

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOUNTAIN WEST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1501 OFFICE PARK ROAD WEST DES MOINES, IA 50265</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, family interview, and staff interview, the facility failed to include the resident or resident representative in the initial care plan process and failed to create an initial comprehensive care plan for 1 out of 4 residents reviewed for care plan development (Resident #4). The facility reported a census of 67 residents. Findings include: The admission Minimum Data Set (MDS) assessment dated [DATE] documented the resident admitted from the hospital on [DATE]. The MDS identified a Brief Interview for Mental Status (BIMS) score of 14, which indicated cognition intact. The MDS documented [DIAGNOSES REDACTED]. The Care Area Assessment (CAA) summary identified the following to be addressed in the comprehensive care plan: visual function, Activities of Daily Living (ADL) function, urinary incontinence, falls, nutritional status, pressure ulcer, and return to the community. Review of the clinical record revealed a baseline care plan signed on 1/12/20. The care plan lacked documentation showing the resident or resident representative had been involved in the development of the care plan. Review of the care plan revealed an initial comprehensive care plan not created within 21 days of admit and failed to include all the care areas identified in the admission MDS. The first entry on the comprehensive care plan initiated on 1/20/20 when it identified a fall risk. On 1/28/20 the care plan updated to identify impaired skin integrity. On 3/16/20 the care plan updated to include risk for infection related to COVID-19 and potential risk for alteration in mood stated. On 4/20/20 the care plan updated to identify potential for diversionary activity deficit. On 4/21/20 the care plan updated to reflect code status and ADL (Activities of Daily Living) self-care deficit. On 4/22/20 the care plan updated to identify: choice of long term placement; [DIAGNOSES REDACTED]. On 4/24/20 the care plan updated to identify asthma. On 4/29/20 the care plan updated to identify potential for nutritional risk and documented the resident received a mechanically altered diet. On 5/5/20 the care plan updated to identify [DIAGNOSES REDACTED]. . On 6/17/20 at 12:25 p.m. Resident #4 responded her daughters take care of going to the care plan meetings. On 6/17/20 at 1:53 p.m. Resident #4's family member responded the first care plan conference did not occur until April 2020. On 6/18/20 at 11:25 a.m. the MDS Coordinator responded to why Resident #4's clinical record lacked an initial comprehensive care plan. The MDS Coordinator reported she started in the position in December 2019 and care plans were a mess. The MDS Coordinator stated she started at the beginning of the alphabet working on updating and revising all residents' care plans to be individualized. The MDS Coordinator said it was an oversight that Resident #4 did not get an initial comprehensive care plan developed or have the resident or resident representative involved in the development process.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.