Citation Numb #10660	er:		Date: Novemb		ber 7, 2024	
Facility Name: Pine Acres Ref	ab and Care Center		Survey Dates: October 23, 2024 – October 31, 202			er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG				
	,					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
						-
58.28(3)e	facility shall be respons and maintenance of a s and personnel. (III) 58.28(3) Resident safet e. Each resident shall re protect against hazards	<ul> <li>481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III)</li> <li>58.28(3) Resident safety.</li> <li>e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III)</li> </ul>			0.00 x3 d) n nsion)	Upon Receipt
	interviews, hospital note (EMS) report and policy ensure residents were a resident's reviewed for	record review, family and staff es, Emergency Medical Service v review, the facility failed to adequately supervised for 1 of 3 elopement (Resident #1). The by Resident #1 left the facility				

Page 1 of 29

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

unattended, was severely cognitively impaired and wore a wander guard bracelet to alert staff if

and they alerted the facility on 10/21/24 at

from exiting the facility unsupervised.

attempting to leave the facility. Resident #1 was last seen by staff on 10/21/24 at approximately 1:45 PM. The resident ambulated approximately 0.2 miles from the facility and suffered a fall. The EMS was called

approximately 2:15 PM that the resident had fallen and would be transported to the Emergency Department (ED) for evaluation. The facility failed to provide adequate supervision to prevent 1 of 4 residents, who the facility identified as being at risk for elopement,

Citation Numb #10660	er:				Date: Novem	ber 7, 2024	
Facility Name: Pine Acres Reh	ab and Care Center			Survey Dates: October 23, 2024 – October 31, 2024			
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG					
Rule or Code Natur Section		e of Violation	Class	-	Amount	Correction date	

Findings include:	
The Admission MDS assessment of revealed Resident #1 admitted to the 10/21/22 and had diagnoses of Alz dementia, seizure disorder, a hip for depression, osteoporosis, tachycar falling, and dizziness. The MDS red had a Brief Interview for Mental Sta 0 out of 15 indicating severe cognit The resident had wandering behave daily. The MDS indicated the reside and had independence for toileting mobility and transfers. The MDS d resident had a life expectancy of 6 was receiving hospice care. It furth resident had a wander/elopement a	he facility on heimer's disease, acture, malnutrition, dia, history of corded the resident itus (BIMS) score of ive impairment. ior that occurred ent used a walker , dressing, bed occumented the months or less and her documented the
The Care Plan initiated on 11/11/22 resident had a self-care deficit in a living (ADL's) related weakness an mobility secondary to diagnoses of Alzheimer's disease and osteoporo transferred and ambulated indeper wheeled walker. The Care Plan re was receiving hospice services, too depression and a seizure disorder, medication as needed for pain mar hospice care and the resident had Care Plan further documented a For resident being at risk for elopemen	2 revealed the ctivities of daily d decreased convulsions, sis. The resident dently using a four- vealed the resident ok medication for and an opioid magement related to a risk for falls. The pous Area for

Facility Administrator

Citation Numb #10660	er:			Date: Novemb	oer 7, 2024	
Facility Name: Pine Acres Rehab and Care Center				Survey Dates: October 23, 2024 – October 31, 202		
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

staff included: wander guard to left ankle and check for proper function every shift, encourage participation in activity program, signage outside the resident's room so resident can locate correct room and consider any pattern of exit seeking need or behavior to alter resident schedule, treatment, medications or environment to manage behavior and ensure safety.		
An Admission Assessment dated 11/11/22 completed by Staff A, Licensed Practical Nurse (LPN), revealed Resident #1 admitted from the hospital. Resident alert and oriented to person, place and time and not deemed an elopement risk at that time.		
An Elopement Risk Assessment completed on 1/28/24 by Staff B, LPN, revealed Resident #1 had a score of 13 indicating resident was at risk for elopement. A wander guard bracelet was applied at that time.		
The Clinical Physician Orders documented an order dated 1/28/24 for a wander guard safety device. Please verify that device is in place and working. Replace if non-functioning.		
A Quarterly/Comprehensive Assessment was completed on 8/24/24 and the Elopement Risk Assessment revealed a score of 19 indicating the resident to be at risk for elopement.		
Progress Notes dated 1/1/24 through 10/21/24 indicated the following related to exit seeking and elopement:		

Page 3 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10660					Date: Novemb	per 7, 2024
Facility Name: Pine Acres Rel	: nab and Care Center		Survey I October		4 – Octobe	er 31, 2024
1501 Office Pa	<b>ss/City/State/Zip</b> rk Road nes, Iowa 50265	LG				
	,					
Rule or Code Section	Natur	e of Violation	Class	Fine /	Amount	Correction date
	and family aware of roo Stated no concerns. b. 1/11/24 at 2:16 PM - was moved to new roon c. 1/12/24 at 7:31 PM - transitioning to new roo about per norm today. d. 1/14/24 at 6:04 PM - presenting with increase Continues to go to 300 he finds his items are no the halls looking for his to room 4 times prior to very pleasant and alway home. e. 1/28/24 at 7:00 PM - observed walking towar window and within seco sounded. Staff B, LPN r immediately. Resident se down the front walkway right following sidewalk resident calling his nam and turned around. Ask out here?" Resident rep street." pointing to the se resident that "he has liv became ill and it was pr outside." Resident agre agreeable that he did liv	Nursing noted resident ed confusion this shift. hall to look for his room. When o longer there he walks around new room. Redirected resident evening meal. Resident is ys grateful to be brought back Nursing noted Resident #1 ds front exit door to look out nds the front door alarm esponded to alarm seen walking out the door and . Resident then turned to the Staff B followed behind e. Resident heard his name ed resident "what he was doing lied "my house is just up this idewalk. Attempted to re-orient ed at the facility since he etty chilly to be walking around ed "it is chilly." and was ve at the community and we t was escorted back to his				

