

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Parkridge Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 5800 NE 12th Avenue Pleasant Hill, IA 50327	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on observation, clinical record review, resident and staff interviews, and facility policy review, the facility failed to prevent a male resident (Resident #1) from inappropriately kissing a female resident (Resident #2). The facility reported a census of 81 residents.</p> <p>Finding include:</p> <p>1. The Quarterly Minimum Data Set (MDS) with an assessment date 5/15/24, documented Resident#1 had diagnoses which include, heart failure, Non-Alzheimer's Dementia, depression, insomnia and alcohol abuse. The MDS documented Resident #1 with adequate hearing and was able to be understood and understand others. The Brief Interview for Mental Status (BINS) documented a score of 13 which indicated no cognitive impairments and that the resident was independent with ambulation in the facility.</p> <p>The Plan of Care with an imitated date of 6/7/24, had a problem identified as follows; I display inappropriate/disruptive behaviors while in the dining room at meal times, and on 6/21/24, due to my inappropriate interaction with a female resident, the facility is searching for placement that is more appropriate for me, (all male unit). Interventions include:</p> <p>*{6/7/24} I display socially inappropriate/disruptive behaviors while in the dining room at mealtimes.</p> <p>*{6/7/24} Activities staff to visit with me and provide diversional activities</p> <p>*{6/7/24} Do not argue with me</p> <p>*{6/7/24} Encourage my family/responsible party to visit</p> <p>*{6/13/24} I am on a 1:1 for my behaviors at this time.</p> <p>*{6/7/24} Monitor and document my behavior</p> <p>*{6/12/24} My 1:1 will do activities with me away from regular activity sessions due to my disruptive behavior.</p> <p>*{6/7/24} Remove me from public area's when behavior is disruptive and unacceptable</p> <p>(continued on next page)</p>

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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>*(6/7/24) Talk with me in a calm voice when my behavior is disruptive</p> <p>The Progress notes dated 6/7/2024, documented, encounter Date of Service: 6/7/24, Transition of Care: Patient is a [AGE] year-old male seen today to establish psychiatric services at the request of facility staff. Patient had a recent incident where he allegedly entered another resident's room and attempted to kiss her on the mouth and succeeded kissing her on the cheeks. Patient denies this allegation, stating that he was in her room for a couple seconds. He says that she invited him to come say hello and that she is always sitting by the door. He states that he only comes out</p> <p>of his room to eat and play bingo. Patient reports that he is currently being moved to another room in the facility related to these allegations, voicing significant frustration with the situation. Staff report allegations of a similar incident at his previous living facility. Recommendations:</p> <p>*Ensuring a safe environment and constant supervision to prevent accidents and wandering.</p> <p>The Physical Aggression Initiated on 6/7/24 at 11:15 a.m., documented, Writer was informed that Resident #1 kissed female peer, Resident #2, but she was unsure of the date. Female peer did not give consent. I was in my room last week. I don't remember what day. We were having a conversation, and I went to leave when I asked Resident #2 if she wanted a kiss. She did not answer me either way, so Resident #1 left. Investigation started, Resident #1 placed on a 1-1 until further notice, and Resident #1 was seen for a psychiatric evaluation by the provider.</p> <p>The Progress Notes dated 2/22/24 at 12:32 p.m., documented from a previous facility, History Of Present Illness:</p> <p>Resident is a [AGE] year-old male that is seen by psych services. Current psychiatric diagnoses include dementia,</p> <p>insomnia, and history of alcohol use disorder. Staff states that Resident #1 is currently placed on a 1-1 for the past 1 week due to sexual inappropriateness with another resident. Apparently he had kissed her on the forehead. He states that she is the instigator and follows him around. However to ensure no boundaries are crossed additional staff are in place. He is alert and oriented. States that he is bored more times than not.