

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165432	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Living Senior Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 2421 Lutheran Drive Muscatine, IA 52761	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506</p> <p>Based on clinical record review, legal guardian interview, and staff interviews, the facility failed to notify the resident's guardian in a timely manner after a fall resulting in injury and transfer to the hospital for 1 of 3 residents reviewed. (Resident #1). The facility reported census was 120.</p> <p>Findings include:</p> <p>According to the Minimum Data Set, dated dated [DATE], Resident #1 had a Brief Interview for Mental Status score of 3, indicating a severely impaired cognitive status. Resident #3 was independently mobile with using her wheel walker and required moderate assistance with dressing, toilet use and personal hygiene needs. Resident #1's diagnoses included Alzheimer's, age related osteoporosis w/o (without) current pathological fracture, and chronic obstructive pulmonary disease, malnutrition.</p> <p>According to an Incident Report dated 2/13/25 at 6:10 p.m., written by Staff H, Resident #1 was in her bedroom with Staff F, Certified Nursing Assistant, preparing for bed, when Resident #1 tripped and fell on to her right knee and face striking her bed board. The injury resulted in Resident #1 being sent to the hospital, where x-rays discovered a facial fracture and knee fracture.</p> <p>A review of the electronic health record Face sheet revealed Resident #1 had a non-family legally appointed guardian. The Face Sheet indicated the phone number with an extension number to use when the guardian needed to be contacted.</p> <p>During an interview on 3/6/25 at 12:19 p.m. Staff H, Registered Nurse (RN) stated she called the guardian after Resident #1 fell on [DATE]. Staff H stated she could not recall the number she called or if she used an extension number, but remembers leaving a message.</p> <p>During an interview on 3/6/25 at 9:41 a.m. the Legal Guardian stated the facility called her office phone and left a message regarding the fall Resident #1 had on 2/13/25. The Legal Guardian stated she was not aware of the incident and transfer to the hospital until the following day. She indicated this has been an on-going concern. The Legal Guardian stated an after hours on-call number has been provided to the facility. She stated it is essential the legal guardian be notified promptly when a resident under their care is sent to the hospital. The Legal Guardian stated she had spoken with the Assistant Director of Nursing (ADON) who had told her that the nurse was given direction to call the on-call number that evening.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/25 at 11:00 a.m. the ADON stated she is responsible for the Memory Care Unit, 400 and 500 halls. On the evening of 2/13/25 she received a call from Staff H informing her Resident #1 had fallen with injuries and was being sent out to the hospital. The ADON stated she informed Staff H to contact Resident #1's guardian. She stated there was a number at the 400-hall nurse's station, noting there is an on-call number and process posted for after hours. The ADON stated after hearing that the on-call number was not used, she posted bright yellow cards with the number and process at each nurse's station.</p>