Page 4 of 29

Facility Administrator

Citation Numb #10660	er:			<b>Date:</b> Novem	ber 7, 2024		
Facility Name: Pine Acres Ref	ab and Care Center			Survey Dates: October 23, 2024 – October 31, 2024			
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG					
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date		

Reassessed for elopement risk with a score of 13 and at risk for elopement. A wander guard applied at this time. Hospice, Power of Attorney (POA), and Administration notified of attempted elopement and addition of wander guard. Primary Care Provider (PCP) on-call notified and order obtained.         f. 1/29/24 at 4:04 AM - Nursing noted resident up asking to go home. Resident stated his house was just right across the street. Resident redirected back to his room.         g. 1/29/24 at 6:14 AM - Nursing noted alarm sounding in activity dining room, resident noted by maintenance man to fall as he walked out the door. Resident fell onto left buttocks. Light blue discoloration noted to left side. Resident stated he had some pain in left buttocks. No skin issues noted. Resident then said, "the pain is gone now". Maintenance man stated resident did not hit his head. Hospice and doctor notified. Regional Nurse on-call notified. h. 1/29/24 at 4:00 PM - Nursing noted the Power of Attorney (POA) was notified of fall. i. 1/29/24 at 4:00 PM - Nursing noted the resident attempting to go out front door. Staff with resident. Resident insisted on going outside. Three staff members walked with resident. Resident insisted on walking around the building looking for his house. Resident assisted into maintenance door of building, j. 1/29/24 at 4:18 PM - Nursing noted a call was placed to hospice and family by social services to see if family would come visit or hospice would send someone to see resident. Music therapist from hospice with the
resident at this time.

Page 5 of 29

Facility Administrator

Citation Numb #10660	er:			Date: Noveml	ber 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center		Survey Dates: October 23, 2024 – October 31, 2024		
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
Rule or Code Section	Code Nature of Violation		Class	Fine Amount	Correction date

or dysuria. No abnormal urine odors reported. Continues on fall follow up. Denies acute pain. p. 2/2/24 at 3:00 AM - Nursing noted resident currently resting quietly in bed. Resident has not been up and down the hall this shift or exit seeking. Resident has not exited the facility in the past 3 days and therefore, the 15 minute checks is suspended at this time. Call light within reach. q. 3/1/24 at 9:30 AM - Nursing noted the maintenance manager came to nurse and informed that resident followed him outside when maintenance manager was going to his work shed. Maintenance manager noticed resident coming through the facility door and assisted resident in turning around and brought resident back inside. DON, Administrator, Advanced Registered	<ul> <li>k. 1/30/24 at 10:51 AM - Social Services noted the resident has had some increased confusion and wandering last few days. Hospice volunteer was in house to help with resident getting more acclimated to his room.</li> <li>l. 1/30/24 at 2:12 PM - Nursing noted no wandering or exit seeking behaviors this shift. Urinalysis (UA) sent to lab, awaiting results. No behaviors noted.</li> <li>m. 1/30/24 at 8:24 PM - Nursing noted resident remains on 15 minute checks, no wandering noted.</li> <li>Resident has been staying in room.</li> <li>n. 2/1/24 at 1:59 PM - Nursing noted no exit seeking behaviors.</li> <li>o. 2/1/24 at 8:17 PM - Activities noted resident has had no exit seeking behaviors today. He has been to meals in dining room and ambulates around inside of facility. Denies having any lower abdominal discomfort</li> </ul>		
	Continues on fall follow up. Denies acute pain. p. 2/2/24 at 3:00 AM - Nursing noted resident currently resting quietly in bed. Resident has not been up and down the hall this shift or exit seeking. Resident has not exited the facility in the past 3 days and therefore, the 15 minute checks is suspended at this time. Call light within reach. q. 3/1/24 at 9:30 AM - Nursing noted the maintenance manager came to nurse and informed that resident followed him outside when maintenance manager noticed resident coming through the facility door and assisted resident in turning around and brought resident back		

Page 6 of 29

Facility Administrator

Citation Number: #10660					Date: Novemb	per 7, 2024
Facility Name: Pine Acres Ref	nab and Care Center		Survey I October		4 – Octob	er 31, 2024
1501 Office Pa	<b>ss/City/State/Zip</b> rk Road es, Iowa 50265	LG				
	0			n		
Rule or Code Section	Natur	e of Violation	Class	Fine	Amount	Correction date
	notified. r. 3/4/24 at 8:20 AM - T met to discuss resident person. Redirected eas noted. No changes note behavior. Immediate int and provide distraction. activities in community hospice music therapist s. 4/5/24 at 10:09 AM - resident's exit seeking b down the hall away from ambulatory and indepen is very restless, anxious Resident is on hospice (RN) will notify hospice have them come asses to wear his wander gua monitor. Will follow up r Resident likes to watch t. 4/16/24 at 3:26 PM - I been observed wanderi outside, resident easily room. u. 6/5/24 3:45 PM - Nur seeking. Resident redir notified. v. 6/17/24 at 3:11 PM - out the side door of the resident was outside. S	The IDT met to discuss behaviors. Resident's room is in the exit door. Resident is indent with his walker. Resident s. Resident likes to ambulate. services. Registered Nurse of resident's behaviors and s resident. Resident continues rd. Staff will continue to next week to discuss resident. the birds Nursing noted resident has ng and attempting to go re-directed and now resting in				

