DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0296	A. BUILDING: _____ B. WING _____	C 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER ALP/D - BEACON SPRINGS	9225 CASCADE AVENUE 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) COMPLETE DATE
A 000	Initial Comments Assisted living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 16 Total census: 16 The following regulatory insufficiencies were cited during the investigation of Complaint #120358-C.	A 000		
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to ensure appropriate care, treatment and services were afforded to 1 of 1 tenants reviewed with skin integrity issues (Tenant #1). Findings include: Observation on 5/23/24 at 9:46 am revealed Staff B (a medication manager) applying Calmoseptine ointment to a large open wound on the left buttock of Tenant #1. Staff B documented "changed, put ointment on" on a form (dated 5/23/24) located inside the tenant's room on	A 160	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 160	Continued From page 1	A 160		

which staff were to document what services they provided for the tenant throughout the day. The name of the ointment was not noted.

When interviewed on 5/23/24 at 10:05 am the delegating Registered Nurse (RN) was surprised when shown a photo of Staff B using Calmoseptine ointment to treat Tenant #1's wound. She was aware the tenant had a skin tear as noted by hospice, but had no idea it had turned into the wound as noted in the picture. She had not been notified by any of the staff of the seriousness of the wound or been asked for any directives. She also did not believe the Calmoseptine ointment was the correct treatment for the wound and was going to contact the doctor.

On 5/23/24 at 3:10 p.m. interview with the Hospice nurse revealed Tenant #1's wound was thought to be a skin tear and not a decubitus ulcer when originally identified on 5/21/24 during a routine visit. She confirmed the wound had grown in size in the past two days. She stated the tenant had a history of skin ulcers. The nurse recalled informing a Program nurse (Nurse B) of the skin tear when leaving that day and believed she had stated a new order to address the area would be sent to the Program.

Review of a Progress Note in the tenant's file dated 5/21/24 at 1:00 pm revealed the resident had a skin tear noted to her left buttock. Hospice was aware and would notify the resident's POA (power of attorney). The note was written by Nurse B. There was no mention of a new order being sent by hospice.

Review of Tenant #1's Medication Administration Record for May revealed no mention of

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A 160	Continued From page 2 Calmoseptine ointment. On 5/23/24 at 1:57 p.m. the Administrator confirmed the Program did not have an order for the Calmoseptine ointment and needed to contact hospice to get it. A copy of the Hospice Visit report for the date of 5/21/24 was obtained on 5/23/24 at the same time the Program received a copy. Review of the report revealed it was a routine visit by the hospice Registered Nurse (RN). In the narrative notes at the end of the report, it was documented facility staff had reported the tenant had a wound on her buttocks. The two hospice nurses present assessed the wound and determined it to be a skin tear (4 cm long by 3 cm wide). Her skin was also paper thin. The report stated they coordinated with the Program nurse (Nurse B) at the end of the visit. There were no acute concerns at that time. There was no mention of any orders for treatment. The report was signed and dated on 5/22/24. A second document received with the hospice report was titled Orders. It appeared to be a search for orders between the dates of 4/15/24 and 7/13/24. The only order listed was the following: Facility staff/paid caregiver to apply calmo to skin tear on left buttock with each check & change until healed. Hospice RN to apply when present. There was no date for this order. In summary, staff told the hospice nurse during a routine visit on 5/21/24 that Tenant #1 had a wound on her left buttock. Hospice nurses examined and determined it was a skin tear. Hospice told a Program nurse of the skin tear at the end of the visit, who documented the information in the tenant's progress notes.	A 160		

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A 160	Continued From page 3 Although the Program's RN (delegating nurse) was aware of the skin tear per interview, she did not know of the progression of the skin tear into a skin ulcer until shown a picture of the wound on 5/23/24. Staff had not made her aware of the skin tear prior to letting hospice know, nor did they inform her of the wound getting worse. There was no indication any of the Program's nurses assessed the tenant's buttock area even after being informed of the skin tear on 5/21/24. The RN was unaware staff were applying Calmoseptine ointment to the wound area. Finally, staff were applying Calmoseptine ointment to the wound without the Program having an order on file.	A 160		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the Program failed to ensure service plans were updated with significant change for 1 of 1 tenants reviewed with skin integrity issues (Tenant #1). Findings include:	A 350		

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A 350	Continued From page 4 On 5/23/24 at 9:46 am Staff B (medication manager) was observed applying Calmoseptine ointment to a large open wound on the left buttock of Tenant #1. On 5/23/24 at 3:10 p.m. interview with the Hospice nurse revealed Tenant #1's wound was thought to be a skin tear and not a decubitus ulcer when first identified on 5/21/24. After re-examining the wound on 5/23/24 she confirmed the wound had grown in size in the past two days. She stated the tenant had a history of skin ulcers. A review of Tenant #1's progress notes revealed the following: - 4/18/24 at 7:03 pm - resident refused to allow RN to assess wound on buttocks at this time - 4/21/24 at 5:10 pm - was able to assess pressure ulcer on resident's buttocks. It has improved, is red, non-blanchable, about 7 cm in diameter. Brief changed and calmoseptine ointment applied. - 5/21/24 at 1:00 pm - the resident had a skin tear noted to her left buttock. Hospice was aware and would notify the resident's POA (power of attorney). Review of the tenant's service plan (initial start date of 2/11/23) revealed it was not updated to include the pressure ulcer and treatment in April including directives on how to prevent future reoccurrence.	A 350		

Edgewater-Beacon Springs
9250 Ridgeline RD
West Des Moines, Iowa

PLAN OF CORRECTION

This plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation or that corrective action was necessary.

A160

Edgewater Beacon Springs provides appropriate care, services and treatment with skin issues

1. **Elements detailing how the Program will correct each regulatory insufficiency; including at the system level.**

Team Members will receive training/education on skin integrity treatment by September 20, 2024.

Team Members will receive training/education on notification of AL Nurse with any new skin area noted and updating Nurse with any changes in skin appearance by September 20, 204

2. **Measures taken to ensure the problem does not recur**

AL Nurse will complete review of any existing or new wound routinely to monitor healing/treatment appropriateness.

3. **How the Program plans to monitor performance to ensure compliance.**

AL Director or designee will complete routine auditing of skin integrity issues current treatment and orders in place to ensure compliance. IDT Team will review audits routinely to ensure compliance.

4. **The date by which the regulatory insufficiency will be corrected no later than September 27, 2024**

A350

Edgewater Beacon Springs ensures that Service Plans are updated with significant change and skin issues

1. **Elements detailing how the Program will correct each regulatory insufficiency; including at the system level.**

AL Nurse completed audit of any new and existing skin integrity issues to ensure service plans were accurate and up to date on September 12, 2024

2. **Measures taken to ensure the problem does not recur**

AL Nurses received education on service plan update expectations by September 27, 2024

3. **How the Program plans to monitor performance to ensure compliance.**

AL Director or designee will complete routine auditing of Service Plans to ensure completeness and accuracy related to updates. IDT will review audits routinely to ensure compliance

4. **The date by which the regulatory insufficiency will be corrected no later than September 27, 2024**