

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

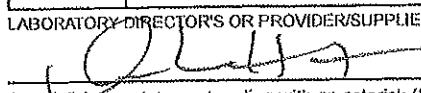
PRINTED: 03/04/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/22/2021
NAME OF PROVIDER OR SUPPLIER  ABCM REHAB CENTERS OF INDEPENDENCE WEST CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE  1610 THIRD STREET NE  INDEPENDENCE, IA 50644	
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F 000	<p>INITIAL COMMENTS</p> <p>Correction Date: <u>3/14/21</u></p> <p>The Iowa Department of Inspection and Appeals (DIA) in accordance with the Medicare Conditions of Participation set forth in 42 CFR 483, Subpart B-C, conducted this Recertification Survey and Complaint Investigation. The facility was found to be NOT IN COMPLIANCE.</p> <p>Total residents: 35</p> <p>Onsite dates: 02/15/2021 - 02/22/2021</p> <p>Complaint #'s:</p> <p>#89841-C not substantiated. #94899-C not substantiated.</p> <p>--</p> <p>Provided Diet Meets Needs of Each Resident CFR(s): 483.60</p> <p>§483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by: -- Based on observation, record reviews, staff and</p>	F 000		
F 800 SS=E		F 800		

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

TITLE

(X6) DATE

 Administrator 3/15/2021

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 800	<p>Continued From page 1</p> <p>resident interviews the facility failed to provide palatable food temperatures for 1 of 1 meals observed. The facility reported a resident census of 35.</p> <p>Findings include:</p> <p>The facility policy titled Food Temperatures dated 09/01/09 directed all hot food items must be served to the resident at the temperature of at least 140 degrees Fahrenheit at the time the resident receives the food.</p> <p>During an interview on 02/15/21 at 11:15 AM, Resident #28 stated the food is always cold and doesn't like sending it back due to long wait times for another tray.</p> <p>During an interview on 02/15/21 at 11:49 AM, Resident #21 stated the food is not very good and it is cold when received, after voicing concerns to staff still receiving cold food.</p> <p>During an observation on 02/16/21 at 11:38 AM, Staff E delivered two room trays to residents rooms, then the Dietary Supervisor took food temperatures on a test tray. The results of the test were that the broccoli was 112 degrees Fahrenheit and the mashed potatoes were 134 degrees Fahrenheit. Surveyor tasted food on test tray, the mashed potatoes were just warm, and the broccoli was cold.</p> <p>During an observation on 02/16/21 at 12:03 PM, Staff A, Cook took post food temperatures and the sliders (small meat sandwich) (alternate) were 125 degrees Fahrenheit.</p> <p>During an interview on 02/16/21 at 12:25 PM,</p>	F 800		

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F 800	<p>Continued From page 2</p> <p>Resident # 28 stated the slider they had for lunch was just warm with a dried out bun. Resident voiced concern to dietary regarding food quality.</p> <p>During an interview on 02/18/21 at 8:00 AM, the Dietary Supervisor confirmed food on residents trays should have temperature at or above 140 degrees Fahrenheit. Stated brought a plate back on 02/16/21 after serving noon meal noticed that sliders were cold, buns dried out, and broccoli cold.</p>	F 800		
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>--</p> <p>Based on observation, record review, and staff interviews, the facility failed to demonstrate</p>	F 812		

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F 812	<p>Continued From page 3</p> <p>proper hand hygiene for food handling and inappropriate levels of chemical disinfectant used in cleansing of food serving carts. The facility reported a census of 35 residents.</p> <p>Findings Include:</p> <p>1. During observation on 02/16/21 at 11:22 AM, Staff A, Cook was serving the noon meal, dropped a marker cap on the floor, picked up the cap off the floor, put the cap back on the marker, and placed marker in the side pocket of uniform top. Staff A continued to put food on residents' trays without stopping to perform hand hygiene. Staff A reached into pocket during food service took out marker to label the lids of Styrofoam containers on three separate occasions, without performing hand hygiene entire time.</p> <p>During an interview on 02/18/21 at 7:56 AM, the Dietary Supervisor (DS) stated he would expect Staff A to wash her hands after she dropped the cap to the marker. He confirmed he watched her pick it up off the floor and put it back in her pocket and then used it multiple times to label the food containers and continued serving without washing her hands.</p> <p>The facility provided a policy last revised 5/20 titled Handwashing which directed staff to wash hands after completion of a "dirty" task, prior to beginning a "clean" task.</p> <p>2. During observation on 02/16/21 at 12:08 PM, staff would wheel meal service carts carrying two trays of food out of kitchen and delivered trays to residents. After delivery of trays, carts were brought back to kitchen by staff where Dietary</p>	F 812		

