STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER University Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy, Electronic Health Record (EHR) review and staff interview the facility failed to follow the menu and prepare food to meet the residents nutritional needs for 1 of 13 residents (Resident #6) reviewed. The facility reported a census of 72 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #6 had a Brief Interview for Mental Status (BIMS) of 00 indicating severe cognitive impairment. MDS also indicated diagnosis of dysphagia, oropharyngeal phase. Review of EHR titled, Physician Orders for Resident #6 documented a regular diet of pureed texture. Review of EHR titled, Care Plan for Resident #6 documented a diet of puree consistency with thin liquids. Review of document titled, University Park FW 2024-2025, Week 3 Tuesday at noon documented a puree menu of 1 serving (8 oz) puree chili, 1 serving (1 each) puree cinnamon roll, 1 serving puree tossed salad, puree brownie/cinnamon buttercream frosting and 8 oz beverage. Review of untitled document dated Tuesday May 6, 2025 for Resident #6 documented diet of pureed - No Added Salt with menu items 1 serving puree chili, 1 serving puree cinnamon roll, 1 serving puree tossed salad/dressing, 1 serving puree brownie/cinnamon buttercream frosting and 8oz beverage. On 5/6/25 at 12:35 PM Staff A, Dietary Aide acknowledged her intention was to serve Resident #6 who was on a puree diet one 4oz scoop of chili for lunch. On 5/6/25 at 12:45 am Staff B, Dietary Manager acknowledged the puree measured to 4 cups and Staff A should serve all residents with a puree diet two 4oz scoops for the appropriate serving size. Staff B stated he did not tell her that she needed to use 2 scoops prior to lunch service. Staff B acknowledged it was his error that led to the incorrect serving size. During a continuous observation of lunch service on 5/6/25 Staff A completed hand hygiene, served all regular diets, Resident #6 was served two 4oz scoops of chili. Staff A stated at that time that was all Resident #6 received for lunch. Staff B stated no Resident #6 also needed to get the puree vegetables and dessert. Staff A then gave Resident #6 puree vegetables and dessert. Observation at that time of pureed cinnamon roll sitting on the table and remained unserved. Staff A acknowledged she (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

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was done with lunch service at that time. On 5/6/25 at 12:56 PM Staff B acknowledged Staff A stated she was done serving and had not served the cinnamon roll, cinnamon cream cheese frosted brownie or the vegetable. Staff B acknowledged he had to tell Staff A to serve the pureed dessert and pureed vegetable and that the pureed cinnamon roll was never served during any of the service. Review of undated policy titled, Portion Control documented food will be served according to standard portion sizes to ensure adequate serving of food and to provide portions that are equal in size for those residents that do not require specialized dietary modifications. Residents on diets that require portion variations will have the required information either stated on their tray card or it can be found on the diet spreadsheet under the diet they were on. On 5/7/25 at 4:00 PM the Administrator stated the facility's expectation was the meal would have been served according to the menu.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Electronic Heath Record (EHR) review, policy review, and staff interview the facility failed to provide appropriate infection prevention practices when providing care to a resident with a surgical wound, a pressure wound and a resident with a wound vacuum, that were on Enhanced Barrier Precautions (EBP) for 3 of 3 reviewed (Resident #3, #4, and #7). The facility reported a census of 72 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #3 had a Brief Interview for Mental Status (BIMS) of 12 indicating moderate cognitive impairment. MDS also indicated Resident #3 had an unstageable pressure ulcer. Review of Resident #3's EHR dated 5/5/25 titled, Weekly Pressure Wound Assessment documented an unstageable pressure wound present on the left heel that measured 3/6 cm length x 1.1 cm width x 0.1 depth. Review of Resident #3's EHR titled, Care Plan documented Resident #3 required EBP related to the presence of a chronic wound - pressure ulcer. Observation on 5/6/25 at 8:32 AM of dressing change for Resident #3 by Staff C, Licensed Practical Nurse (LPN) completed hand hygiene, did not apply gown, removed boot from left foot, removed gloves, completed hand hygiene, applied gloves, opened dressing packages, removed gloves, completed hand hygiene, applied gloves, removed sock from left foot, applied barrier under foot, removed gloves, completed hand hygiene, applied gloves, removed dressing, removed gloves, completed hand hygiene, applied gloves, area cleansed with wound wash, area allowed to dry, betadine applied to area, 4 x 4 gauze dressing applied to area, gauze wrap applied to left heel, gloves removed, hand hygiene completed, gloves applied, sock applied, Prevalon boot applied, gloves removed, hand hygiene completed, left room cleansed bedside table, and hand hygiene completed. 