Page 7 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10660	er:			<b>Date:</b> Novem	ber 7, 2024
Facility Name: Pine Acres Rehab and Care Center			Survey I October	er 31, 2024	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
	00, 1044 00200				
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date

<ul> <li>walk, resident declined. Resident offered coffee.</li> <li>Resident went to the dining room for coffee.</li> <li>w. 7/18/24 at 9:49 AM - Nursing noted resident has been exit seeking this morning. Staff have redirected resident with coffee. Resident in the dining room drinking coffee and people watching.</li> </ul>		
<ul> <li>x. 7/18/24 at 1:07 PM - Nursing noted resident has been exit seeking most of the shift. Staff are re- directing resident, offering coffee, offered to sit and talk with resident. Hospice and POA notified.</li> <li>y. 7/19/24 at 10:52 AM - Nursing noted resident's POA, hospice, and case manager notified of resident's exit seeking.</li> </ul>		
z. 7/20/24 at 1 :45 PM - Nursing noted resident continues to be exit seeking, resident re-directed. aa. 7/21/24 at 11:45 AM - Nursing noted resident continues to be exit seeking this shift, resident not easily re-directed. bb. 7/21/24 at 5:50 PM - Nursing noted resident has		
not been exit seeking on this shift. Continue to monitor. Wander guard noted to be in place and functioning properly. cc. 7/22/24 at 1:39 PM - Nursing noted no exit seeking reported this shift. Hospice nurse here today and took resident outside. Resident has not voiced desire to		
leave facility. dd. 7/22/24 at 9:33 PM - Nursing noted resident has had no exit seeking behavior this shift. ee. 8/3/24 at 10:46 AM - Nursing noted resident has been exit seeking most of the shift, resident not easily redirected. Call placed to family to come and sit with resident		

Page 8 of 29

Facility Administrator

Citation Number: #10660					Date: Novemb	per 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center		Survey Dates: October 23, 2024 – October 31, 20			er 31, 2024
1501 Office Par	<b>ss/City/State/Zip</b> rk Road es, Iowa 50265	LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	exit seeking throughout redirected with a cup of Hospice updated. gg. 8/8/24 at 4:15 PM - continues to be exit see redirected. Family has to visit. hh. 8/21/24 at 12:54 PM seeking behaviors thus Resident remains hospic changes or concerns. A administered per orders ii. 8/30/24 at 10:55 AM hospice about resident leaving. Hospice directed lorazepam and morphin family could come visit. jj. 10/21/24 at 6:00 PM phone call to the facility fracture. He has a C-co regarding discharge pla neurosurgeon. kk. 10/21/24 at 8:16 PM exiting the facility, at thi reveals resident exited visit. New intervention, with family and hospice with facility staff prior to provide diversional activ	Nursing noted resident king, resident not easily been notified and came in to A - Nursing noted no exit far into shift. ce level of care, no acute all medications and treatments will continue to monitor - Nursing noted they talked with being very addiment about ad to give PRN (as needed) e. Also called POA to see if Will call back in an hour. - Nursing noted per hospice resident has a C1 and C2 llar on. Unsure at this time n. Resident will see I - IDT met to discuss resident s time root cause analysis immediately following a hospice care conference scheduled to ensure visitors check out leaving so the facility can vities. Resident remains in the monitor for changes and				

Page 9 of 29

Facility Administrator

Citation Numb #10660	per:				Date: Novemb	per 7, 2024
Facility Name: Pine Acres Rehab and Care Center			Survey Dates: October 23, 2024 – October 31, 2			er 31, 2024
1501 Office Pa	ss/City/State/Zip Irk Road nes, Iowa 50265	LG				
West Des Mon	ies, iuwa 30203					
Rule or Code Section	Natur	e of Violation				Correction date
	facility. Asked if residen resident was found outs by a neighbor. EMS car sheet and medication lis hospital. The Treatment Adminis 10/1/24 through 10/31/2 following: a. To monitor for refusa isolation. Note that spe resident will be docume when behavior is identif behavior. Observations behaviors were observe observation" and docum note. Started 10/6/23. b. Resident has wander verify that device is in p non-functioning every s disease, + working and Documentation indicate functioning on day shift An EMS report created revealed the ambulance residence for a fall. Upo patient was found in a r Bystanders on scene st seen an elderly man lyin					

Page 10 of 29

Facility Administrator

Citation Numb #10660	er:					ber 7, 2024	
Facility Name: Pine Acres Ref	ab and Care Center			Survey Dates: October 23, 2024 – October 31, 2024			
1501 Office Pa	Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265						
	00,10114 00200						
Rule or Code Section	Natur	e of Violation	Class	Class Fine Amount Correction date			

owned the property whe	re the patient was located,	
called the bystanders to	check on the patient. Patient	
	ntly a resident at a nearby	
	e was bored and wanted to	
	led up walking approximately 2	
	cility prior to the fall. Patient	
	sness from the fall. Patient	
	on a blood thinner. Patient	
5,	in in his neck from the fall.	
	vhere else in his body. EMS	
	further information on the	
	acility. Per the EMS staff the	
	patient was on hospice care	
	dent of the facility. Staff stated	
they had no idea the pat		
	history list were provided by	
	ealed patient was not currently	
	pon assessment, patient was	
	eline. Patient has a history of	
	e to answer the majority of	
	aseline confusion. Patient's	
	hing was non-labored. Skin	
	5	
	Patient's pupils were equal	
	sical assessment, patient neck ealed pain and tenderness.	
	10 in his neck. Patient was	
	or abrasion to the top of his	
	d in a c-collar. Patient was	
placed on a scoop streto		
	m scoop stretcher and placed	
	tient was administered 4 mg of	
	administration due to spinal	
immobilization, patient h	aving a history of Zofran use	Page <b>11</b> of <b>2</b>