</p> <p>The Plan of Care with an initiated date of 12/12/23, from previous facility, identified that I have had an allegation of inappropriate conduct with a female resident. Interventions include:</p> <p>*I am on 1:1 supervision. Date Initiated: 02/09/2024</p> <p>*Discharge planning initiated. Date Initiated: 02/12/2024</p> <p>*Motion alarm placed on my door to notify staff when I leave room during sleeping hours to initiate 1:1 supervision.</p> <p>Date Initiated: 01/11/2024</p> <p>*Moved to a room on the other side of the building. Date Initiated: 12/21/2023</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 7/8/24 at 2:30 p.m., staff were positioned outside of Resident #1 room.</p> <p>In an interview on 7/8/24 at 2:40 p.m., Resident #1 stated that due to the allegations of inappropriate behavior they are on a 1-1 with staff. Resident #1 denied any of the allegations. Resident #1 stated that they were transferred from another facility for the same allegations of touching a female inappropriately.</p> <p>2. The Quarterly MDS with an assessment date 3/13/24, documented Resident #2 with diagnosis for which include, Non-Alzheimer's Dementia, anxiety, bi-polar disorder and Schizophrenia. The MDS documented Resident #2 with adequate hearing and was able to be understood and understands others. The BIMS documented a score of 11 for which indicated moderately impaired cognition and that the resident need assistance with staff for personal hygiene and transfers and a wheelchair is used for mobility.</p> <p>The Plan of Care with an initiated date of 11/8/23, I tend to be unapproachable and unfriendly. I can be verbally abusive at times.</p> <p>Interventions include:</p> <p>*I don't typically like to be touched, ask permission first.</p> <p>The Progress Notes dated and signed by the Nurse Practitioner on 6/7/24, documented, Patient is a [AGE] year-old-female seen at facility to evaluate psychiatric symptoms. Reports an incident where a resident at her facility kissed her against will on the cheeks last week. This situation is causing a mild increase in depressive and anxious symptoms due to concern for safety. Recommendations:</p> <p>*Ensuring a safe environment and constant supervision to prevent accident or wandering.</p> <p>*In event of agitation or anxiety, staff to remove non-essential staff members and other residents from area.</p> <p>The Physical Aggression Initiated on 6/7/24 at 11:15 a.m., documented, Resident #2 made psychiatric provider aware during visit that Resident #2 was kissed without her permission by male peer one day last week. (5/27/24-6/1/24). Resident #1 just walked in my room and said, You look like you need a kiss. Then grabbed my face and pulled it towards him and kissed me twice on the cheek. He then showed me his tongue and said. I could have shoved that in your mouth. Male peer was moved from room [ROOM NUMBER]-B to room [ROOM NUMBER], 1-1 initiated until further notice, psychiatric evaluation for male peer, trauma informed intake completed for this resident</p> <p>The Progress Notes dated 6/7/24 at 12:45 p.m., documented, Incident, Accident, Unusual Occurrence Note Late Entry: Writer was informed that resident reported that she was kissed by a male peer without her consent sometime last week. When speaking with resident, she could not tell writer the day of the incident, but was able to describe the male peer and give writer his name. Resident had reported that male peer had taken a hold of her face and brought it toward him and he kissed her cheek twice. Writer looked at resident's face and did not observe any bruising anywhere on her face where she informed writer that her peer had held her face with his fingers. 1:1 time given to resident to share her feelings concerning the incident.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Progress Notes dated 6/7/24 at 00:00, documented, encounter, Visit Type: Psychiatry, Reports an incident where a resident at her facility kissed her against will on the cheeks last week. This situation is causing a mild increase in depressive and anxious symptoms due to concern for safety.</p> <p>The Trauma Informed Intake assessment dated [DATE] at 4:12 p.m., documented, Resident #2 states that another resident kissed her and it makes her uncomfortable and she does not like that. At this time does not have a trigger but says it is not good to do that and I would be bothered to have this person near me. Does not wish to be around certain male resident. Resident #2 would like for staff to ensure that this male resident does not come near her. Otherwise, she feels safe if he is not close by.