic 1 checked the Resident and determined she did not have a pulse or respirations. Paramedic 2 stated the facility nurse told them Resident #1 did not need resuscitation. According to the Paramedic, they would have initiated resuscitation efforts; a heart monitor, rescue breathing and CPR if the resident was a full code. The Paramedic said they would have also requested extra crew members for help too. She said their protocol dictates that CPR should be continued on site for a minimum of 10 minutes.

An interview on 8/29/19 at 2:40 p.m. with Paramedic 1 revealed that the facility nurse met her outside of Resident #1's room when she first arrived and said the Resident just passed. Paramedic 1 said she entered the Resident's room and confirmed that she did not have a pulse or respirations. When asked, Paramedic 1 said she did not see the appropriate paperwork so she confirmed with the nurse that Resident #1 should not be resuscitated/DNR. According to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 11	F 678		

Paramedic, the nurse said Resident #1's spouse visited earlier in the day and he felt Resident #1 would probably die that night.

When asked how they received information from their dispatcher, the Paramedic said they get it verbally over the radio and updates on the computer in the cab of their transport vehicle. The Paramedic remembered the dispatch report saying Resident #1 had shortness of breath and difficulty breathing. The surveyor asked the Paramedic to address the information on the report that said "full code". According to Paramedic 1, nursing homes use terminology more loosely than they do, so they have to wait until they arrive to assess the situation for themselves. The Paramedic said she starts gathering more information by asking facility staff. She said typically they have the paper work there with them; but Staff C did not. The Paramedic said she did not ask to verify what the nurse told her by looking at the order; she took her word for it. According to the Paramedic, they would have started CPR, asked for additional assistance and for transportation to the hospital if she knew Resident #1 was a full code.

The Facility Death Record identified Resident #1's immediate cause of death on 8/20/19 at 7:18 p.m. as from dementia and cardiopulmonary arrest.

A document titled Investigation of Charge Nurse Staff C and Resident #1 on 8/20/19 revealed that the co-Director of Nursing (DON) received a call from Staff C at about 7:30 p.m. stating Resident #1 passed away. Staff C RN informed the co-DON that a CNA called her to Resident #1's room. Staff C noticed Resident #1's labored

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 12	F 678		

breathing when she arrived. The co-DON documented that Staff C told her she left the room to get oxygen (O2) and had Staff E CMA stay and get the resident's vital signs. Staff C told the co-DON that Resident #1 was not breathing when she returned to her room.

The co-DON's documentation noted that Staff C told her Resident #1 was a full code and the paramedics arrived right after she died. The co-DON asked Staff C if she started CPR and Staff C said she did not. When asked why she did not start CPR, Staff C replied "I don't know, I just don't know." The co-DON noted that she informed Staff C that Resident #1's full code status meant staff initiates CPR even if the resident died. According to the co-DON, Staff C's response was "we have to do CPR even if the Resident is already gone?" The co-DON replied "yes."

A QAPI (quality assurance performance improvement) Action Plan dated 8/21/19 documented:

Concern: CPR not initiated on Resident indicated as a full code.

Root Cause Analysis: RN failed to follow Resident's wishes to be a full code.

Action items: re-educated Staff C on appropriate time to initiate CPR.

Facility investigation/interviews:

The co-DON documented a subsequent interview she had with Staff C on 8/22/19 at 10:40 a.m. Staff C told the co-DON that a CNA called her to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 13	F 678		

Resident #1's room on 8/20/19 at 5:30 p.m. According to Staff C, Resident #1 breathed like "someone sobs when they cry" at the time she arrived. Staff C informed the co-DON that Resident #1's spouse and private caregiver sat next to the resident's bed at the time. Staff C said Resident #1's eyes were closed and the resident did not respond to verbal stimuli. According to the co-DON's documentation, Staff C said she left the Resident's room and told Staff E CMA to administer Tylenol to Resident #1 per the spouse's request.

Staff C said she faxed an order another nurse received at about 5:00 p.m. to the pharmacy. Staff C told the co-DON she went back to Resident #1's unit to inform her spouse about the order, but realized that he and the Resident's caregiver left.

