

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

PRINTED: 01/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2022
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 MORNINGSIDE AVENUE SIOUX CITY, IA 51106		
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<p>F 000</p> <p>✓</p> <p>SB</p>	<p>INITIAL COMMENTS</p> <p>Correction Date: <u>2/11/22</u></p> <p>A Focused COVID-19 infection survey and investigation of Complaints #98197-C, #101425-C, #101496-C was conducted January 6-January 14, 2022 and resulted in the following deficiencies.</p> <p>Complaint 98197-C was substantiated.</p> <p>Complaint 101425-C was substantiated</p> <p>Complaint 101496-C was substantiated</p> <p>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p>	<p>F 000</p>		
<p>F 550</p> <p>SS=E</p>	<p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility</p>	<p>F 550</p>		

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

TITLE

(X6) DATE

[Signature] **GARY WANDERBORG** Administrator 2/11/22

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 550	<p>Continued From page 1</p> <p>must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff interviews the facility did not protect Resident #7, #8, #11, and #12's dignity when staff failed to provide a dignity bag to cover their catheter drainage bags. The facility reported a census of 44 residents.</p> <p>Findings include:</p> <p>1. The MDS (Minimum Data Set) MDS assessment dated 10/20/21 documented a Brief Interview of Mental Status (BIMS) score of 9. A BIMS score of 9 indicated moderately impaired cognition. The MDS documented Resident #7 had an indwelling catheter. The MDS listed the following diagnoses: multiple sclerosis,</p>	F 550		
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F 550	<p>Continued From page 2 neurogenic bladder, dementia, and depression.</p> <p>The care plan with a focus area dated 1/17/2020 documented Resident #7 had a suprapubic catheter.</p> <p>On 1/11/22 at 10:10 AM the resident sat in the recliner in his room. The resident's catheter drainage bag laid on the floor with no dignity bag. At 11:18 AM the catheter drainage bag remained on the floor with no dignity bag. At 1:21 PM the catheter drainage bag remained on the floor with no dignity bag. The catheter bag was visible from the hallway.</p> <p>2. The MDS assessment dated 11/10/21 documented Resident #8 had a BIMS score of 11. A BIMS score of 11 indicated no cognitive impairment. The MDS documented Resident #8 had an indwelling catheter. The MDS listed the following diagnoses: cancer, renal failure, Parkinson's disease, anxiety, and depression.</p> <p>The care plan with a focus area date 8/13/21 documented Resident #8 had a foley catheter due to urinary retention.</p> <p>On 1/11/22 at 11:20 PM the resident sat in the recliner in his room. The resident's catheter bag hung on the recliner with no dignity bag. The catheter bag was visible from the hallway.</p> <p>3. The MDS assessment dated 11/24/21 documented Resident #11 had a BIMS score of 15. A BIMS score of 15 indicated no cognitive impairment. The MDS documented the resident had an indwelling catheter. The MDS listed the following diagnoses: neurogenic bladder, anxiety, depression, and encephalopathy.</p>	F 550			

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F 550	Continued From page 3 The care plan with a focus area dated 12/15/20 revealed Resident #11 had a catheter due to his neurogenic bladder diagnosis. On 1/11/22 at 1:20 PM the resident sat in the recliner in his room. The resident's catheter bag hung on the recliner with no dignity bag. The catheter bag was visible from the hall. 4. The MDS assessment dated 10/14/21 documented Resident #12 had a BIMS score of 15. A BIMS score of 15 indicated no cognitive impairment. The MDS documented the resident had an indwelling catheter. The MDS listed the following diagnoses: diabetes mellitus, heart failure, renal failure, obstructive uropathy, anxiety, and depression. The care plan with a focus area dated 11/5/19 revealed Resident #12 had a foley catheter. On 1/11/22 at 1:23 PM Resident #12 laid in her recliner with her feet elevated. The resident's catheter drainage bag laid on the floor with no dignity bag cover. On 1/12/22 at 11:16 AM the Assistant Director of Nursing (ADON) stated a resident's catheter drainage bag should have a dignity bag on at all times. On 1/13/22 at 3:53 PM the Director of Nursing (DON) stated a dignity bag should be on the resident's catheter drainage bag at all times.	F 550			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F 658			

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F 658	<p>Continued From page 4</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interview, the facility failed to follow physician's orders for 1 of 3 resident (Resident #1) reviewed. Resident #1 had orders to her blood sugar to be monitored four times a day and received insulin based on the results and the facility failed to complete these orders. The facility reported a census of 44 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated 6/17/21 documented Resident #1 had a Brief Interview of Mental Status (MDS) score of 15. A BIMS score of 15 indicated no cognitive impairment. The MDS indicated the resident received insulin 7 days during the 7 day review period. The MDS listed the following diagnoses for Resident #1: myopathy, cancer, diabetes mellitus, seizures, depression and sleep apnea.</p> <p>The care plan with a focus area dated 6/9/21 revealed Resident #1 had a diagnosis of diabetes mellitus.</p> <p>A hospital discharge summary dated 6/9/21 for Resident #1 revealed the following order: inject insulin Humalog solution 100unit/milliliter (mL) per sliding scale subcutaneously four times a day. Give after meals and at bedtime.</p> <p>The June 2021 Medication Administration Record</p>	F 658			