Facility Administrator

Date

Citation Numb #10660	er:				Date: Novemb	oer 7, 2024
Facility Name: Pine Acres Ref	nab and Care Center		Survey I October		l – Octobe	er 31, 2024
1501 Office Par	<b>ss/City/State/Zip</b> rk Road es, Iowa 50265	LG				
West Des Mon	es, iowa 30203					
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	and concern for vomitin	g. Due to patient's pain,				
	patient was administere	ad 40 mcg of Fentanyl. Patient omfortable after administration				
	and patient positioning.	Patient was noted to close his Patient arrived at the ED at				
	2:36 PM and placed in a	a room and was sheet lifted to ne was held mid-line. Patient				
	was left with his belong					
		24 at 2:43 PM revealed resident				
	the hospital on 10/23/24	via ambulance and admitted to 4 at 3:10 PM with report of				
	unwitnessed fall. Resid					
	Complains of head and neck pain. Denied loss of consciousness. History of Alzheimer's. Diagnoses					
	included closed displace	ed fracture of first cervical id fracture (fracture of C2				
	vertebrae) and abrasior	on scalp without infection. Of y, the resident had been				

Page **12** of **29** 

Facility Administrator

immobilization.

Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

recommended to be an elopement risk from the facility, and had an ankle bracelet that was supposed to notify staff if he attempted to exit the building. It appears facility staff were unaware that the resident had exited the building until after he had sustained his injury. Neurosurgery management recommendation for the cervical spine fractures will be immobilization in a cervical collar. Family made aware of the significantly elevated risk of aspiration given acute cervical spine

fractures and necessity for cervical spine

Citation Number: #10660					Date: Novemb	oer 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center		Survey Dates: October 23, 2024 – October 31,			er 31, 2024
1501 Office Par	<b>ss/City/State/Zip</b> rk Road es, Iowa 50265	LG				
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	10/21/24 after his most of 20 putting the resider to resident being mobile desire or plan to leave t Alzheimer's disease, be being on 2 or more med psychoactive's. Per the Incident Report competed by the DON, came to the facility aski once confirmed EMS re medication list. Informa reported to DON that th approximately 0.2 miles facility. EMS reported r called 911. They were Immediate action taken procedure education pro- investigation was initiate hospital. Notes include a. On 10/21/24 at appro- hospital called to report included C1 and C2 Fra- surgery. Administrator b. An IDT reviewed of th 10/22/24 determined tha- resident can be regiment to the dining room and for occupied this may have	dated 10/21/22 at 10:28 PM at approximately 2:14 PM EMS ng if Resident #1 resided here, quested a face sheet and ition given to EMS. EMS e resident was found away on the same road as the esident fell and a neighbor taking the resident to ED. : Elopement policy and ovided to the staff and an ed. Resident taken to the d: oximately at 6:00 PM the injury noted post evaluation netures. Family declined aware. ne investigation completed on at the root cause was that need. He travels from his room for coffee. If these areas are				

Facility Administrator

Date

Page 13 of 29

Citation Numb #10660	per:				Date: Novemb	oer 7, 2024
Facility Name: Pine Acres Rehab and Care Center			Survey I October		– Octobe	er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG	-			
Rule or Code Section	Natur	Class	Fine A	mount	Correction date	
	п п		и и			
	increase confusion. Ne diversional 1 on 1 activi leave and when there is	When there is a deviation from his schedule it may increase confusion. New intervention is to provide diversional 1 on 1 activities when resident's visitors leave and when there is deviation from his schedule such as room cleaning.				
	The Facility's Investigation File revealed the following information: Per the DON at approximately 2:15 PM on 10/21/24, EMS arrived at the facility asking if Resident #1 resided at the facility. Once the RN confirmed that the resident did reside at the facility, she provided EMS a					

information:		
Per the DON at approximately 2:15 PM on 10/21/24,		
EMS arrived at the facility asking if Resident #1		
resided at the facility. Once the RN confirmed that the		
resident did reside at the facility, she provided EMS a		
face sheet and current medication list. EMS reported		
to the DON that the resident was found approximately		
0.2 miles on the same road as the facility, in a		
residential area. One of the homeowners contacted		
EMS to report that this resident had fallen, and EMS		
was taking the resident to the ED for evaluation.		
Resident was able to ambulate independently		
throughout the facility with a four-wheeled walker.		
Resident had a visitor from hospice prior to lunch		
which could have potentially altered his daily routine.		
After lunch, the resident was returning to his room,		
which was being cleaned at approximately 1:45 PM,		
which prompted the resident to not go directly into his		
room as per his normal routine.		
Per the Facility Investigation File permanent measures		
to prevent recurrence included the following:		
a. 1:1 was placed immediately on the front door until		
confirmation of proper functioning was obtained by		
maintenance and all active wander guards were tested		
to ensure alarm function. All doors were immediately		

