

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

PRINTED: 07/09/2020
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165270 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/15/2020 |
|--|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER STRATFORD SPECIALTY CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HIGHWAY 175 EAST STRATFORD, IA 50249 | | |
| (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 <i>SB</i> | <p>INITIAL COMMENTS Correction Date <u>8/7/20</u></p> <p>A Focused COVID-19 Infection Control Survey conducted 6/15/2020 resulted in the following deficiency.</p> <p>See Code of Federal Regulations (42CFR) Part 482, Subpart B-C.</p> | F 000 | | |
| F 880 SS=D | <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(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:</p> <p>§483.80(a)(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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> | F 880 | | |

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

TITLE

(X6) DATE

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 880 | <p>Continued From page 1</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</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>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(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:</p> | F 880 | | |

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| F 880 | <p>Continued From page 2</p> <p>Based on observation, interviews, and record reviews, the facility failed to provide an appropriate infection control technique for one of three residents reviewed (Resident #1). The facility reported a census of 36.</p> <p>Findings include:</p> <p>A Minimum Data Set completed with an Assessment Reference Date 4/28/20 revealed the resident with short and long term memory impairments. The resident had diagnoses that included: Chronic Obstructive Pulmonary Disease, unspecified, and unspecified urinary incontinence. The resident required staff assistance of two staff with toileting.</p> <p>A care plan intervention dated 4/27/20 identified the resident required the assistance of two staff with transfers and toileting. The resident was incontinent of bowel/ bladder and wore adult briefs.</p> <p>Observation on 6/15/20 at 3:59 PM, showed Staff B, Certified Nurses' Aide (CNA) assist the resident to stand using a gait belt. Once standing, staff assisted the resident to remove their pants. Staff B, CNA, prepared wipes by removing them from the package and placing them on the wipes package. Staff A removed the resident's wet brief. Without changing gloves, Staff A washed the resident's top of buttock then washed up the crease of the buttock. Staff did not cleanse the front perineal area. Staff A then pulled up the resident's pants. Following that, without hand hygiene, Staff A and Staff B walked the resident into the hall still wearing used gloves. After assisting the resident into the chair in the hall, Staff A and Staff B went to the nurses' station sink</p> | | F 880 | | |

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| F 880 | <p>Continued From page 3 to complete hand hygiene.</p> <p>During an interview on 6/15/20 at 4:10 PM, the Director of Nursing (DON) reported staff needed to cleanse the entire perineal area following an incontinent episode. The DON said she began conducting perineal care audits the prior Thursday.</p> <p>A policy labeled Incontinence Care/ Peri Care dated 1/15 identified that staff should cleanse all soiled areas front to back using a clean area of cloth/wipe, especially between skin folds, turning the resident as necessary.</p> | F 880 | | |

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law.

This is my credible allegation of compliance that F880 was corrected 7/15/2020.

F880:

All CNA'S were educated on how to provide proper perineal care. All CNA's have had a male and female perineal care audit with return demonstration as of 7/16/2020. Audits will done quarterly.