Citation Numb #7063	er:			Date: Novem	ber 14, 2019
Facility Name: Trinity Center at Luther Park Facility Address/City/State/Zip			Survey I October	Dates: 15-30, 2019	
1555 Hull Ave. Des Moines, IA 50316		MW/DC			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date
58.28(3)e				\$7.500.00	UPON

58.28(3)e	 481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) 	\$7,500.00	UPON RECEIPT
	DESCRIPTION: Based on clinical record review, staff interview and review of facility policy and procedure the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for for residents, (Resident #6, #5, #3 and #4). The facility census was 118 residents.		
	Findings include: 1. A reentry Minimum Data Set (MDS) assessment tool, dated 9/24/19, documented Resident #6 with impaired short term memory and moderately impaired decision making abilities. The resident required extensive assistance with all aspects of daily living. The MDS documented the resident with diagnoses of anxiety, dementia without behavioral disturbance, personal history of other mental and behaviors and		

Page 1 of 14

Facility Administrator

Citation Number: #7063					Date: Novemi	ber 14, 2019
Facility Name: Trinity Center	at Luther Park		Survey		2019	
Facility Addre	ss/City/State/Zip			15-50, 2		
1555 Hull Ave. Des Moines, I/		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	injuries. Resident #6's Plan of C 2/10/19 and a revision of for high risk for falls rela- falls, incontinence, psyc safety needs, and attern Interventions include: *Uses pressure pad ala has floor mat alarm by b place as needed. A Fall Incident Report of documented Registered when Certified Nursing Upon entering the hall, of the wheelchair, head wheelchair. Vital signs t motion but pain with mo- if hurt, resident put hand here". When lightly touc would jerk/jump. No oth Phoned Power of Attorn received to send to Eme The Post Fall Evaluation documented Resident # an Emergency room vis the left leg/foot, with print The Emergency Depart	resident had a fall with no are with a initiated dated date 8/14/19, had a focus area ated to confusion, history of choactive drug use, unaware of npts to self transfer at times. rm in chairs and wheelchair. bed. Ensure the devices are in lated 9/24/19 at 1:38 a.m., d Nurse with another resident Assistant reported the fall. Resident #6 was laying in front towards wall and feet towards taken, went to assess range of ovement of left hip. When asked d on left hip and said "right ching left leg or foot resident ter injuries noted at this time. hey, and physician, orders ergency room. In dated 9/24/19 at 1:54 a.m., t6 had a fall which resulted in bit/hospitalization, with pain in or history of falls in the facility. ment Notes dated 9/24/19 at Resident #6 had a witnessed				

Page 2 of 14

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #7063					Date: Novem	ber 14, 2019
	at Luther Park ss/City/State/Zip		Survey I October		2019	
1555 Hull Ave. Des Moines, IA 50316		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	head or neck, complain with a diagnosis of inter closed, initial encounter The X-ray Report dated documented acute prox fall with left hip pain, fin- proximal left femur fract trochanters and base of A Major Injury Determin by the physician on 9/27 reviewing the circumsta the injury the previous f and the patients progno sustained is a major inju During an interview on Certified Nursing Assist alarm on the wheelchair be on the wheelchair as During an interview on RN confirmed and verifi sounding when came of assist with the resident During an interview on LPN stated the expecta	 9/24/19 at 4:14 a.m., imal left femur fracture due to a dings include: an acute ure noted involving the the femoral neck. ation Form, signed and dated 7/19 at 1:34 p.m., stated after nces of the incident causing unctional ability of the patient, sis, I believe the injury ury. 10/17/19 at 12:25 p.m., Staff H, ant stated there was no pad r, and didn't know one had to a care planned. 10/17/19 at 11:40 a.m., Staff F, ed there was no alarm ut of another resident room to that fell. 10/17/19 at 4:30 p.m., Staff G, tion of the staff is to follow the nd to have had the pad alarm 				