Facility Administrator

Date

Citation Numb #10660	er:					ber 7, 2024	
Facility Name: Pine Acres Ref	ab and Care Center			Survey Dates: October 23, 2024 – October 31, 2024			
1501 Office Pa	Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265						
	00,10114 00200						
Rule or Code Section	Natur	e of Violation	Class	Class Fine Amount Correction date			

checked for proper functioning and no concerns were	
identified. A call was placed to make an appointment	
to have doors and alarms inspected. This was	
completed on 10/23/24, with no active issues	
regarding door functioning and alarm systems.	
b. All residents that were at risk for elopement were re-	
evaluated utilizing the elopement risk assessment tool	
in PCC, care plans updated, and wander guards	
checked for appropriate functioning.	
c. Immediate education with all staff provided on the	
elopement and wander guard policy and will continue	
to educate, until all staff have been educated.	
d. MDS coordinator reviewed section E of the MDS	
and associated CAA, care plans were reviewed and	
updated to reflect the audit findings. Concerns were	
not identified.	
e. The DON or designee will audit all new admissions	
for elopement risk and ensure interventions are in	
place.	
f. All new hires will receive education on elopement,	
wandering and resident safety from the social services	
designee.	
g. All exit doors will be checked daily for 30 days to	
ensure proper use and function.	
h. A Quality Assurance Performance Improvement	
(QAPI) plan was implemented, and all findings will be	
discussed in the monthly meeting.	
i. Main entrance was moved to the 1499 door, and a	
receptionist was placed in front of that door, and the	
old entrance door is no longer in use as a main	
entrance door and is locked per fire safety regulations.	
Visitors are encouraged to use the new entrance to	
ensure resident safety and monitoring.	
	Page <b>15</b> of 2

Page 15 of 29

Facility Administrator

Citation Numb #10660	er:	]			ber 7, 2024	
Facility Name: Pine Acres Reh	ab and Care Center		Survey I October	er 31, 2024		
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG	-			
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			

The Facility Investigation File revealed the following written statements: a. A written statement dated 10/21/24 by Staff C, Certified Nursing Assistant (CNA), stated they were on the 100 hall all day. Staff C did not see any residents leave or hear any alarms going off. b. A written statement dated 10/21/24 by Staff D, Director of Recreation, stated at about 11:00 AM Resident #1 was sitting in the main dining room. Staff D asked the resident if he would like to have a bag of popcorn and he replied yes. Staff D then gave the resident a bag. c. A written statement dated 10/21/24 by Staff E, Cook, stated they left at 1:55 PM and at that time Staff E, did not see any residents walking around outside when they were leaving. d. A written statement dated 10/21/24 by staff F, Housekeeping Aide, stated they were cleaning resident #1's room at 1:45 PM and Resident #1 was walking around. e. A written statement dated 10/21/24 by Staff D, stated Resident #1's wander guard was checked in the afternoon. Tested monitor and it was working properly on the resident* right ankle. Staff D, further stated Resident #4's wander guard was checked and was on the resident*s right ankle. Staff D, further stated Resident #4's wander guard was working properly. f. A written statement dated 10/21/24 by Staff G, Dietary Aide, stated they saw Resident #1 at lunch time around 12:30 PM g. A written statement dated 10/21/24 by Staff H, Food Service Supervisor, stated they saw Resident #1 about	1 1		1	1
		<ul> <li>written statements:</li> <li>a. A written statement dated 10/21/24 by Staff C, Certified Nursing Assistant (CNA), stated they were on the 100 hall all day. Staff C did not see any residents leave or hear any alarms going off.</li> <li>b. A written statement dated 10/21/24 by Staff D, Director of Recreation, stated at about 11:00 AM Resident #1 was sitting in the main dining room. Staff D asked the resident if he would like to have a bag of popcorn and he replied yes. Staff D then gave the resident a bag.</li> <li>c. A written statement dated 10/21/24 by Staff E, Cook, stated they left at 1:55 PM and at that time Staff E, did not see any residents walking around outside when they were leaving.</li> <li>d. A written statement dated 10/21/24 by staff F, Housekeeping Aide, stated they were cleaning resident #1's room at 1:45 PM and Resident #1 was walking around.</li> <li>e. A written statement dated 10/21/24 by Staff D, stated Resident #1's wander guard was checked in the afternoon. Tested monitor and it was working properly on the resident's right ankle. Staff D, further stated Resident #4's wander guard was checked and was on the resident's right wrist and was working properly.</li> <li>f. A written statement dated 10/21/24 by Staff G, Dietary Aide, stated they saw Resident #1 at lunch time around 12:30 PM g. A written statement dated 10/21/24 by Staff H, Food</li> </ul>		

Page 16 of 29

Facility Administrator

Citation Num #10660	ber:			<b>Date:</b> Novem	ber 7, 2024
Facility Name Pine Acres Re	ehab and Care Center		<b>Survey Dates:</b> October 23, 2024 – October 31, 2024		per 31, 2024
1501 Office P	ess/City/State/Zip ark Road nes, Iowa 50265	LG			
	100, 10110 00200				
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date
	table eating lunch talkir	sident #1 was sitting at the ng to a hospice lady.			