2. The MDS dated [DATE] documented Resident #4 had a BIMS of 15 indicating no cognitive impairment. MDS also indicated Resident #4 had a stage 3 pressure ulcer and surgical wounds. Review of Resident #4's HER titled, Care Plan documented Resident #4 required BP related to the presence of wounds (pressure ulcer). The HER titled, Care Plan also documented Resident #4 had surgical incisions to both lower extremities. 3. The MDS dated [DATE] documented Resident #7 had a BIMS of 15 indicating no cognitive impairment. MDS also indicated Resident #7 had a surgical wound. Review or Resident #7's HER titled Care Plan documented Resident #7 Required BP related to the presence of a chronic wound - surgical wound. Observation on 5/5/25 at 9:45 AM of Staff D, Certified Nurse Assistant (CNA)/Certified Medication Assistant (CMA) and Staff E, CNA in room [ROOM NUMBER] transfer Resident #4. Both staff completed hand hygiene, applied gloves, did not apply gowns, placed full body transfer sling under Resident #4 in bed, Staff D asked Resident #4 to cross her arms, full body sling supported by Staff E, Staff E placed Wheelchair under Resident #4, Resident #4 lowered into the wheelchair, lift cloth removed by (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff E. Both staff removed gloves, Staff D completed hand hygiene, Staff E threw her gloves away, did not complete hand hygiene, left Resident #4's room, walked down the hall to the next resident's room with full body mechanical lift. Staff E entered Resident #7's room. Staff E applied gloves, applied lift cloth to lift, Staff D supported left cloth with resident for transfer from wheelchair to bed, Staff E utilized lift controls. EBP equipment noted outside Resident #7's room. Resident #7 laid down in bed and lift cloth removed. Staff D placed Resident #7's wound vacuum on the foot of Resident #7's bed. Staff D removed Resident #7's brief, Staff E assisted the resident in turning to the left, brief was replaced, Resident #7 was currently having a bowel movement. Both staff removed gloves and completed hand hygiene On 5/6/25 at 2:41 PM the Director of Nursing (DON) stated Resident #3 had a 3 drawer outside of his room on 5/1/25 with a sign reflecting the need to wear EBP outside the room. The DON acknowledged Resident #3 had a care plan for EBP in place. The DON stated the staff should have worn gowns and gloves in Resident #4's room. The DON acknowledged that the staff should have completed hand hygiene after care with Resident #4, completed hand hygiene when entered Resident #7's room and then applied gowns in Resident #7's room. The DON acknowledged Resident #7 also had a care plan in place for EBP to be worn in the room with personal care. Review of policy dated 3/25/24 titled, Enhanced Barrier Precautions documented Enhanced Barrier Precautions (EBP) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDROs). EBPs employ targeted gown and glove use during high-contact resident care activities when contact precautions do not otherwise apply. Gloves and gown are applied before performing high-contact resident care activities. Personal protective equipment (PPE) was changed before caring for another resident. Examples of high-contact resident care activities requiring the use of a gown and gloves include dressing, transferring, providing hygiene, changing briefs, and wound care. Review of policy revised 8/19 titled, Handwashing/Hand Hygiene documented hand hygiene should be utilized during the following situations: before and after direct contact with residents, before handling clean or soiled dressings, after contact with a resident's intact skin, and before and after entering isolation precaution settings On 5/7/25 at 4:00 PM the Administrator stated the facility's expectation was gowns would have been worn in rooms where residents had enhanced barrier precautions in place. The Administrator stated the facility's expectation was that hand hygiene would have been completed before resident care, when moving from contaminated areas of the body to non-contaminated areas and after resident care.