According to the co-DON, Staff C told her that a CNA called her to Resident #1's unit about 7:10 p.m. Staff C told the co-DON that she found Staff D CNA and Staff E CMA in Resident #1's room. The Resident had difficulty breathing and her color had changed to ashen/pale. The co-DON noted that Staff C told her she instructed Staff E CMA to check Resident #1's vital signs, but Staff E CMA had to leave the room to get the equipment. The RN told the co-DON she left Staff D CNA with the resident as she left the room to get O2 (oxygen). According to the co-DON's documentation, Staff C stopped at the Nurse's station after she went to the O2 storage room; at which time she realized Resident #1 was a full code. The RN called the physician to notify him; at which time he authorized her to send Resident #1 to ER(emergency room). Staff C then called 911 and also attempted to call Resident #1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 14	F 678		

spouse on the portable phone.

According to what Staff C told the co-DON, she headed back to Resident #1's unit and saw EMS coming down the hall. Once inside of Resident #1's room, Staff C told the co-DON that Staff E CMA "was shaking her head". The RN listened to the resident's chest with the stethoscope and concluded there were no respirations or labored breathing. Staff C told the co-DON that EMS listened to Resident #1's heart too; at which time Staff C pronounced the resident's death at 7:15 p.m. According to the co-DON, Staff C thanked EMS for coming and asked if there were any charges for coming. The co-DON asked Staff C if she told the paramedics if Resident #1 was a full code. The RN told the co-DON she did not tell them the Resident was a full code or a DNR.

After further questioning, Staff C RN told the co-DON she never performed CPR before. When asked by the co-DON why she did not initiate CPR, Staff C RN told her she realized Resident #1 was a full code and she needed to call 911. According to the co-DON, Staff C stated "looking back, I should have started CPR for those 11 seconds." The co-DON noted that she asked Staff C RN again why she did not start CPR. Staff C said "at that moment I was down the hall. EMS was behind me and I didn't think it made a difference at that point." Staff C also told the co-DON that when she walked into Resident #1's room and saw signs of death, she did not call time of death for 30 to 60 seconds after being in the room.

The co-DON documented her interview on 8/22/19 at 12:00 p.m. with Staff D, CNA. The co-DON noted that Staff D told her she went into

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 15	F 678		

Resident #1's room with Staff E, CMA on 8/20/19 at about 4:00 p.m. with the Resident's caregiver present. Staff D said she went in the room again at about 5:00 p.m. Staff D CNA told the co-DON the caregiver left around 6:30 p.m. and she peeked in on Resident #1; at which time she called Staff C to look at the resident. Staff D told the co-DON that Staff E checked Resident #1's vital signs and Staff C went to get O2; which she left in the resident's room before Staff C left again to go to the nurse's station. Staff D said she radioed Staff C RN again; who responded by saying she was on the phone with the ambulance. Staff D said she went to the Nurse's station to get Staff C; at which time they returned to the resident's room together. Staff D told the co-DON she looked at Resident #1 and thought "it's not good." Staff D said Resident #1 was still breathing. She watched Staff C listen to the Resident's heart and EMS walked in. The CNA told the co-DON that one of the paramedics also listened to Resident #1, but nobody started CPR.

The co-DON documented her interview on 8/22/19 at 1:40 p.m. with Staff E CMA. Staff E reported that she first went into Resident #1's room about 3:00 p.m. with the resident's husband and private caregiver present. Staff E told the co-DON she overheard Resident #1's spouse tell the caregiver that she would have to bring him back later because the resident "was going to die tonight."

Staff E CMA told the co-DON she went back into the resident's room with Staff D CNA at suppertime to give her an antibiotic. Staff E told the co-DON that Resident #1 seemed to be in distress, her mouth was wide open, her eyes were shut and she had a "rattle" in her throat.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 16	F 678		

Staff E CMA said Resident #1 usually responded by saying "OK" when she told her she had some medicine, but the resident did not respond this time. Staff E CMA said she told Staff D CNA to call the nurse.

Staff E told the co-DON she left the room to get her vital signs kit and returned right away. According to Staff E, she could not get any vital sign readings despite her attempts. Staff E CMA told the co-DON she even told Staff D to check Resident #1's pulse, but Staff D could not feel it either. Staff D left and returned to the resident's room with Staff C. Because Staff D did not understand what Staff C RN wanted when she told her to go get O2, Staff C left the room to retrieve the O2 herself. Staff E told the co-DON that Staff C returned with the O2; followed closely by paramedics. Staff E told the co-DON a paramedic listened, but could not hear Resident #1's heartbeat.