</p> <p>The Facility Investigation with no date, documented, On the late morning of 6/7/24 at 11:15 a.m., The Director of Nursing was notified by Social Services and psychiatric provider that Resident #2 reported that she was kissed by a male peer without her consent, in her room. Resident #2 reported that it happened the week prior, but did not tell any staff until she informed the psychiatric provider. She was able to describe Resident #1 and give the Director of Nursing his name during the investigation. Resident #1 was immediately placed on 1-1, was given a psychiatric evaluation, room was moved from 212-B to room [ROOM NUMBER], and social services started calling around the state of Iowa for male beds in other units. Resident #2 was given a trauma informed intake. Resident #1 will remain on 1-1 care. On-going referrals for units. This was an untriggered event. Resident #1 came into Resident #2 room and kissed her without her permission, even after she said no, per her report.</p> <p>In an interview on 7/9/24 at 10:40 a.m., Resident #2, confirmed and verified that Resident #1 came into her room while she was lying in bed, leaned over her and kissed her twice on the right side of her cheek and then stuck his tongue out and said that this can do wonder on you. Resident #2 stated that they are scared of Resident #1 and that staff came in right away when the call light was on and took Resident #1 out of her room. Resident #2 stated that now that Resident #1 is a 1-1 they feel safe.</p> <p>In an interview on 7/9/24 at 2:00 p.m., Staff A, Licensed Practical Nurse (LPN) and Staff B, LPN, both confirmed and verified that the Care Plan lacked any interventions on the sexual behaviors of Resident #1 and that the previous facility explained that Resident #1 was not the aggressor. Staff A and Staff B both stated that the facility staff needed to know the reason for Resident #1 being transferred that this facility.</p> <p>In an interview on 7/9/24 at 4:15 p.m., Staff C, Registered Nurse (RN), confirmed and verified that Resident #1 care plan lacked any interventions to observe Resident #1 when out of his room and that staff needed to be aware of the sexual behaviors of Resident #1.</p> <p>The Abuse and Neglect-Clinical Protocol dated 3/2018, documented Definitions</p> <p>1. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>3. Sexual Abuse= is defined as non-consensual sexual contact of any type with a resident</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Treatment/Management</p> <p>1. The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical record review, resident and staff interviews, the facility failed to supervise a male resident (Resident #1) with known sexual behaviors from inappropriately kissing a female resident (Resident #2). The facility reported a census of 81 residents.</p> <p>Finding include:</p> <p>1. The Minimum Data Set (MDS) with an assessment date 5/15/24, documented Resident #1 with diagnosis for which include, heart failure, Non-Alzheimer's Dementia, depression, insomnia and alcohol abuse. The MDS documented Resident #1 with adequate hearing and was able to be understood and understands others. The Brief Interview for Mental Status (BINS) documented a score of 13 for which indicated no cognitive impairments and that the resident was independent in ambulation in the facility.</p> <p>The Plan of Care with an imitated date of 6/7/24, had a problem identified that, I display inappropriate/disruptive behaviors while in the dining room at meal times, and on 6/21/24, due to my inappropriate interaction with a female resident, the facility is searching for placement that is more appropriate for me, (all male unit). Interventions include:</p> <p>*[6/7/24] I display socially inappropriate/disruptive behaviors while in the dining room at mealtimes.</p> <p>*[6/7/24] Activities staff to visit with me and provide diversional activities</p> <p>*[6/7/24] Do not argue with me</p> <p>*[6/7/24] Encourage my family/responsible party to visit</p> <p>*[6/13/24] I am on a 1:1 for my behaviors at this time.</p> <p>*[6/7/24] Monitor and document my behavior</p> <p>*[6/12/24] My 1:1 will do activities with me away from regular activity sessions due to my disruptive behavior.