Page 17 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10660	er:				Date: Novemb	per 7, 2024
<b>Facility Name:</b> Pine Acres Rehab and Care Center			Survey I October		4 – Octob	er 31, 2024
1501 Office Par	<b>ss/City/State/Zip</b> rk Road es, Iowa 50265	LG				
West Des World	00, 10000 00200					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	patio room, hall 2, hall 3 kitchen, main entrance 3 For Heritage Court: north front entrance, north ext All audits indicated alarn problems noted. An Elopement Drill Doc Elopement drills are to b year and across all shift for the day and evening participated in the drill. completed on 10/29/24 signing they were involve educated on the different facility at that time as we In an interview on 10/23 with an outside vendor to safety stated they were check on the alarmed d entrance into the long-te the alarmed south door ensure they were function is an exterior door and the enter into the LTC area. functional and working of functional on both the in In an interview on 10/24 member of Resident #1	th courtyard, south courtyard, it and south exit. ms were functional with no umentation Form stating be conducted at least twice a ts, was completed on 10/22/24 shift with 43 staff signing they Another Elopement drill was in the 300 hall with 22 staff yed in the drill. They were ht types of alarms used in the				

Page 18 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10660	er:			Date: Novem	ber 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center		Survey I October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Addres 1501 Office Par West Des Moin		LG			
West Des Worr	00, 10wa 00200				
Rule or Code Nature of Violation Section		Class	Fine Amount	Correction date	

unsure if it was functional at the time of the elopement.	
They reported they were not sure the facility even	
knew the resident was missing as the facility was not	
the ones who found the resident. The resident was	
found about 2 blocks away, at 1200 15th street. They	
stated that a homeowner in the community was not at	
home but happened to see the resident fall or on the	
ground on his Ring camera. He called a neighbor and	
asked if they would go check to see what was going	
on. That is when the neighbor found the resident and	
called the EMS. They reported the resident suffered a	
fracture of the C1 and C2 vertebrae. They reported	
that EMS had said they tried to call the facility but no	
one answered the phone. They reported the resident	
was 89 years old and was in hospice prior to this	
incident. They do not plan any type of surgical	
intervention for the resident due to resident being too	
frail. The resident will be in comfort care and hospice	
again once leaving the hospital. They reported the	
hospital will be keeping the resident for further	
observation prior to discharge as he is having	
increased difficulty swallowing and the hospital	
physician wants to monitor that for a bit. The resident	
is currently in a neck brace and they prefer he wear it	
but since he is comfort care, he can wear it as he	
tolerates. They stated the resident has removed it for	
the time being as he found it uncomfortable. The	
hospital has the resident's pain well controlled with the	
medications they are using. They reported there is	
currently not a discharge date planned but they know	
they will need to place the resident somewhere. They	
stated they are fearful to return the resident to this	
facility as they have allowed him out 3 or 4 times in the	
	Page <b>19</b> of

Facility Administrator

Date

Citation Num #10660	ber:			Date: Noven	nber 7, 2024
Facility Name Pine Acres Re	etab and Care Center		Survey Dates: October 23, 2024 – October 31, 2024		ber 31, 2024
1501 Office Pa	ess/City/State/Zip ark Road nes, Iowa 50265	LG			
Rule or Code Section	Natu	e of Violation	Class	Fine Amount	Correction date
		ne parking lot the other times. Inctually got out and went up the			

past but found him in the parking lot the other times. This time the resident actually got out and went up the very large hill and two blocks down the street using his walker and no one even noticed him missing it sounds like. They stated they haven't heard anything more from this facility since the initial call stating the resident had eloped, fell and was taken to the hospital. In a phone interview on 10/28/24 at 9:53 AM, Staff K, Supervisor with hospice reported that per their records, Resident #1 was seen on 10/21/24 by Staff L, CNA with hospice from 8:01 AM to 9:07 AM for a routine visit. Staff M, Licensed Massage Therapist (LMT) with hospice was in house to see him from 1:55 PM to 2:10 PM. Staff M's notes indicated the resident was not in the room and Staff M notified the staff. No other facility visits were noted on that day. They do have documentation that they were notified at 2:27 PM by the facility DON of the resident's elopement and that he was found 2 blocks away in a residential area and EMS was called by a homeowner. Hospice spoke with the POA who was in the ED with the resident at 3:14 PM related to the need to suspend hospice services at that time.		
		Page <b>20</b> of <b>2</b> 5

Facility Administrator

Date

Citation Numb #10660	er:			<b>Date:</b> Noveml	ber 7, 2024
Facility Name: Pine Acres Ref	ab and Care Center	-	Survey October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Addres 1501 Office Par West Des Moin		LG			
	00,10110 00200				
Rule or Code Section	Natu	e of Violation	Class	Fine Amount	Correction date

the nurse's station. That door was locked from the		
outside and everyone was now being directed to the		
other main entrance. The main entrance was now		
staffed by a staff member Monday through Friday		
during daytime hours as the staff person was		
available. During off hours and when the staff was not		
present, staff knew to direct visitors as needed. The		
administrator reported she had not heard anything		
from Resident #1's family but stated she was aware		
they came over the weekend and removed all of the		
resident's personal belongings from the room. The		
Administrator stated she believed the resident most		
likely exited through the South entrance but had no		
way of knowing for sure. She stated the resident got		
up the hill and followed the road a couple of blocks		
straight before falling on the sidewalk. She stated the		
resident was last seen by staff at 1:45 PM and the		
EMS came to the facility at about 2:15 PM. She stated		
she did not think the facility knew he was missing		
during that time. She also verified the South door and		
all other doors were functional and the resident's		
wander guard should have alarmed as he left the		
facility but no staff acknowledged ever hearing the		
alarm go off during that approximate time frame.		
In an interview on 10/30/24 at 9:53 AM, Staff N		
reported she started employment at the facility on		
8/26/24. She reported if a resident was missing she		
would check their room, then the shower, then check		
other resident's rooms, bathrooms, check strange		
areas like under the bed or the closet, the main shower		
room should be checked and the common areas. Staff		
were then to check outside and notify administration.		
	I II	Page <b>21</b> of <b>29</b>

