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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165612 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Trinity Center at Luther Park | | STREET ADDRESS, CITY, STATE, ZIP CODE 1555 Hull Avenue Des Moines, IA 50316 | |

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) |
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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>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>40905</p> <p>Based on record review, resident and staff interview, and policy review the facility failed to complete an incident report and notify the physician and resident's emergency contact/next of kin for a new bruise for 1 (Resident #1) of 3 residents reviewed. The facility reported a census of 115 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #1 dated 6/28/24, included diagnoses of Parkinson's (condition that deteriorates the brain) and Non-Alzheimer's. The MDS identified the resident was dependent on staff for toileting, dressing, and personal hygiene and had a Brief Interview for Mental Status score of 12, which indicated mild cognitive impairment for decision making.</p> <p>Interview on 8/14/24 at 10:45 AM, the resident stated she had a bruise on her upper right arm that is getting better; that she had woke up one morning and found the bruise. The resident stated she reported it to staff and was not sure what caused the bruise.</p> <p>Resident's progress notes documented on 6/28/24 at 9:12 PM - New skin issue of bruise on right upper arm, 3.5 centimeters (cm) length and 3.5 cm. width.</p> <p>Review of resident's progress notes for 6/28/24 - 7/1/24, lacked documentation of physician and emergency contact notification of new bruise.</p> <p>Facility policy, Notification of Changes reviewed/ revised 2/2024 documented the purpose of this policy is to ensure the facility promptly consults the resident's physician and notifies the resident's representative when there is a change requiring notification.</p> <p>Interview on 8/14/24 at 11:15 AM, the Administrator (ADM) stated she had not been aware of the bruise, confirmed no incident report was completed, and the physician and family were not notified of the bruise at the time it was observed. The ADM stated her expectation with any bruise bigger than a quarter, the staff are to complete an incident report and the physician and family are to be notified at that time</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 165612 | If continuation sheet Page 1 of 3 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40905</p> <p>Based on record review, staff interview, and policy review the facility failed to conduct a thorough investigation of an alleged violation of abuse by a resident, by not interviewing staff regarding the allegation for one (Resident #5) of three residents reviewed. The facility reported a census of 115 residents.</p> <p>Findings included:</p> <p>The Five Day Minimum Data Set (MDS) assessment for Resident #5 dated 1/14/24, included diagnoses of Non-Alzheimer's Dementia, Anxiety Disorder, and depression. The MDS indicated the resident had a Brief Interview for Mental Status score of 14, which indicated no cognitive impairment for decision making.</p> <p>Review of resident's progress note dated 3/7/24 at 3:10 PM documented: This nurse brought resident to the bathroom and saw a bruise located on resident's right cheek. Resident became tearful and stated, I got the shit beat out of me. Resident then finished using the bathroom and this nurse brought resident to the Assistant Director of Nursing (ADON) for further investigation. This nurse sat in the office with ADON while investigating. Resident appeared to be confused on where the actual location of bruise was at further in conversation. Resident was only able to describe the attackers skin color being, black, tan, I don't know, I don't like these questions. Resident did believe that the person was a couple of teen girls who room with her. Resident was unable to mention what she was stuck with. Resident feels scared. Resident called her daughter mom. Resident mentioned that confusion is her diagnosis. Resident was unable to give an exact time or date of when this event took place. Resident then was able to mention that this happened on Monday or Tuesday.</p> <p>Review of resident's incident report dated 3/7/24 at 2:25 PM documented:</p> <p>Nursing Description: resident reported to nurse that she had a bruise on her right cheek because someone beat the shit out of her. Resident reported that on Monday or Tuesday afternoon, she was sitting in her room when 1-2 teenage women she roomed with came up behind her and beat her up, hurt her arms, and drug her across the floor because she has nice clothes.</p> <p>Resident Description: I got the shit beat out of me. It wasn't yesterday. It was probably Monday or Tuesday. It was a woman she came up from behind me. I didn't see her. She said I better not tell. I'm scared to go back to my room. She didn't like the way I dress. She said I was showing off because I have nice clothes. It was two girls, but I don't know what they looked like. It was just my arms they got. They drug me across the floor. They had girlish clothes on. They were in their teens.</p> <p>Review of facility's Investigation Summary for Resident #5 3/7/24 documented:</p> <p>Immediate Action Taken: investigation started, physician and family notification, state initial report, and skin assessment, listed the resident health record documents reviewed, and concluded with summary further documented conclusion of unable to substantiate allegation and investigation completed. Investigation summary did not document any staff interviews completed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 8/14/24 at 3:30 PM, review of facility's incident folder for Resident #5 dated 3/7/24, provided by the Administrator, lacked documentation of any staff interviews regarding incident of resident's allegation of abuse.</p> <p>Interview on 8/14/24 at 4:23 PM, Staff A, Certified Medication Aide stated has been employed at the facility for 2 years and was not interviewed regarding Resident #5's allegation incident on 3/7/24 and was not aware of the incident.</p> <p>Interview on 8/14/24 at 4:25 PM, Staff B, Certified Nurse Aide stated has been employed at the facility for [AGE] years and was not interviewed regarding Resident #5's allegation incident on 3/7/24 and was not aware of the incident.</p> <p>Interview on 8/14/24 at 4:27 PM, Staff C, Licensed Practical Nurse stated she has been employed at the facility for 3 years and was not interviewed regarding Resident #5's allegation on 3/7/24 and was not aware of the incident, but was aware of a different reported incident with Resident #5.</p> <p>Facility policy, Abuse Prevention, Identification, Investigation, and Reporting Policy, reviewed/ revised 8/5/24, included investigation protocols of attempt to obtain witness statements from all known witnesses.</p> <p>Interview on 8/14/24 at 6 PM, the Administrator (ADM) confirmed the incident folder for Resident #5 lacked documentation of any staff interviews completed. The ADM further stated expectation to complete staff interviews when doing investigations.</p> | | |