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 04/23/2025

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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 40 Number of tenants with cognitive impairment: 27 Total census: 67 No regulatory insufficiencies were cited during investigations 125180-I, 125940-C or 127208-C. The following regulatory insufficiency was cited during investigation 127038-C.	A 000	The Plan of Correction is attached	
A 330	481-69.25(1)q Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: q. When the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of the completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs) This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently maintain accurate documentation of personal and/or health-related care (task sheets). This pertained to 2 of 2 tenants reviewed with a Global Deterioration	A 330		

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A 330	Continued From page 1 Scale (GDS) score of 4 and above (Tenant #2 and #5). Findings follow: 1. Record review on 4/23/25 revealed Tenant #2's Service Plan (SP) signed 3/3/25. The SP directed staff to complete safety checks eight times per shift. Review of Tenant #2's task sheets provided revealed Program staff failed to document/complete safety checks consistently. Examples of undocumented safety checks included but are not limited to the following: 3/7/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m. 3/8/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m. 3/9/25 - 7:00 a.m., 8:00 a.m., 9:00a.m., 10:00 a.m., 11:00 a.m., noon, 1:00 p.m. 2:00 p.m. 3/14/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m. 3/19/25 -3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and 11:00 p.m. 3/20/25 -3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and 11:00 p.m. 3/21/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. and 11:00 p.m. 3/25/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. 3/28/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m. 2. Record review on 4/23/25 revealed Tenant #5's Service Plan (SP) last reviewed 3/7/25. The SP directed staff to complete safety checks eight times per shift. Review of Tenant #5's task sheets provided revealed Program staff failed to document/complete safety checks consistently.	A 330		

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EDENCREST AT BEAVERDALE	3410 BEAVERDALE AVENUE DES MOINES, IA 50310

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A 330	Continued From page 2 Examples of undocumented safety checks included but are not limited to the following: 3/12/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. 3/13/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. 3/18/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m., 10:00 p.m. (the entire shift) 3/25/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m., 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. 3/26/25 - 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. 3/27/25 - midnight, 1:00 a.m., 2:00 a.m., 3:00 a.m., 4:00 a.m., 5:00 a.m. and 6:00 a.m., 3:00 p.m., 4:00 p.m., 5:00 p.m., 6:00 p.m., 7:00 p.m., 8:00 p.m., 9:00 p.m. and 10:00 p.m. Review of Tenant #5's Progress notes revealed a notation dated 3/18/25 6:25 p.m. (a date in which no safety checks were documented as completed). The note said Tenant #5 hit another tenant on the head with a cup. She also grabbed the nurse's arms while squeezing and pushing her away. The nurse attempted to provide a barrier between Tenant #5 and the other tenants present. Tenant #2 also refused to talk her medications. Further review revealed an internal investigation involving Tenant #5 dated 3/18/25. The report documented on 3/18/25 at 5:10 p.m. Tenant #5 struck another tenant with a cup causing a hematoma to the top of the head. The report also documented Program staff failed to administer	A 330		

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

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A 330	Continued From page 3 Tenant #5's 3/18/25 2:00 p.m. lorazepam. 3. During the exit on 4/23/25 at 3:30 p.m. the administrative team confirmed the Program failed to document safety checks for Tenants #2 and #5.	A 330		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Edencrest at Beaverdale	DATE SURVEY COMPLETED: May 14, 2025

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag # 1	**Regulation and Reg Number** **69.25(1) Documentation for each tenant shall be maintained by the program and shall include:** **q. when the tenant is unable to advocate on the tenant's own behalf or the tenant has multiple service providers, including hospice care providers, accurate documentation of th4e completion of routine personal or health-related care is required on task sheets. If tasks are doctor-ordered, the tasks shall be part of the medication administration records (MARs)**	Tag # A-330	What initial correction was made? 1. Re education of Resident Assistant (RA) on safety checks and documentation expectations. 2. Pharmacy contacted to deliver medication (lorazepam) as soon as possible	How will we ensure and maintain compliance going forward? 1. Created process for: Reports to be run by nurse daily to ensure all tasks have been completed by the RA. (daily reports in 'tasks' binder in workroom-RA to check daily for any missed documentation) 2. Created process: Nurse completing weekly narcotic count to ensure medication will not run out. (Weekly audit sheet in nursing office in binder) 3. Education to RA on process for ordering medications, including narcotics (Education on individual counseling and during 5/28 staff meeting-see agenda and attendance sheet) 4. Education provided to resident assistant on process for medication administration, including calling nurse if medications are not available. (Education on individual counseling and during 5/28 staff meeting-see agenda and attendance sheet)	Implementation Date: Immediately Completion Date: Ongoing Responsible Party: Director of Wellness or designee

Allison Brookhart BSN, RN 5/28/25

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.