An Affidavit dated 9/5/19 verified Staff C's vital signs assessment of Resident #1 late in the morning on 8/20/19 after another staff informed her that the resident had not gotten out of bed yet. Staff C indicated she only documented Resident #1's temperature of 100.8 F in the electronic health record, but hand wrote the remainder of her vital signs assessment on the 24 hour report; which she provided. Besides the 100.8 temperature, the Nurse recorded Resident #1's blood pressure of 138/86, 22 breaths per minute, pulse of 96 beats per minute and 90% O2 level.

Staff interviews with staff working when the incident occurred:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 17	F 678		

An interview on 8/26/19 at 12:45 p.m. with Staff D CNA revealed that she entered Resident #1's room with Staff E about 7:00 p.m. According to Staff D, Resident #1 not only looked different, she breathed slower than she normally did. Staff D said her color changed too, she appeared somewhat pale. Staff D said she worked since 6:00 a.m. that day and Resident #1 did not want to get out of bed that day. The resident acted differently and they did a chest x-ray during the day. Staff D said she called over the radio for Staff C to come and she responded right away. According to Staff D, Staff C RN looked at Resident #1 and told Staff E to get vital signs and then Staff C RN left to get O2. Staff D said Staff C RN returned shortly with the oxygen. When asked, Staff D said she thought Resident #1 was still breathing at that time, but did not know for sure. Staff D CNA said Staff C left again to go to the nurse's station. Staff D said she radioed for Staff C RN to come back because Resident #1 had more difficulty breathing. Staff D said Staff C radioed back and said she was on the phone with the ambulance. Staff D said Resident #1 still had respirations at the time Staff C returned. Staff D CNA said Staff C checked the resident with her stethoscope when the ambulance arrived. Staff D said she thought Resident #1 was still alive when EMS arrived; but could not say for sure because of how stressful things were. According to Staff D, EMS checked the Resident and did not detect a pulse. Staff D said neither Staff C nor the Paramedics initiated CPR.

Staff D said the facility talked to her about the situation. She told them nobody started CPR. Staff D said she did not know if Staff C knew whether or not Resident #1 should receive CPR. When asked, the CNA said her CPR certificate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 18	F 678		

expired.

An interview on 8/26/19 at 1:05 p.m. with Staff E revealed that she and Staff D entered Resident #1's room at about 7:00 p.m. Staff E said the resident had a very funny sound coming out of her mouth. The CMA said Staff D used a term that described breathing noises people commonly make right before they die. Staff E said Resident #1 stopped breathing at times. Staff E CMA said the resident did not look good; her color changed and she appeared to be a bit pale. Staff E CMA said she told Staff D to call the nurse while she checked Resident #1's vital signs. Staff E said she put the blood pressure cuff on the resident's arm and the pulse oximeter (checks pulse and O2 level) on her finger but they did not register anything. Staff E said that although she still heard rattling, she no longer felt any breaths coming out of Resident #1's mouth. Staff E said Resident #1 did not respond to her as she tried to speak to her. When asked, Staff E said she did not have CPR certification.

Staff E CMA said Staff C arrived and they informed her that they could not get any vital sign readings. According to Staff E CMA, Staff C wanted Staff D to get the O2 concentrator; but Staff D said she did not know what she meant. Staff E said they were afraid due to it being such a "crazy moment." Staff E CMA said Staff C went to get the O2 and called the paramedics. Staff E said Staff C did not put the O2 on Resident #1 when she returned, instead she immediately attempted to get vital signs.

According to Staff E CMA, EMS arrived at that time. She said a paramedic used a stethoscope to listen, but said she could not hear Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 19	F 678		

#1's heart or anything. Staff E CMA said "at that point, I think Staff C told EMS to initiate CPR", but neither Staff C nor the paramedics tried. Staff E said she and Staff D left the room at that time.

Staff E CMA said the facility provided education to staff working the next morning. According to Staff E, they said CPR should be started immediately and the nurse should be notified immediately in the event of a similar situation. Staff E said they also told them that anyone could call the ambulance. Staff E CMA said they thought a nurse had to call the ambulance.

Staff E said she was in Resident #1's room earlier when her husband and sitter were visiting. Although Resident #1 did not make the same rattling noise, she had some difficulty breathing then too. Staff E said Resident #1's husband was a physician. Staff E said she overheard him saying the sitter would have to bring him back to the facility later because his wife "was not going to make it."