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F 812	<p>Continued From page 4</p> <p>Supervisor (DS) would wipe them down and sanitize them with a rag obtained from a bucket of disinfectant. The cook would then refill the cart with two trays and the process would repeat until meal service was complete. At the end of meal service the DS checked the sanitizer solution in the bucket with the disinfectant and stated it was 0 parts per million (ppm). The Dietary Manager (DM) stated the test strip should read at least 200 ppm.</p> <p>During an interview on 02/18/21 at 7:56 AM, the DS stated the sanitizer that is used to wipe the carts down should have been 150-400 parts per million (ppm). He advised that he had checked earlier on 02/16/21 at 9:30 AM, and it was at the right level then.</p> <p>The Product Specification Document the facility provided dated 04/09/20 instructions for use when sanitizing food contact surfaces by using Oasis 146 Multi-Quat Sanitizer to sanitize pre-cleaned hard non-porous surfaces of food processing equipment. The policy states the Oasis 146 Multi Quat Sanitizer is an effective sanitizer when used at 150 ppm- 400-ppm active quat.</p>	F 812		
F 880 SS=D	<p>Infection Prevention &amp; 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>	F 880		

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F 880	<p>Continued From page 5</p> <p>§483.80(a) Infection prevention and control program.</p> <p>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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</li> </ul>	F 880		

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F 880	<p>Continued From page 6</p> <p>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.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>--</p> <p>Based on observation, document review and staff interviews the facility failed to perform hand hygiene when Staff B pulled her medical mask below the chin, blew her nose, pulled the medical mask back up, and proceeded to provide resident care for three residents not included in the survey sample during medication administration. The facility identified a census of 35 residents.</p> <p>Findings include:</p> <p>During observation on 02/17/21 at 2:32 PM, Staff B, Licensed Practical Nurse, (LPN), removed her goggles and reading glasses, laid them on top of the medication cart without a barrier underneath, then pulled her medical mask by the front of the mask below her chin and used both hands to blow nose. After disposing of the tissue, pulled her medical mask back up over her nose,</p>	F 880		

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F 880	Continued From page 7  adjusted the mask, touched the front of the mask, and put reading glasses on. Staff B went on to touch computer mouse, knocked on a door and entered into room 15(random resident not included in the survey sample), picked up dirty mask in room and threw into trash. Staff B informed the resident she would bring her a new mask. Staff B exited room 15 without performing hand hygiene and walked up the hallway to the medication room touched the doorknob on the medication room door with surveyor following and observing. Staff B retrieved a new medical mask, carton of Med Pass supplement and returned to the medication cart outside of room 15. Staff B prepared the supplement without performing hand hygiene prior to preparation and entered room 15 with the supplement and medical mask. Staff B placed the medical mask and the supplement down on the bedside table, walked to the sink, turned on the faucet with her bare left hand, ran water over both hands, flicked hands in the sink after approximately five seconds, and turned the faucet off with her bare left hand. Staff B touched the front of her medical mask to adjust her mask, and then proceeded to hand the resident in room 15 a tissue per the resident's request so the resident could wipe her mouth. Staff B then touched the front of her medical mask and her glasses before assisting the resident to put on the medical mask and pinched the nosepiece of the mask to adjust for the resident. Staff B touched the faucet with bare left hand, washed hands for less than 5 seconds, and shut the faucet off with a paper towel. Staff B exited room 15, went to medication cart, pulled her mask down below her chin, blew her nose, and performed hand hygiene with an alcohol based hand rub (ABHR). Staff B removed her used medical mask throwing it in the trash and	F 880		