</p> <p>*[6/7/24] Remove me from public area's when behavior is disruptive and unacceptable</p> <p>*[6/7/24] Talk with me in a calm voice when my behavior is disruptive</p> <p>The Progress notes dated 6/7/2024, documented, encounter Date of Service: 6/7/24, Transition of Care: Patient is a [AGE] year-old male seen today to establish psychiatric services at the request of facility staff. Patient had a recent incident where he allegedly entered another resident's room and attempted to kiss her on the mouth and succeeded kissing her on the cheeks. Patient denies this allegation, stating that he was in her room for a couple seconds. He says that she invited him to come say hello and that she is always sitting by the door. He states that he only comes out</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>of his room to eat and play bingo. Patient reports that he is currently being moved to another room in the facility related to these allegations, voicing significant frustration with the situation. Staff report allegations of a similar incident at his previous living facility. Recommendations:</p> <p>*Ensuring a safe environment and constant supervision to prevent accidents and wandering.</p> <p>The Physical Aggression Initiated on 6/7/24 at 11:15 a.m., documented, Writer was informed that Resident #1 kissed female peer, Resident #2, but she was unsure of the date. Female peer did not give consent. I was in my room last week. I don't remember what day. We were having a conversation, and I went to leave when I asked Resident #2 if she wanted a kiss. She did not answer me wither way, so Resident #1 left. Investigation started, Resident #1 placed on a 1-1 until further notice, and Resident #1 was seen for a psychiatric evaluation by the provider.</p> <p>The Progress Notes dated 2/22/24 at 12:32 p.m., documented from a previous facility, History Of Present Illness:</p> <p>Resident is a [AGE] year-old male that is seen by psych services. Current psychiatric diagnoses include dementia,</p> <p>insomnia, and history of alcohol use disorder. Staff states that Resident #1 is currently placed on a 1-1 for the past 1 week due to sexual inappropriateness with another resident. Apparently he had kissed her on the forehead. He states that she is the instigator and follows him around. However to ensure no boundaries are crossed additional staff are in place. He is alert and oriented. States that he is bored more times than not.</p> <p>The Plan of Care with an initiated date of 12/12/23, from previous facility, identified that I have had an allegation of inappropriate conduct with a female resident. Interventions include:</p> <p>*1 am on 1:1 supervision. Date Initiated: 02/09/2024</p> <p>*Discharge planning initiated. Date Initiated: 02/12/2024</p> <p>*Motion alarm placed on my door to notify staff when I leave room during sleeping hours to initiate 1:1 supervision.</p> <p>Date Initiated: 01/11/2024</p> <p>*Moved to a room on the other side of the building. Date Initiated: 12/21/2023</p> <p>Observation on 7/8/24 at 2:30 p.m., staff were positioned outside of Resident #1 room.</p> <p>In an interview on 7/8/24 at 2:40 p.m., Resident #1 stated that due to the allegations of inappropriate behavior they are on a 1-1 with staff. Resident #1 denied any of the allegations. Resident #1 stated that they were transferred from another facility for the same allegations of touching a female inappropriately.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The MDS with an assessment date 3/13/24, documented Resident #2 with diagnosis for which include, Non-Alzheimer's Dementia, anxiety, bi-polar disorder and Schizophrenia. The MDS documented Resident #2 with adequate hearing and was able to be understood and understands others. The BIMS documented a score of 11 for which indicated moderately impaired cognition and that the resident need assistance with staff for personal hygiene and transfers and a wheelchair is used for mobility.</p> <p>The Plan of Care with an initiated date of 11/8/23, I tend to be unapproachable and unfriendly. I can be verbally abusive at times.</p> <p>Interventions include:</p> <p>*I don't typically like to be touched, ask permission first.</p> <p>The Progress Notes dated and signed by the Nurse Practitioner on 6/7/24, documented, Patient is a [AGE] year-old-female seen at facility to evaluate psychiatric symptoms. Reports an incident where a resident at her facility kissed her against will on the cheeks last week. This situation is causing a mild increase in depressive and anxious symptoms due to concern for safety. Recommendations:</p> <p>*Ensuring a safe environment and constant supervision to prevent accident or wandering.</p> <p>*In event of agitation or anxiety, staff to remove non-essential staff members and other residents from area.