

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  10/31/2024
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)
<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>Based on record review, staff interview, and policy review the facility failed to notify the Long Term Care (LTC) Ombudsman of a resident transfer as required for 1 of 3 residents reviewed who were transferred from the facility (Resident #75). The facility reported a census of 111 residents.</p> <p>Findings include:</p> <p>Resident#75's Clinical Census Report documented that the resident had transferred from the facility on 3/30/24 to a hospital, and reentered the facility on 4/8/24.</p> <p>The clinical record lacked the documentation of notification to the LTC Ombudsman that the Resident #75 had transferred to the hospital.</p> <p>During an interview 10/31/24 at 1:10 PM the Director of Nursing (DON) stated the facility did not report to the Ombudsman when the Resident #75 went to the hospital.</p> <p>The facility policy titled Admission, Transfer, Discharge revised 9/4/24 instructed the staff to notify the State Ombudsman of any/all facility-initiated discharges for assistance with transition and support of the resident and representative.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, policy review, and staff interviews the facility failed to complete a discharge summary and discharge plan for 1 resident (#113). The facility reported a census of 111 residents.</p> <p>Findings include:</p> <p>The Electronic Health Record (EHR) revealed Resident #113 was admitted to the facility on [DATE] for skilled services.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #113 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated completely intact cognition. The EHR included diagnoses of vertebral fractures (fractured back bones). It also documented she was independent with eating, required supervision with oral hygiene, and required maximum assistance with all other Activities of Daily Living (ADLs) except upper body dressing.</p> <p>The EHR lacked discharge plan and discharge summary documentation.</p> <p>On 10/31/24 at 8:33 AM, the administrator stated the discharge plan and discharge summary were not completed due to the circumstances surrounding the resident's discharge from the building.</p> <p>In an email on 10/31/24 at 11:19 AM, the administrator indicated the documentation was not completed.</p> <p>A policy titled Admission, Transfer, Discharge Policy revised 9/04/24 indicated resident-initiated discharge clinical records would contain a discharge care plan. The policy did not include specific directives regarding discharge summaries.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interviews and policy review, the facility failed to ensure staff used proper food handling procedures to prevent possible contamination of food during lunch service with food uncovered. The facility reported a census of 111 residents.</p> <p>Findings include:</p> <p>During an observation 10/30/24 at 12:15 PM, the steam table was transported from unit B1 to unit C1 with the sweet potatoes and peas uncovered and with the bread partially uncovered. This steam table was transported from the dining room in unit B1, down a resident hallway, out into the main area and then into unit C1, down resident hallway in unit C1 and into the dining room in unit C1. Meals were then served to residents in unit C1 from the steam table.</p> <p>During an interview 10/30/24 at 12:50 PM, the Certified Dietary Manager (CDM), stated food should be covered during transportation in the hallways and in main areas, for infection control purposes. The CDM stated an expectation food is covered during transportation.</p> <p>During an interview 10/30/24 at 4:30 PM, the Administrator acknowledged an expectation food is covered on the steam table during transportation from one unit to another unit.</p> <p>Review of facility policy Food Handling, with a revision date of 7/24/24, documented the facility will store, prepare, distribute and serve food in accordance with professional standards for food service safety. When meals are assembled in the kitchen and then delivered to residents' rooms or dining areas to be distributed, covering food is appropriate, either individually or in a mobile food cart.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interview, clinical record review and policy review the facility failed to provide appropriate catheter and peri-care for 1 of 1 resident (#103) to prevent a urinary tract infection. The facility reported a census of 111 residents.</p> <p>Findings include:</p> <p>On 10/29/24 at 1:45 pm, Resident #103 stated he had a urine bag (indwelling catheter) but could not remember if he had taken an antibiotic.</p> <p>The Minimum Data Set (MDS) assessment for Resident #103 dated 8/06/24 revealed a Brief Interview for Mental Status (BIMS) score of 10 out of 15 which indicated moderately impaired cognition. It included diagnoses of Transient Ischemic Attack (TIA- a brief blockage of blood flow to the brain that causes stroke-like symptoms), Cerebral Infarction (stroke caused by blocked blood flow to the brain), Chronic Obstructive Pulmonary Disease (COPD), and a history of Urinary Tract Infections (UTIs). The MDS indicated Resident #103 was independent with eating, required setup assistance with oral hygiene, and required moderate assistance with toileting hygiene, bathing, sit-to-stand and bed-to-chair transfers. It indicated the resident required intermittent catheterization.</p> <p>The Electronic Health Record (EHR) included a progress note dated 8/23/24 which indicated the resident had an indwelling catheter upon return from an acute care setting (hospital). It also included an order dated 10/14/24 for Cipro Oral Tablet 500 mg and instructed staff to give 1 tablet by mouth two (2) times per day for a UTI for seven (7) days.</p> <p>The Care Plan dated 9/26/24 directed staff to use extended barrier precautions (EBP) per Center for Medicare and Medicaid Services (CMS) guidelines.</p> <p>On 10/30/24 at 10:08 AM, Staff A Certified Nurse Aide (CNA) and Staff B, CNA performed peri-care and indwelling catheter care for Resident #103. Continuous observation revealed Staff A and Staff B donned Personal Protective Equipment (PPE) and entered the resident's room. They performed hand hygiene and donned gloves. Staff A placed a plastic bag on the resident's bed, removed her gloves, and got another bag. Staff B got a pack of Procare wipes and donned new gloves. She removed one (1) wipe from the package and wiped the resident's testicles in an upward toward the resident's penis and wiped the penis tip. She got another wipe from the packaging and wiped the resident's penis tip and catheter tubing away from the resident.</p> <p>At 10:21 am, Staff A and Staff B assisted the resident to a sitting position on the bedside. During repositioning, Staff B grabbed the catheter drainage bag by the drain spigot and adjusted it against the resident's leg. Staff B lowered the drainage bag above the urine cylinder, opened the spigot, and emptied the drainage bag. She closed the drainage bag, grabbed an alcohol wipe from Staff A, and wiped the spigot tip. Staff A took the cylinder and emptied the urine into the toilet. Staff B, removed her gloves, pulled the resident's pants back up, and helped him back to the chair. Staff B did not perform hand hygiene between peri-care and indwelling catheter care.</p> <p>At 10:33 am, the Director of Nursing (DON) informed Staff B she would be retrained on peri-care and catheter care.</p> <p>A facility policy titled Peri Care Policy revised 8/19/24 indicated the purpose of the policy was</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to prevent infections and directed staff to perform peri care on male residents by washing the perineal area starting with the urethra and working outward.</p> <p>A facility policy titled Handwashing/Hand Hygiene revised 6/15/24 directed all personnel should follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. It also directed staff to use alcohol-based hand rub or soap and water before and after handling an invasive device.</p>		