Page 3 of 14

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number: #7063					Date: Novemi	ber 14, 2019
	at Luther Park		Survey October		2019	
Facility Addre	ss/City/State/Zip			,		
Des Moines, I		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount		Correction date
	CNA confirmed and ver sounding as staff came 2. An Annual MDS asse documented Resident # Mental Status score of cognition for decision m required staff assistance toileting, and personal h the latest admission. Th included anemia, hyper depression and chronic the resident was on a se regimen and received a reference period. The Care Area Assesse documented the resider difficulty maintaining sitt during transitions, anti- medications, diagnoses impairment, dementia, a Resident was at risk for depressant, anti-anxiety with the plan of care. Resident #5's Plan of C initiated date of 2/20/19 falls related to confusion	tension, arthritis, anxiety, pain. The MDS documented cheduled pain medication in opiod in the last 7 days of the ment dated 7/14/19, ht had potential for falls with ting balance, impaired balance depressants, anti-anxiety of anemia, arthritis, cognitive				

Page 4 of 14

Facility Administrator

Citation Number: #7063					Date: Novemi	ber 14, 2019
Facility Name: Trinity Center	at Luther Park		Survey I October		019	
Facility Addre	ss/City/State/Zip		October	15-50, 2	.013	
1555 Hull Ave Des Moines, I <i>l</i>		MW/DC				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	alarm. Ensure the device alarm alerts staff in the The Progress Notes dat documented Resident # room, this nurse found r recliner. Lying horizonta the wall. Alert and cons- up". Noted moderate an deep cut on the left shir house keeper to call sup called family right away hospital. Order received 911 called and they arri the resident on the stret Certified Nursing Assist recliner and covered wit per the Certified Nursing use due to the refusal b times. The Progress Notes dat documented Resident # daughters car. This nurs getting resident into who tired and weak, family in supervisor the trauma a contributing factors. Res Laceration is covered w drainage noted. Per dat	ted 8/17/19 at 12:40 p.m., 5 on floor, upon arrival in resident on the floor next to ally on left side, head against cious, stating " I fell, can I get nount of blood on floor, from h. Applied pressure, asked pervisor, who came right away, and family gave OK to send to d per phone from the Doctor. ved shortly thereafter. Left with tcher. Prior to the fall, the ant had assisted resident to the th blanket as normally does, g Assistant the FMA was not in y the resident which does at ted 8/17/19 at 4:30 p.m., 5 arrived back to facility in se and supervisor assisted with eelchair. Resident appeared nformed by this nurse and and movement may be sident appears in good mood. vith dressing upon arrival. No ughters, Resident #5 received argency Room physician told				

Page 5 of 14

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #7063	er:			Date: Novem	ber 14, 2019		
Facility Name: Trinity Center			-	Survey Dates: October 15-30, 2019			
Facility Address/City/State/Zip				15-30, 2019			
Des Moines, IA 50316		MW/DC					
Rule or Code Nature		e of Violation	Class	Fine Amount	Correction date		
Section	Natur		01000		aato		

Review of the Post Fall Evaluation completed on 8/17/19 at 12:40 p.m., documented resident had injury related to this fall with an Emergency Room visit due to a laceration on the left shin. Resident with prior history of falls in the facility with similarities between current and post falls, attempting to get out of the recliner. 3. A reentry MDS with an assessment date 9/24/19, documented Resident #3 with moderately inpaired for decision making abilities, inattention and disorganized thinking, hallucinations, delusion, physical behavioral symptoms directed toward others, and other behaviors directed toward others and wandering 1-3 days during the reference period. The resident required supervision in how resident walks between locations in his/her room, and how resident walks in corridor on unit. The resident's diagnosis included anxiety, psychotic disorder, dementia without behavioral disturbance, major depression and paranoid personality disorder. The Resident #3's Plan of Care with a revision dated 9/10/19, identified resident had a behavior problem due to dementia, wandering, anxiety and delusional disorder, aggressive behaviors to family members and other residents. Interventions include: *Anticipate and meet needs. *Assure resident is safe. *Be mindful of location when resident is up and
ambulatory and attempt to keep at arms length from other residents.

