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
	S0369	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENCREST AT BEAVERDALE	**3410 BEAVERDALE AVENUE DES MOINES, IA 50310**

(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 type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 41 Number of tenants with cognitive disorder: 30 TOTAL census of Assisted Living Program for People with Dementia: 71 No regulatory insufficiencies were cited during the investigation of Incidents #115247-I, #115688-I, or #115689-I and Complaints #113050-C, #115289-C, and #116290-C. The following regulatory insufficiencies were cited during the investigation of Complaints #115644-C #116396-C.	A 000	See Attached POC 4/11/24	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure tenants	A 285		

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A 285	Continued From page 1	A 285		

received medications as ordered. This pertained to 1 of 2 former tenants reviewed for medication management (Tenant #C2). Findings follow:

Record review on 3/6/24 revealed Tenant C2's August, September and October 2023 medication administration records (MAR). Review revealed no staff initials on the following dates/times:
a. Acetaminophen 650 mg every six hours: 8/9/23, 8/14/23, 8/19/23, 8/26/23, 8/30/23-8/31/23, 9/1/23 -9/2/23, 9/4/23, 9/6/23 - 9/8/23, 9/9/23, 9/11/23 - 9/12/23, 9/16/23 -9/17/23, 9/18/23, 9/20/23 and 9/21/23.
b. Benazepril 40 mg daily: 8/21/23, 10/1/23-10/2/23 and 10/28/23
c. Hydrocodone 5-325 mg every 6 hours (6:00 am): 9/23/23 -9/26/23 and 9/28/23-9/30/23, 10/1/23 -10/5/23, 10/9/23 -10/23/23 and 10/27/23 - 10/31/23
d. Amlodipine Besylate give one by mouth (hours 7-11 a.m.): 10/1/23 -10/2/23 and 10/28/23
e. Levothyroxin 88 mcg: 10/1/23 -10/2/23 and 10/28/23
f. Humalog Kwik injectable sliding scale before meals (11:00 a.m.): 8/21/23 and 8/23/23
g. Humalog Kwik injectable sliding scale before meals (4:00 p.m.): 8/5/23
h. NovoLin inject 7 units two times a day: 9/21/23, 10/1/23-10/2/23 and 10/28/23
i. Humalog Kwikpen 100 unit/ML and per sliding scale (7:30 a.m. and 11:30 a.m.): 9/22/23, 10/1/23-10/2/23, 10/12/23, 10/17/23 and 10/28/23
j. Humalog Kwikpen 100 unit/ML and per sliding scale (4:30 p.m. and 8:00 p.m.): 9/21/23, 10/23/23

Record review on 3/7/24 revealed the Program's Medication Policy directed staff to consistently follow the six "rights" for proper and accurate administration of medications. Further review

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A 285	Continued From page 2 revealed the right documentation as recording initials afterward in the correct date on the medication record. When interviewed on 3/7/24 at 9:00 a.m. the Regional Director confirmed absence of staff initials indicated the medication had not been administered as ordered and staff had not followed policy.	A 285		
A 185	481-69.23(1)g Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: g. Has unmanageable incontinence on a routine basis despite an individualized toileting program This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the Program failed to ensure a tenant continued to meet criteria to remain in an assisted living program. This pertained to 1 of 1 tenants reviewed with unmanageable incontinence (Tenant #1). Findings follow: Observations on 3/5/24 revealed an overwhelming odor of urine was noticeable in the hallway approximately six feet from the door and upon entry into the apartment. Tenant #1's carpet had noticeable stains all over and especially around her bed. On 3/6/24 a tour of the apartment revealed feces all over the bed sheets, towels, and blankets of her bed. There was a trail of feces along the floor and into the bathroom. The carpet stains were throughout the living area	A 185		

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A 185	Continued From page 3 and mainly concentrated around her bed. Tenant #1's Service Plan dated 7/11/23 noted she required reminders to use the bathroom four times per shift and wore Depends briefs for bladder incontinence. She received daily bed making and trash removal on every shift. On 3/6/24 at 10:02 a.m. the Executive Director stated she was aware of the condition of Tenant #1's apartment. The carpet had been recently shampooed. She asked the family to purchase a new mattress due to urine incontinence and odor but had not heard anything from them. The ED reported Tenant #1 wore incontinence briefs and would remove them frequently and allowed urine to soak into her recliner and mattress. She confirmed the condition of the apartment progressively worsened over the past months due to Tenant #1's non-compliance with wearing the incontinence products.	A 185		

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Tag#l	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.	**Tag#l A285**	**What initial correction was made?** The nurse provided training with frontline staff on March 14th, March 28th and April 11th and will continue to provide training and education to staff on medication administration.	**How will we ensure and maintain compliance going forward?** The nurse will continue to audit Point Click Care medication administration. The nurse will provide on-going education to staff on proper documentation and administration. Medication audits will be monitored monthly by regional nurses.	**Implementation Date:** 04/11/2024 **Completion Date:** Ongoing **Responsible Party:** Director or Designee

Compliance Date: May 4, 2024

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

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Tag#2	481-69.23(1)g Criteria for Admission / Retention of Tenants 69.23(1) Persons who may not be admitted or retained. A program shall not knowingly admit or retain a tenant who: g. Has unmanageable incontinence on a routine basis despite an individualized toileting program	**Tag#2 A185**	**What initial correction was made?** 30-day notice was mailed to resident and ombudsman on March 22, 2024	**How will we ensure and maintain compliance going forward?** Resident moved out of community on April 11, 2024.	**Implementation Date:** 04/11/2024 **Completion Date:** 04/11/2024 **Responsible Party:** Director or Designee

Compliance Date: May 4, 2024

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