Facility Administrator

Date

Citation Numb #10660	er:				Date: Noveml	ber 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center			<b>y Dates:</b> er 23, 202		per 31, 2024
Facility Addres 1501 Office Par West Des Moin		LG				
Rule or Code Section	Natur	e of Violation	Class	-	Amount	Correction date

Staff N stated other staff should be informed so they can assist. Staff N stated the south door and the door entering the long-term care area were both wander guard alarms and would go off if a resident wearing a wander guard got close to it. The others went off if someone exits or enters the door. There was a WhatsApp and a binder that shows who has a wander guard. The information was in a binder by the nurse's station and also on the plan of care (POC) dashboard. In an interview on 10/30/24 at 10:03 AM, Staff O, CNA stated she had worked at the facility for 3 months. She reported if a resident was found to be missing she would find out the hall they reside in and their name. Staff O stated she would talk to co-workers and see if they had seen the resident, if not she would search until the resident was found. Would notify administration right away of the missing resident. The staff would split up and some would check everywhere inside and others would look outside. Alarms can be checked quickly at the nurse's station as to where the alarm is going off. She would respond to the alarm immediately and check outside for any resident that was unsupervised. If none, she would silence the alarm. Staff O stated they are to check the Kardex before each shift for any changes made. They are also told verbally and there is a binder with the changes as well. She stated she tries to look at the binder every morning unless it is a crazy morning. She also stated her co-workers share the information as well.	
---	--

Page 22 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10660	er:			<b>Date:</b> Novem	ber 7, 2024
Facility Name: Pine Acres Ref	ab and Care Center		Survey I October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
	00,10114 00200				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction		

		1
In an interview on 10/30/24 at 10:12 AM, Staff P, CNA		
stated she was involved in an elopement drill last		
week. Staff P stated if a resident was missing she		
would check every room to make sure the residents		
were accounted for. She stated she would first check		
the room, then the dining area or common areas, go		
room to room and check everywhere until you find		
them. If not inside then would move outside. She		
stated everyone was responsible for checking inside		
and out. She would notify the nurse immediately and		
then they would move up the line from there. If an		
alarm goes off, they were to check the call system to		
see where the alarm was going off. Check that door		
and check outside. If you did not see anything you		
were to keep looking. Check every wander guard		
resident first to make sure they were accounted for		
first. From there make sure everyone is accounted for.		
The south door and the and the other main door		
alarms if the wander guard bracelet gets close to it.		
But the others just scream until a staff comes to shut it		
off. If anyone walks through the other doors they go		
off. Staff P stated is was very important to check		
outside. They have been told to check the Kardex for		
updates and all changes are now in red so are easily		
identifiable.		
In an interview on 10/30/28 at 10:28 AM, Staff Q, LPN		
stated she had worked at the facility for 16 years. Staff		
Q stated the main entrance by the nurse's station is		
now closed. The staff received education on alarms		
and what to do with each type as well and the		
elopement policy. If a resident was missing, she would		
gather everyone up front and then divide staff up to		
	Ш	Page <b>23</b> of <b>29</b>

Facility Administrator

Date

Citation Numb #10660	er:			Date: Noveml	ber 7, 2024
Facility Name: Pine Acres Rehab and Care Center			Survey I October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date

		n	
	search for the resident inside and outside and instruct staff to check everywhere until resident was found. If the resident could not be found then she would alert police that they had a missing resident. She would also let the Administrator, DON the physician know as well. Staff Q stated all alarms needed to be responded to immediately. Staff were to go to the alarm and look outside for anyone who may have left and not just shut it off. Staff Q stated it was everyone's responsibility to go to the alarm. She stated if residents with a wander guards got close to certain alarms they go off. There were 2 of these alarms in the facility, the south and the new main entrance. The individual had to be away from the area in order for the alarm to be shut off. The others doors alarm if anyone goes through them, if not silenced first. They have been educated to make sure they are looking at the Kardex to know the updates. In an interview on 10/30/24 at 10:43 AM, Staff R, Social Services stated she had worked at the facility for 3 months. Staff R stated if she heard an alarm sounding she would immediately find out which alarm was sounding and then would go to that door and if she did not see anybody she would check for all wander guard residents while checking with the team. She stated she would use the WhatsApp to communicate with staff and have request they check for all residents to ensure all are accounted for. Staff R stated it was everyone's responsibility to address		
U		11 1	Page <b>24</b> of

Page 24 of 29

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #10660					Date: Novemb	per 7, 2024
Facility Name: Pine Acres Reh	ab and Care Center		Survey I October		4 – Octob	er 31, 2024
Facility Addres 1501 Office Par West Des Moin		LG				
				0		
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	of the 200 hall. There was an immediate response within 35 seconds. Dietary, nursing, maintenance, provisional administrator, social worker and housekeeping all responded and came outside to look who exited the door. In an interview on 11/1/24 at 12:16 PM, the Provisional Administrator stated it was the expectation staff respond to all alarms and that several staff are attending to each alarm to ensure no residents at risk have left the facility unsupervised. Residents who have a wander guard bracelet were to be checked every 15 minutes to ensure resident safety and all new hires were to be educated on what residents are at risk and where the exit doors were in the facility upon hire. The facility provided policy titled Elopement and Wandering Residents dated 4/19 and last reviewed on					

Page 25 of 29

Facility Administrator

team.

help avoid elopements.

alarms in a timely manner.

person-centered care plan.

elopement or unsafe wandering:

b. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to

c. Monitoring and Managing residents at risk for

" Residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan

" The interdisciplinary team will evaluate the unique factors contributing to risk in order to develop a