</p> <p>The Physical Aggression Initiated on 6/7/24 at 11:15 a.m., documented, Resident #2 made psychiatric provider aware during visit that Resident #2 was kissed without her permission by male peer one day last week. (5/27/24-6/1/24). Resident #1 just walked in my room and said, You look like you need a kiss. Then grabbed my face and pulled it towards him and kissed me twice on the cheek. He then showed me his tongue and said. I could have shoved that in your mouth. Male peer was moved from room [ROOM NUMBER]-B to room [ROOM NUMBER], 1-1 initiated until further notice, psychiatric evaluation for male peer, trauma informed intake completed for this resident</p> <p>The Progress Notes dated 6/7/24 at 12:45 p.m., documented, Incident, Accident, Unusual Occurrence Note Late Entry: Writer was informed that resident reported that she was kissed by a male peer without her consent sometime last week. When speaking with resident, she could not tell writer the day of the incident, but was able to describe the male peer and give writer his name. Resident had reported that male peer had taken a hold of her face and brought it toward him and he kissed her cheek twice. Writer looked at resident's face and did not observe any bruising anywhere on her face where she informed writer that her peer had held her face with his fingers. 1:1 time given to resident to share her feelings concerning the incident.</p> <p>The Progress Notes dated 6/7/24 at 00:00, documented, encounter, Visit Type: Psychiatry, Reports an incident where a resident at her facility kissed her against will on the cheeks last week. This situation is causing a mild increase in depressive and anxious symptoms due to concern for safety.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Trauma Informed Intake assessment dated [DATE] at 4:12 p.m., documented, Resident #2 states that another resident kissed her and it makes her uncomfortable and she does not like that. At this time does not have a trigger but says it is not good to do that and I would be bothered to have this person near me. Does not wish to be around certain male resident. Resident #2 would like for staff to ensure that this male resident does not come near her. Otherwise, she feels safe if he is not close by.</p> <p>The Facility Investigation with no date, documented, On the late morning of 6/7/24 at 11:15 a.m., The Director of Nursing was notified by Social Services and psychiatric provider that Resident #2 reported that she was kissed by a male peer without her consent, in her room. Resident #2 reported that it happened the week prior, but did not tell any staff until she informed the psychiatric provider. She was able to describe Resident #1 and give the Director of Nursing his name during the investigation. Resident #1 was immediately placed on 1-1, was given a psychiatric evaluation, room was moved from 212-B to room [ROOM NUMBER], and social services started calling around the state of Iowa for male beds in other units. Resident #2 was given a trauma informed intake. Resident #1 will remain on 1-1 care. On-going referrals for units. This was an untriggered event. Resident #1 came into Resident #2 room and kissed her without her permission, even after she said no, per her report.</p> <p>In an interview on 7/9/24 at 10:40 a.m., Resident #2, confirmed and verified that Resident #1 came into her room while she was lying in bed, leaned over her and kissed her twice on the right side of her cheek and then stuck his tongue out and said that this can do wonder on you. Resident #2 stated that they are scared of Resident #1 and that staff came in right away when the call light was on and took Resident #1 out of her room. Resident #2 stated that now that Resident #1 is a 1-1 they feel safe.</p> <p>In an interview on 7/9/24 at 2:00 p.m., Staff A, Licensed Practical Nurse (LPN) and Staff B, LPN, both confirmed and verified that the Care Plan lacked any interventions on the sexual behaviors of Resident #1 and that the previous facility explained that Resident #1 was not the aggressor. Staff A and Staff B both stated that the facility staff needed to know the reason for Resident #1 being transferred that this facility.</p> <p>In an interview on 7/9/24 at 4:15 p.m., Staff C, Registered Nurse (RN), confirmed and verified that Resident #1 care plan lacked any interventions to observe Resident #1 when out of his room and that staff needed to be aware of the sexual behaviors of Resident #1.</p>		