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F 880	<p>Continued From page 8</p> <p>donned a new medical mask without performing hand hygiene. Staff B reported her nose just kept "running." Throughout the observation, Staff B wore her reading glasses without protective eyewear in and out of room 15. Staff B's goggles remained on top of the medication cart.</p> <p>During an observation on 02/17/21 at 2:41 PM, Staff B entered room 17 (random resident not included in the survey sample) wearing the medical mask that had been applied without performing hand hygiene to provide medication administration. Staff B wore only her prescription eyeglasses. The protective goggles remained laying on top of the medication cart.</p> <p>During an observation on 02/17/21 at 2:45 PM, Staff B entered room 19 (random resident not included in the sample) to ask the resident about pain level. Staff B took a tissue, wiped the resident's mouth, and threw away the tissue. Without performing hand hygiene, Staff B exited room 19 and walked to the medication cart. Staff B unlocked the medication cart, opened the narcotic sign out book, unlocked the double lock box inside the medication cart and set up the resident's medications without performing hand hygiene. Staff B entered room 19, picked up a dirty dish from the floor, placed it on the resident's sink counter, and proceeded to administer the resident's medications. Staff B exited room 19 and performed hand hygiene. Staff B pulled at the front of her medical mask, pulled mask down below her chin. She blew her nose on a tissue, disposed of the tissue, pulled her medical mask back up over nose by the front of the mask, and performed hand hygiene with an ABHR only after she had handled the mask with dirty hands.</p>	F 880		

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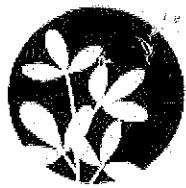
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F 880	<p>Continued From page 9</p> <p>During a phone interview on 02/18/21 at 10:11 AM, Staff B reported she had received training from the facility on hand hygiene and use of personal protective equipment. She reported her allergies just went crazy when she entered the facility for work.</p> <p>During an interview on 02/18/21 at 10:55 AM, Staff C Certified Medication Aide, (CMA), reported she had received education from the facility on hand hygiene. She reported that hand hygiene should be done before and after handling/changing a dirty (medical) mask, blowing your nose, as well as when entering/exiting a resident's room.</p> <p>During an interview on 02/18/21 at 11:01 AM, Staff D Registered Nurse, (RN), reported she had received education on hand hygiene when she started at the facility. She reported the front of the medical mask should not be touched or pulled down below the chin and when a (medical) mask are dirty, hand hygiene should be performed prior to applying a new (medical) mask. She reported staff should perform hand hygiene before and after blowing their nose.</p> <p>During an interview on 02/18/21 at 11:04 AM, the Director of Nursing, (DON), reported she expected staff to follow infection control guidelines regarding hand hygiene.</p> <p>The Infection Prevention and Control Program (IPCP) Guidelines, revised 11/2017, provided by the facility, under Hand Hygiene directed the staff to perform hand hygiene as follows:</p> <ul style="list-style-type: none"> <li>-- When coming on duty;</li> <li>-- When hands are visibly soiled (wash with soap and water);</li> </ul>	F 880		

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F 880	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-- Before and after direct resident contact;</li> <li>-- Before and after performing any invasive procedure (i.e. finger stick, blood sampling);</li> <li>-- Before and after handling peripheral vascular catheters and other invasive devices;</li> <li>-- Before and after entering isolation precaution settings.</li> <li>-- Before and after assisting a resident with personal care (i.e. oral care, bathing);</li> <li>-- Before and after eating or handling food (hand washing with soap and water);</li> <li>-- Before and after inserting indwelling catheters;</li> <li>-- Before and after changing a dressing;</li> <li>-- Upon and after coming in contact with a resident's intact skin (i.e. taking a pulse or blood pressure or assisting a resident with transferring/ambulation);</li> <li>-- After personal use of the toilet (hand washing with soap and water);</li> <li>-- Before and after assisting a resident with toileting (hand washing with soap and water);</li> <li>-- After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus (virus that causes illness), salmonella, shigella, and Clostridioides difficile (microorganisms that cause disease) hand washing with soap and water;</li> <li>-- After blowing or wiping nose;</li> <li>-- After contact with a resident's mucous membranes and body fluids or excretions;</li> <li>-- After handling soiled or used linens, dressing, bedpans, catheters and urinals;</li> <li>-- After handling soiled equipment or utensils;</li> <li>-- After removing gloves.</li> <li>-- After completing duty.</li> </ul>	F 880		