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #10660	er:			Date: Novemb	ber 7, 2024
Facility Name: Pine Acres Rehab and Care Center			Survey I October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG	-		
Rule or Code Section	Nature of Violation			Fine Amount	Correction date

" Interventions to increase staff awareness of			
•			
•			
•• •			
<b>o i</b>			
<b>o i</b>			
· ·			
, , , , , , , , , , , , , , , , , , , ,			
<b>a</b> 1			
" All parties will be notified of the outcome once			
the resident is located.			
	the resident's risk, modify the resident's behavior, or to minimize risks associated with hazards will be added to the resident's care plan and communicated to appropriate staff. " Adequate supervision will be provided to help prevent accidents or elopements. " Charge nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly. " The effectiveness of interventions will be evaluated, and changes will be made as needed. Any changes or new interventions will be communicated to relevant staff. d. Procedure for locating missing resident " Any staff member becoming aware of a missing resident will alert personnel using facility approved protocol " The designated facility staff will look for the resident. " If the resident is not located in the building or on the grounds, Administrator or designee will notify the police department and serve as the designated liaison between the facility and the police department. The administrator or designee should also notify the company's corporate office. " DON or designee shall notify the physician and family member or legal representative. " Police will be given a description and information about the resident; include any photos. " All parties will be notified of the outcome once	the resident's risk, modify the resident's behavior, or to minimize risks associated with hazards will be added to the resident's care plan and communicated to appropriate staff. " Adequate supervision will be provided to help prevent accidents or elopements. " Charge nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly. " The effectiveness of interventions will be evaluated, and changes will be made as needed. Any changes or new interventions will be communicated to relevant staff. d. Procedure for locating missing resident " Any staff member becoming aware of a missing resident will alert personnel using facility approved protocol " The designated facility staff will look for the resident. " If the resident is not located in the building or on the grounds, Administrator or designee will notify the police department and serve as the designated liaison between the facility and the police department. The administrator or designee should also notify the company's corporate office. " DON or designee shall notify the physician and family member or legal representative. " Police will be given a description and information about the resident; include any photos. " All parties will be notified of the outcome once	the resident's risk, modify the resident's behavior, or to minimize risks associated with hazards will be added to the resident's care plan and communicated to appropriate staff. " Adequate supervision will be provided to help prevent accidents or elopements. " Charge nurses and unit managers will monitor the implementation of interventions, response to interventions, and document accordingly. " The effectiveness of interventions will be evaluated, and changes will be made as needed. Any changes or new interventions will be communicated to relevant staff. d. Procedure for locating missing resident " Any staff member becoming aware of a missing resident will alert personnel using facility approved protocol " The designated facility staff will look for the resident. " If the resident is not located in the building or on the grounds, Administrator or designee will notify the police department and serve as the designated liaison between the facility and the police department. The administrator or designee should also notify the company's corporate office. " DON or designee shall notify the physician and family member or legal representative. " Police will be given a description and information about the resident; include any photos. " All parties will be notified of the outcome once

Page 26 of 29

Facility Administrator

Citation Numbe #10660	r:	Date: Novembe			oer 7, 2024	
Facility Name: Pine Acres Reha	b and Care Center		Survey I October		1 – Octobe	er 31, 2024
Facility Address 1501 Office Park West Des Moines	Road	LG				
				I		
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
			0	U.		
	Appropriate rep State Survey agency sh	orting requirements to the all be conducted.				
		strator reported the steps the				
		uture elopement events: esignee will educate all new				
	hires on elopement, wai	ndering, and resident safety.				
		checked daily for 30 days to				
	ensure use and function	ns as moved to the 1499 door,				
		placed in front of it. The old				
		ger the main entrance and is				
	locked per fire safety re					
	encouraged to use the r					
	resident safety and mor					
		Angel rounds to help with				
	Started on 10/22/24.	nd resident safety checks.				
		and Regional Director of				
		Root Cause Analysis (RCA)				
	on all risk management	from the previous 90 days.				
		ted by the RCA findings had				
		sident-specific interventions				
	were also updated on K	s. Changes to the care plans				
		then educated the DON on the				
	Fall Preventions Progra					
		t an RCA, and how to ensure				
	timely and complete inc					
		e educated all staff on facility				
		m guidelines, following care				

Page 27 of 29

Facility Administrator

policies.

Citation Numl #10660	ber:			Date: Novem	ber 7, 2024
Facility Name: Pine Acres Rehab and Care Center		-		Survey Dates: October 23, 2024 – October 31, 2024	
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
	ies, iuwa 30203				
Rule or Code Section	Natur	Nature of Violation		Fine Amount	Correction date
	daily to ensure the com Assessment Tool and t				

<ul> <li>daily to ensure the completion of the Fall Risk</li> <li>Assessment Tool and that risk factors, safety</li> <li>measures, and resident-specific interventions are</li> <li>reflected in the care plan and updated on Kardex.</li> <li>i. The DON or designee will review all falls at the daily</li> <li>stand-up meeting with the IDT for 3 months to ensure</li> <li>appropriate fall interventions are implemented, the</li> <li>resident's care plan has been reviewed and revised,</li> <li>and the Kardex has been updated.</li> </ul>		
FACILITY RESPONSE:		

Page 28 of 29

Facility Administrator

Citation Numb #10660	er:			Date: Noveml	ber 7, 2024
Facility Name: Pine Acres Rehab and Care Center		•	Survey I October	<b>Dates:</b> 23, 2024 – Octob	er 31, 2024
Facility Address/City/State/Zip 1501 Office Park Road West Des Moines, Iowa 50265		LG			
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

Page 29 of 29

Facility Administrator

Date