

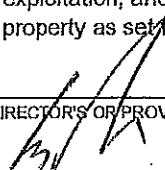
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/06/2017
FORM APPROVED
OMB NO. 0938-0391

1/10/17 pg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2016
NAME OF PROVIDER OR SUPPLIER PRAIRIE VIEW HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 610 EASTERN STREET SANBORN, IA 51248	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date: <u>1-12-17</u> The following deficiencies were identified during the facility's annual licensure and certification survey conducted 12/19/16 to 12/22/16. (See Code of Federal Regulations (45 CFR) Part 483, Subpart B-C.) 483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 000	The plan of correction as documented On the 2567L constitutes my credible Allegation of compliance and all stated Deficiencies will be corrected by 1/12/17.	
F 226 SS=D		F 226	F226 Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. On 3/15/16 a background check was completed on staff A. The HR director at the time of this background check is no longer an employee at the facility. On 12/20/16 the current HR director was educated on the requirements on F226, specifically pre-employment abuse & criminal background checks. Meeting this requirement will be monitored on an ongoing basis by the administrator.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
1-10-17

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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F 226	<p>Continued From page 1</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to obtain criminal background and abuse checks prior to hire for 1 of 6 employee records reviewed (Staff A). The facility reported a census of 67 residents.</p> <p>Findings include:</p> <p>1. An Application for Employment dated 03/14/16, identified Staff A applied for a maintenance position at the facility and was available for employment on 3/15/16.</p> <p>A list of employees hired from 2/6/16 to 12/5/16 revealed the facility hired Staff A on 3/14/16.</p> <p>A Single Contact License and Background Check (SING) showed Staff A's criminal and abuse registries background checks completed on 3/15/16.</p> <p>The undated facility Employee Screening Prior To Employment policy/procedure documented the facility needed to perform Iowa criminal background and dependent child/adult abuse registry checks prior to employment.</p> <p>On 12/20/16 at 2:20 p.m. the Human Resources Director was interviewed and stated Staff A had orientation on 3/14/16 and began working in maintenance on 3/15/16. At 2:45 p.m., the</p>	F 226		

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F 226	Continued From page 2 Human Resources Director presented Staff A's 3/14/16 time sheet that revealed Staff A worked 7.37 hours on 3/14/16.	F 226		
F 441 SS=E	483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F 441	F441 Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or state law. On 1/10/17 & 1/12/17 all facility nurses will be re-educated on the facilities hand washing procedure and infection control measures while passing medications. A signature sheet will be used to document this education. This will be monitored on an ongoing basis by the Director of Nursing.	

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F 441	<p>Continued From page 3</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, a hand washing procedure, sheet, and staff interview, the facility failed to practice routine hand washing in order to prevent the spread of infection during medication pass and a blood sugar check. The facility reported a census of 67 residents.</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>Findings included:</p> <p>An undated Hand Washing Procedure dated signed and dated on 11/24/14 by Staff B, Registered Nurse (RN), directed staff that hand washing was the most important procedure to prevent and control infections.</p> <p>Observation of medication administration and a blood sugar check on 12/19/16 revealed the following:</p> <p>a. On 12/19/16 at 4:00 p.m., Staff B removed Hydralazine (used to treat high blood pressure and heart failure) 50 milligrams (mg) from the medication cart and administered the medication to Resident #17 and failed to wash or sanitize her hands and continued with the next resident's medication administration.</p> <p>b. Staff B administered Gabapentin (used to treat nerve pain) 600 mg. and Carbidopa-Levodopa 25 mg/100mg. (used to treat Parkinson's disease), 2 tablets, to Resident #16 at 4:05 p.m., failed to wash or sanitize her hands, and continued with the next resident's medication administration.</p> <p>c. Staff B administered Metoclopramide 5 mg. (used to treat nausea, vomiting, and esophageal reflux) and Sucralfate (used to treat gastric reflux and stomach ulcers) 1 gram to Resident #18 at 4:08 p.m., failed to wash or sanitize her hands, and continued with the next resident's medication administration.</p> <p>d. Staff B administered Metoclopramide 5 mg. to Resident #13 at 4:11 p.m., failed to wash or sanitize her hands, and performed a blood sugar check and administered Insulin to the next</p>	F 441			

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F 441	<p>Continued From page 5 resident.</p> <p>e. Staff B donned gloves, used a lancet, and obtained blood to check a blood sugar from Resident #19's right second finger at 4:17 p.m. Staff B changed her gloves, drew up Novolog (a type of insulin) 12 units, administered the insulin subcutaneously to the resident's left abdomen, and removed her gloves. Staff B returned to the medication cart and wrapped the blood sugar device with a Super Sani Cloth to sanitize the device. Staff B stated she was finished for now and had not yet washed or sanitized her hands.</p> <p>During an interview 12/21/16 at 4:00 p.m., the Administrator stated she expected staff to wash or sanitize their hands between each resident during medication administration and cares.</p>	F 441			