**WEST Campus, Provider # 165303**

Plan of Correction related to annual health survey completed 02/22/2021.

*Preparation and implementation of the plan of correction should not be construed as an admission of the deficiencies cited. This plan of correction is prepared solely because it is required under federal or state law.*

✓✓  
**F000**

March 14, 2021

**F800 Provided Diet Meets Needs of Each Resident**

483.60 Food and nutrition services. The facility provides each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary nutritional and special dietary needs, taking into consideration the preferences of each resident.

Dietary staff receive training via a video entitled "A Guide to Food Safety" which includes completion of a written examination to ensure understanding of the training and this will continue to be our practice. Dietary staff are trained during orientation on proper serving temperatures and this will continue to be our practice. Random food temperature audits are included in our quality assurance process and this will continue to be our practice. Batch cooking, covering steam tables and use of plate warmers will continue as is our practice.

Dietary staff were provided education regarding maintaining proper serving temperatures on 3/9/2021. Mandatory dietary meeting on 3/9/2021 included education on reheating any food below 140 degrees to reach current state guidelines for proper serving temperature. Dietary Manager will conduct random audits to monitor food temperatures at three meals for two months. The results of the audits will be reviewed as part of our ongoing quality assurance process and the frequency of the audits thereafter will be based on outcomes and the subsequent recommendations.

**F812 Food Procurement, Store/Prepare/Serve-Sanitary**

483.60(i)(1)(2) Food safety requirements. The facility stores, prepares, distributes and serves food in accordance with professional standards for food service safety.

The dietary staff will continue to carry out sanitary cleaning practices. Dietary staff were re instructed via in-service on 03/09/2021 regarding proper wash, rinse, sanitizing and troubleshooting when preparing and serving meals. Dietary staff will continue to monitor the pH level of sanitizing solutions. The pH of sanitizing solutions will be monitored every two hours to ensure proper chemical levels.





# ABCm Rehabilitation Centers of Independence

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The Dietary Manager will randomly observe and audit dietary staff weekly during meal service for three months to include all shifts regarding handwashing and testing of sanitizer concentration. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations



## F 880 Infection Prevention & Control

483.80 The facility has established and maintains an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Staff B, reviewed infection control practice related to handwashing/sanitizing on 2/22/2021. The nursing department will meet with the Quality Assurance Coordinator the week of 3/22/2021 to review infection control practices.

Each nurse receives at least three weeks of orientation with another nurse and the Quality Assurance Coordinator. During orientation hand washing and proper mask usage is provided.

The Quality Assurance team reviews infection prevention and control on a weekly basis with specific goals assigned. There is monthly tracking of infectious organisms and trends are identified and specifically addressed. The QA team tracks the infection control rate on a quarterly basis for the prevalence of infectious viruses and bacteria. The rate is reviewed with the medical director for an after action review.

Verbal education was provided to each caregiver directly following each observed interaction with a surveyor to ensure they understood the mistake they had made and were less likely to repeat it. Certified Nursing Skills is completed annually and additional as needed. The next scheduled skills fair will occur the week of 3/22/2021. Each caregiver demonstrates a number of skills on the mannequin, on each other when appropriate, and alone when medication administration is being observed by the Quality Assurance Coordinator.

Audits of hand washing and proper medication pass will be completed randomly on all shifts by the Quality Assurance Coordinator or her designee weekly for one month, then regularly thereafter. The Quality Assurance team will review the results of the audits and continue to provide education to caregivers as needed.

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