An interview on 8/27/19 at 1:35 p.m. with the co-DON revealed that she would expect Staff C to start CPR at the point when Resident #1 no longer had respirations or a heartbeat. The co-DON believed Staff C panicked and did not know what to do. According to the co-DON, Staff C should have started CPR when she went back into the room and assessed Resident #1. She said EMS should have relieved Staff C and assumed responsibility when they arrived. When asked, the co-DON said Staff C, who was certified in CPR, should have stayed with the resident in distress at all times and delegated the errands/tasks to other staff members.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 20	F 678		

Other staff:

An interview on 8/27/19 at 3:30 p.m. with Staff G, RN revealed that she knew to look in the Resident's paper chart and the electronic chart to find the resident's code status. According to Staff G, if a resident requested to be a full code, staff needed to begin chest compressions if the resident stopped breathing and no longer had a heartbeat. Staff G said staff should call 911 and apply O2 on a resident with a pulse and no respirations. Staff G said staff should monitor the resident and begin chest compressions if/when the resident no longer has a pulse. According to the RN, none of those interventions apply if a resident has a DNR code status.

An interview on 8/27/19 at 4:05 p.m. with Staff H, RN revealed that she had CPR certification. Staff H RN said resident's charts are either labeled with DNR or full code and their code status is also located in the electronic health record. When asked, Staff H said staff should initiate CPR at the point when the resident no longer has a pulse or respirations. Staff H said staff should continue CPR until the physician directs staff to stop or a paramedic takes over. She said "rescue breathing" should be started if they are not breathing but still have a slight pulse.

An interview on 8/28/19 at 8:30 a.m. with Staff F, LPN, revealed that she knew to look in the paper or electronic chart to find a resident's code status. According to the LPN, compressions should be started if a Resident is unresponsive, not breathing and without a pulse while someone else calls 911.

Staff F LPN said she would stay with a Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 21	F 678		

in distress if she was the one certified in CPR. Staff F said she would utilize an uncertified person with knowledge of CPR to relieve her under her supervision and guidance. According to Staff F LPN, that would be better than becoming completely fatigued and ineffective. Staff F said staff needed to continue CPR until EMS arrived or until the Resident becomes responsive, has a pulse, and can breathe on their own.

Staff C RN interview:

An interview on 9/9/19 at 3:10 p.m. with Staff C revealed that she started her shift on 8/20/19 at 1:30 p.m. According to Staff C, the nurse that reported off to her said Resident #1 had a slight fever and they did a chest x-ray and lab work on her. When asked, Staff C said nobody told her Resident #1's spouse said earlier that he did not think his wife "would make it" until Staff E relayed that information sometime between 3:15 and 5:00 p.m. Staff C said she first went to Resident #1's room when someone called her there at about 3:10 p.m. The RN said she assessed Resident #1, but she did not check her vital signs. Staff C stated Resident #1 would not open her eyes or respond to the questions. Staff C RN said she documented her assessment in the electronic health record.

Staff C said she returned to Resident #1's room to inform the resident's husband that staff would administer Tylenol to his wife at his request. Staff C RN said she returned to the unit where Resident #1 resided another time to inform the resident's spouse that they obtained an order for an antibiotic. Staff C said the CNAs told her the husband already left.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 22	F 678		

Staff C said she never returned to Resident #1's room until a CNA called her back at 7:10 p.m. Staff C stated neither Staff D or Staff E informed her they did not get a reading when they attempted to check the Resident's vital signs, nor did they tell her Resident #1 stopped breathing intermittently and would not respond to them when they attempted to interact with her. Staff C RN said she, Staff D and Staff E went into Resident #1's room together after Staff D said Resident #1 "wasn't looking good." Staff C RN said she observed Resident #1 with difficulty breathing and her color had changed to ashen. Staff C said she asked Staff E to check Resident #1's vital signs and asked Staff D to raise the head of her bed. Staff C said she left the room and went to the other side of the building to get O2. Staff C said she stopped at the nurse's station to check Resident #1's code status on the way back. She stated she immediately called the physician to get the order to for Resident #1 to go to the hospital when she realized the resident was a full code. Staff C then called 911 and told them they had difficulty getting Resident #1's vital signs, she had difficulty breathing and she was a full code; they should come with sirens on and lights flashing.