Page 6 of 14

Facility Administrator

Citation Number: #7063				Date: Nove	mber 14, 2019
Facility Name: Trinity Center at Luther Park Facility Address/City/State/Zip			Survey I – October	Dates: 15-30, 2019	
1555 Hull Ave. Des Moines, IA 50316		MW/DC			
Rule or Code Nature of Violation Section		e of Violation	Class	Fine Amount	Correction date
	*Provide divisional activ	vities like snack and encourage			

|--|

Page 7 of 14

Facility Administrator

Date

Citation Number: #7063					Date: Noveml	ber 14, 2019
Facility Name: Trinity Center at Luther Park Facility Address/City/State/Zip			Survey I October	Dates: 15-30, 20	19	
1555 Hull Ave Des Moines, I		MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine An	nount	Correction date
	indicated severe decision had verbal behavior symothers, and other behaviors and wandering 4 to 6 da behaviors had gotten we limited assistance with his/her room and walks diagnoses included Nor depression and weaknes Resident #4's Plan of C 7/12/19, identified the re physically aggressive re dementia, poor impulse *Provide emotional sup *When agitated: interve guide away form source conversation, if respons away calmly and approx A Physical Incident Rep p.m., documented no pl this author. No injuries of The Progress Notes dat documented the resider Assistant "I was hit by the to point out the lady tha recall and then stated, ' redness regarding injury	ess. are with a initiated date esident as potential to be elated to history of altercation, control. Interventions include: port to the resident. ne before agitation escalates, of distress, engage calmly in se is aggressive, staff to walk				

Page 8 of 14

Facility Administrator

Citation Number: #7063					Date: Novemi	ber 14, 2019
Facility Name Trinity Center	: at Luther Park		Survey I October		2010	
Facility Addre	ess/City/State/Zip		October	15-50,	2015	
1555 Hull Ave Des Moines, I		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	we knew something. Review of the facility for for the incident on 9/21/ *5:27 p.m., no resident then Resident #3 starte way towards the double *5:29:14 p.m., Resident the merry walker into R residents room, able to walker as ambulated th *5:29:35 p.m., Resident walker in the door way of *5:29:55 p.m., Resident out of the door way whi in the merry walker, Re of him, both residents s	t #3 started to ambulate with esident #4's doorway of the see the right rear of the merry rough the door way. t #3 sat down in the merry of Resident #4's room. t #4 started to push Resident #3 le Resident #3 was still sitting sident #4 had a walker in front tarted to punch each other				
	into the middle of the ha around the merry walke #4, Resident #4 hit Res finally was able to move started to ambulate dow area. Resident #3 imme around and chased Res Resident #3 caught the turned towards each oth punches back and forth arms and shoulders, Re balance and grabbed of stability, while Resident	At #4 pushed Resident #3 out all way and attempted to go er, and Resident #3 hit Resident ident #3 back. Resident #4 e around Resident #3 and vn the hallway to the common ediately turned the merry walker sident #4 to the common area, other resident and they both her and started throwing with both hands to the face, esident #4 started to loose nto Resident #3's arm for t #3 continued to punch the ete, neck, arm and shoulders.				

