STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165272	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
University Park Nursing and Rehabilitation Center	233 University Avenue Des Moines, IA 50314

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interview, and policy review, the facility failed to correctly position a resident in a mechanical lift during transfer for 1 of 3 residents (#14), failed to lock the wheelchair during resident transfers for 2 of 3 residents (#44, #55), and failed to attach foot pedals on the wheelchair while transporting a resident for 1 of 1 resident (#69). The facility reported a census of 74 residents.Findings include:1.Resident #14's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated completely intact cognition. It included diagnoses of hemiplegia (one-sided body paralysis caused by brain or spinal cord damage), diabetes mellitus, and a stroke. It revealed he was independent with eating and oral hygiene, was dependent with toileting, and required maximal assistance with all other Activities of Daily Living (ADLs) and all forms of mobility.The Care Plan initiated 10/24/24 directed staff to transfer the resident with an EZ Stand (mechanical device used to transfer a resident in a standing position).On 3/01/26 at 10:15 AM, Staff D, Certified Nursing Aide (CNA) and Staff E, CNA transferred Resident #14 in an EZ Stand. Staff E positioned the EZ Stand in front of the resident's wheelchair, opened the EZ Stand legs, positioned the sling around the resident's back, and fastened it to the EZ Stand. The resident's knees were not touching the shin pads as Staff D raised the resident from his wheelchair.2.Resident #44's MDS assessment dated [DATE] identified a BIMS score of 00 out of 15 which indicated severely impaired cognition. It included diagnoses of non-Alzheimer's dementia and Down Syndrome. It revealed he required supervision with walking 10 feet, moderate assistance with eating, lying-to-sitting, and sitting-to-lying, maximal assistance with all other ADLs, toilet and shower transfers, and bed mobility, and was dependent with sit-to-stand and chair-to-chair transfers.The Care Plan revised 2/11/26 directed staff to use a mechanical lift for resident transfers.On 3/02/26 at 8:40 AM, Staff F, CNA and Staff G, contract staff transferred Resident #44 in a mechanical lift from his bed to his Broda chair (specialized chair with enhanced support features). Staff F held the resident's support sling while Staff F lowered the resident onto the Broda chair. Staff F pressed her foot down on the mechanical lift frame to stabilize it then locked it as the resident got closer to the chair. The Broda chair was unlocked throughout the transfer process.On 3/02/26 at 9:23 AM, Staff F and Staff G transferred Resident #44 from his Broda chair to a recliner in front of the nurses' station. The Broda chair's rear right wheel was not locked during the resident's transfer.3.Resident #69's MDS assessment dated [DATE] identified a BIMS score of 03 out of 15 which indicated severely impaired cognition. It included diagnoses of non-Alzheimer's dementia, seizure disorder, and mild intellectual disabilities. It revealed he required supervision with eating and was dependent in all other ADLs and mobility.The Care Plan revised 9/10/22 revealed the resident did not ambulate but used a wheelchair that he can self-propel.On 3/01/26 at 2:42 PM, Staff H, CNA transported Resident #69 in his wheelchair without foot pedals. Staff H and Staff I, CNA transferred the resident from his wheelchair to his bed with a mechanical lift. The wheelchair was unlocked during the transfer process.Staff H and Staff I stated the wheelchair should be locked when transferring a resident to or from it. Staff H also stated they did not notice the wheelchair was unlocked. She further added the resident should (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165272	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
University Park Nursing and Rehabilitation Center	233 University Avenue Des Moines, IA 50314

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not have been transported in his wheelchair without his foot pedals.4.Resident #55's MDS assessment dated [DATE] identified a BIMS score of 14 out of 15 which indicated completely intact cognition. It included diagnoses of hemiplegia, diabetes mellitus, and chronic obstructive pulmonary disease (COPD). It revealed she required supervision with eating and was dependent with all other ADLs and mobility.The Care Plan revised 12/17/25 directed staff to use a mechanical lift with 2-person assistance for resident transfers.On 3/03/26 at 6:43 AM, Staff J, CNA and Staff K, CNA transferred Resident #55 with a mechanical lift from her bed to a wheelchair. Staff K raised the resident in the mechanical lift sling while Staff J positioned the wheelchair between the mechanical lift's legs. Staff K lowered the resident into the wheelchair. The wheelchair was unlocked throughout the transfer process.At 7:02 AM, Staff J stated the wheelchair should be locked when transferring a resident in or out of it but she forgot to lock it.At 7:05 AM, Staff K stated wheelchairs should be locked when transferring residents in or out of them.A policy titled Mechanical Lift Policy and Procedure dated 9/01/25 directed staff to perform a test lift before full transfer by raising the resident 2 inches off the surface to check sling fit, attachment security, and weight distribution.The facility did not provide a policy regarding locking wheelchairs or transferring residents in a wheelchair without foot pedals.On 3/04/26 at 2:15 PM, the Director of Nursing (DON) stated staff should lock the brakes on wheelchairs during resident transfers and follow the policy with resident transfers.