Staff C said she grabbed the mobile phone and attempted to call Resident #1's husband on her way back to the unit. She entered Resident #1's room; at which time Staff E informed her she could not get a reading of Resident #1's vital signs. Staff C described Resident #1's color as being even more ashen and the resident's jaw dropped. Staff C RN listened to the resident's heart and lungs with her stethoscope and could not hear anything. When asked, Staff C said she did not start CPR at that point because EMS "was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 23	F 678		

literally right there." She said a paramedic assessed Resident #1 also and could not hear anything. Staff C said the Paramedics did not start CPR either. Staff C said she did not tell them to start CPR, she assumed they would just do it. She said she did not meet EMS outside of the room and tell them Resident #1 already expired and she was a DNR.

Staff C said she called the co-DON at 7:29 p.m. to report Resident #1 expired. Staff C RN said the facility called her on 8/21/19 and said not to come to work due to investigation of the incident. They called her again later and told her to come in on 8/22/19 at 10:00 a.m.; at which time she met with the Administrator, the co-DON and their Attorney for about 1 ½ hours. Staff C said the Administrator asked why she did not start CPR. Staff C said she responded by telling her "EMS was right behind me; it was their job." When asked about her response to the co-DON asking why she did not start CPR, Staff C said she could not say whether or not she told the co-DON "I just don't know, I just don't know." Staff C RN also said she did not remember asking them "do you mean you're supposed to start CPR once they're dead?", but could not deny she said it because "there was so much going on." Staff C said it did not seem strange that EMS did not start CPR knowing Resident #1 was a full code; "it didn't dawn on me to question why they didn't."

Review of Staff C's personnel file revealed it contained active American Red Cross certification for Staff C to perform CPR. Staff C completed the training 8/30/18.

Abatement:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 678	Continued From page 24 Following the incident on 8/20/19 involving Resident #1 not receiving CPR the facility completed the following: The facility reeducated nurses on the facility CPR policy completed 8/25/19 The facility reeducated Staff C on 8/20/19. The facility audited all resident charts to ensure all charts had signed IPOST orders completed 8/21/19. The facility audited all charts to ensure they contained labels with correct stickers to identify resident code status completed 8/21/19. The facility audited point click care (electronic records) accurate code status for each resident completed 8/23/19. The deficient practice detailed above resulted in an immediate jeopardy situation for the facility. This abatement resulted in past noncompliance for the facility.	F 678		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced	F 684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 684	Continued From page 25	F 684		

by:
Based on facility records, policy, paramedic and staff interviews, the facility failed to assess a resident's condition after abnormalities were noted for 1 out of 3 Residents (Resident #1). Approximately 7 hours after the only assessment, the resident expired. The facility reported a current census of 46 residents.

Findings included:

According to the Minimum Data Set (MDS) assessment dated 6/19/19, dementia, Parkinson's disease, depression, chronic pulmonary embolism (matter wedged in an artery in the lung) and shortness of breath were listed as Resident #1's diagnoses. The MDS also noted Resident #1's Brief Interview for Mental Status (BIMS) score as 3 out of 15; severely impaired cognition with inattention and disorganized thoughts. The MDS indicated that people usually understood Resident #1 and she usually understood them. According to the MDS, Resident #1 needed limited to extensive assistance of one or two staff members for activities of daily living (ADLs).

The 6/5/19 Care Plan noted Resident #1's code status (whether or not to be resuscitated at the time of death) as being a "full code" (elected to receive CPR).

A document titled Iowa Physician Orders for Scope of Treatment (IPOST) dated 6/5/19 noted that Resident #1 should receive CPR at the point she no longer has a pulse and respirations; signed by her Spouse/Durable Power of Attorney for Health Care to indicate Resident #1's known preference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 684	Continued From page 26	F 684		

Health Status Notes:

A Health Status Note dated 8/20/19 at 12:03 p.m. noted that Resident #1 refused to get out of bed that morning, had difficulty breathing, coarse lung sounds throughout and refused to cough. The Nurse also noted that Resident #1 had a temperature of 100.8 F. Orders were obtained for a portable chest x-ray and lab work. There was no documentation of vital signs. On the same date at 1:04 p.m. the resident had the chest x-ray and laboratory blood work drawn.

A Medication Administration Note dated 8/20/19 at 3:10 p.m. noted that Resident #1 had been cried and showed signs of discomfort and staff administered Tylenol (analgesic) the resident at her husband's request.