Page 9 of 14

Facility Administrator

Citation Numb	per:]			Date:	
#7063					Novem	ber 14, 2019
Facility Name:			Survey I	Dates:		
Trinity Center at Luther Park			October 15-30, 2019			
Facility Addre	ss/City/State/Zip					
1555 Hull Ave. Des Moines, IA 50316		MW/DC				
	- 30310					
Rule or Code Natur Section		e of Violation	Class	Fine A	Amount	Correction date
	came into view of the ca away from Resident #3 view of the camera. Res walker and began to cry *5:32:32 p.m., Staff K, C seen coming down the and looked at Resident crying and continued to *5:33:56 p.m., Staff L, L into view of the camera who was still in the mer walk out of the unit thro *5:37:49 p.m., Staff L ca doors onto Birch unit ar in the merry walker, and	Certified Nursing Assistant was hallway to the common area #3 sitting in the merry walker walk on by. licensed Practical Nurse came and walked by Resident #3 ry walker, and continued to				
	of the camera into the c During an interview on and Staff M (Registered Director of Nursing spol and explained to them F readmitted back to the f and staff needed to kee times to make sure ther of the residents on the F During an interview on confirmed and verified t	tommon area. 10/15/19 at 4:20 p.m., Staff G I Nurse) both stated the facility ke to the staff on the Birch unit Resident #3 had just been facility on 9/20/19 for behaviors p a close eye on her at all re is no altercation between any				

Page 10 of 14

Facility Administrator

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

the staff needed to keep a close eye on the resident at all times, which is different from 1-1 supervision.

Citation Number: #7063					Date: Novemi	per 14, 2019
Facility Name: Trinity Center at Luther Park			Survey Dates: October 15-30, 2019			
Facility Addre	ss/City/State/Zip		October	13-30, 20	15	
1555 Hull Ave. Des Moines, IA 50316		MW/DC				
Rule or Code Section	Natur	e of Violation				Correction date
	your vision at all times, are with in an arms leng times. During an interview on a confirmed and verified t brought each of the staf the staff needed to keep all times, which is different Keeping a close eye on your vision at all times, are with in an arms leng times. Staff J stated it w sure Resident #3 was in and Staff J got distracted over by the charge nurss medications to assist in were. Staff J confirmed commotion in the Birch the line of vision as required Nursing. Staff J stated t their line of vision was a recall where the resider During an interview on confirmed and verified t brought each of the staff the staff needed to keep all times, which is different Keeping a close eye on your vision at all times,	identifying who the residents that not until there was a hallway the resident was not in uested by the facility Director of he last time Resident #3 was in around 4:30 p.m., and could not				

Page 11 of 14

Facility Administrator

Citation Number: #7063					ate: ovemi	per 14, 2019
Facility Name: Trinity Center at Luther Park			Survey Dates: October 15-30, 2019			
Facility Address/City/State/Zip			October	15-50, 201	9	
1555 Hull Ave. Des Moines, IA 50316		MW/DC				
Rule or Code Section	Natur	e of Violation	Fine Amount C		Correction date	
	on Resident #3 or Resid seen as they did a quict During an interview on facility Director of Nursi brought into the office a needs to have an eye of being readmitted to the different from being a 1 on a resident is the exp in your line of vision and expectation that staff ar the resident. The Allegation for Abus checklist dated 8/24/16 *Ensure Residents are keep them separated th *If staff is suspected ren immediately. *Resident to Resident: assessment and compli- residents. *Obtain witness statem hallway including house activities and dietary. *Notify Director of Nursi- statements.	re at a arms length away from e/Resident to Resident , instructed staff to: safe/separate the residents and he remainder of the shift. move staff from the floor Complete head to toe ete progress note on both ents from all staff on the e keeping, maintenance, ing once you have obtained all cument the time you called DIA. th residents.				

Page 12 of 14

Facility Administrator

Citation Numb #7063	er:]		Date: Novem	ber 14, 2019		
Facility Name: Trinity Center			-	Survey Dates: October 15-30, 2019			
Facility Address/City/State/Zip 1555 Hull Ave.			October	October 15-50, 2019			
Des Moines, I		MW/DC					
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date		

*Complete incident report for both aggressor and		
victim.		
*Place both residents on alert charting times 72 hours.		
FACILITY RESPONSE:		

Page 13 of 14

Facility Administrator

Citation Numb #7063	er:			Date: Nove	mber 14, 2019	
Facility Name: Trinity Center at Luther Park			Survey Dates: October 15-30, 2019			
Facility Address/City/State/Zip			OULDEL			
Des Moines, IA	50316	MW/DC				
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	

Page 14 of 14

Facility Administrator

Date