A Health Status Note dated 8/20/19 at 5:12 p.m. revealed staff received an order from the physician for an antibiotic twice a day for 10 days for an upper respiratory infection.

A Health Status Note dated 8/20/19 at 6:21 p.m. noted that Resident #1 still had a slight fever. The record failed to contain the actual temperature reading or any further vital signs or assessment.

The record failed to contain any vital signs and did not contain an assessment other than lungs since 8/20/19 12:03 p.m. until staff identified the resident in acute distress on 8/20/19 at 7:10 p.m.

A Health Status Note dated 8/20/19 at 7:25 p.m. noted that CNAs summoned Staff C to Resident #1's room at about 7:10 p.m. Staff C documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 684	Continued From page 27	F 684		

that Resident #1's color changed and she had difficulty breathing. Staff C ordered Staff E CMA (certified medication aide) to check vital signs immediately and raise the head of the resident's bed. Staff C noted that she went to get an O2 (oxygen) concentrator and stopped at the nurse's station to check the resident's code status; which was specified as a full code. Staff C noted that she then called the physician to obtain an order to send Resident #1 to the hospital. Staff C called 911 for transportation due to the resident's full code status. Staff C also noted that she used the mobile phone to dial Resident #1's husband before quickly returning to the Resident's room.

According to Staff C, EMS (emergency medical services) arrived and followed about 20 feet behind her to the resident's room. As Staff C entered the room she noted Resident #1's skin color notably changed to paler and jaw dropped without respirations. Staff C noted that she did not hear any breath or heart sounds after she listened for several seconds. EMS entered the room and also did not detect any heart sounds after they listened. Staff C pronounced Resident #1 dead at 7:18 p.m.

An Affidavit dated 9/5/19 indicated Staff C performed vital signs assessment of Resident #1 late in the morning on 8/20/19 after another staff informed her that the resident had not gotten out of bed yet. Staff C indicated she only documented Resident #1's temperature of 100.8 F in the electronic health record, but hand wrote the remainder of her vital signs assessment on the 24 hour report; which she provided. Besides the 100.8 temperature, Staff C recorded Resident #1's blood pressure of 138/86, 22 breaths per minute, pulse of 96 beats per minute and 90% O2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 684	Continued From page 28	F 684		

level.

A 24 hour report is not a part of a resident's permanent record.

An interview on 8/29/19 at 2:18 p.m. with Paramedic 2 revealed that they were dispatched because of a resident having breathing problems. According to Paramedic 2, Staff C met them outside Resident #1's room when they arrived and said the resident just passed. Paramedic 2 said she entered the room and observed while Paramedic 1 checked the Resident and determined she did not have a pulse or respirations. Paramedic 2 stated Staff C told them Resident #1 did not need to be resuscitated. According to the Paramedic, they would have initiated resuscitation efforts; a heart monitor, rescue breathing and CPR if the Resident was a full code. The Paramedic said they would have also requested extra crew members for help too. She said their protocol dictates that CPR should be continued on site for a minimum of 10 minutes.

An interview on 9/9/19 at 3:10 p.m. with Staff C revealed that she started her shift on 8/20/19 at 1:30 p.m. According to Staff C, the nurse that reported off to her said Resident #1 had a slight fever and they did a chest x-ray and lab work on her. When asked, Staff C said nobody told her Resident #1's spouse said earlier that he did not think his wife "would make it" until Staff E relayed that information sometime between 3:15 and 5:00 p.m. Staff C said she first went to Resident #1's room when someone called her there at about 3:10 p.m. Staff C said she assessed Resident #1, but she did not check her vital signs. Staff C described her assessment of the Resident as the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165548	A. BUILDING _____ B. WING _____	C 09/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR SPRINGS OF WEST DES MOINES L L C	7951 E P TRUE PARKWAY WEST DES MOINES, IA 50266

(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 684	Continued From page 29 resident cried and sobbed while breathing sporadically. Staff C said Resident #1 would not open her eyes or respond to the questions. Staff C said she documented her assessment in the electronic health record. Staff C said she never returned to Resident #1's room until a CNA called her back at 7:10 p.m. The Facility Death Record identified Resident #1's immediate cause of death on 8/20/19 at 7:18 p.m. as from dementia and cardiopulmonary arrest.	F 684		