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F 658	Continued From page 5 (MAR) for Resident #1 revealed it had spaces to document the resident's blood sugar results and the amount of insulin given at 8:00 AM, 12:00 PM, 6:00 PM. The MAR had 4 spaces that were left blank: 6/10 at 12:00 PM, 6/17 at 12:00 PM, 6/20 at 6:00 PM and 6/26 at 12:00 PM. The census tab in Resident #1's Electronic Health Record documented no hospitalization leaves between 6/9/2021 and 6/30/2021. On 1/12/22 at 11:16 AM the Assistant Director of Nursing (ADON) stated she had no idea why staff would not document a resident's blood sugar results and the amount of insulin that would have been given. She added they should always be documented unless the resident was not in the building. On 1/13/22 at 3:53 PM the Director of Nursing (DON) stated blood sugar results should be documented on the MAR right away. She also stated the amount of insulin given should also be documented right after it is given. When asked why the MAR would be left blank where the blood sugar result and insulin amount should be documented, she stated she is not sure why it would be left blank.	F 658			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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.	F 880			

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F 880	<p>Continued From page 6</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> <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</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>contact with residents or their food, if direct contact will transmit the disease; and (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: Based on observations, staff and resident interviews and facility policy review that facility failed to provide care for residents in a manner to prevent infection. The facility reported a census of 44 residents.</p> <p>Finding include:</p> <p>On 1/6/22 at 3:30 PM the Social Worker/Human Resource screened the surveyor prior to entering the facility. The staff member did not discuss what Personal Protection Equipment (PPE) needed to be worn while in the building. Observed no signage at the screening counter related to what PPEs should be worn while visiting the building. The surveyor entered the building with a surgical mask and goggles on. At 3:48 PM during the entrance conference the Administrator wore a N95 mask. When asked if the surveyor was following their policies by</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>wearing a surgical mask, he indicated a N95 should be worn while in the building along with eye protection.</p> <p>On 1/6/22/22 at 3:48 PM the Administrator stated they had 11 residents with influenza A, 4 staff members with COVID-19, and 1 staff member out with influenza B.</p> <p>On 1/6/22 at 4:40 PM Staff A Certified Nursing Assistant (CNA) and Staff B CNA exited a resident's room with the EZ stand and placed it against the wall outside of the room. Staff A then pushed the lift down the hall to the nurse's station without sanitizing it. Staff then laid the EZ stand on the floor to look where a broken piece was missing from. Staff failed to sanitize the EZ stand after they laid it on the floor.</p> <p>On 1/6/22 at 4:50 PM observed 2 Do Not Enter signs on the double doors leading to the back half of the 800 hall where the residents with influenza A were being isolated. The doors did not have signage related to what precautions to take if one needed to enter that isolation unit. On 1/7/22 at 10:47 AM the double doors had signs in place. The signage contained information about Contact and Droplet isolation while practicing Standard Precautions.</p> <p>On 1/7/22 at 8:11 AM Staff C Dietary Aide had delivered room trays. Staff C wore eye protection and her N95 with 1 of 2 straps around her head. Staff C failed to have the bottom strap secured around her head. Staff C delivered room trays to 4 residents without performing hand hygiene after delivering individual trays. Staff C removed the lids to the cups and food dishes then walked down hall with the trays.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>On 1/11/22 at 10:00 AM observed Staff D CNA in the commons area by the nurse's station with crocs on without socks on.</p> <p>On 1/11/22 at 10:10 AM Resident #7 sat in his recliner with his catheter drainage bag on the floor with no dignity bag. At 11:18 AM the catheter drainage bag remained on the floor with no dignity bag. At 1:21 PM the catheter drainage bag remained on the floor with no dignity bag.</p> <p>On 1/11/22 at 11:30 AM observed black tape on the threshold as you entered the 100 hall.</p> <p>On 1/11/22 at 1:23 PM Resident #12 laid in her recliner with her feet elevated. Her catheter drainage bag laid under the foot of her recliner, on the floor with no dignity bag.</p> <p>On 1/11/22 at 10:15 AM Resident #5 stated she does not see staff wearing their face shields or goggles all the time. She added she always noticed staff wearing them during her baths.</p> <p>On 1/11/22 at 1:28 PM Staff D stated she wears her crocs with no socks on so they don't get wet while giving baths. She added when she is done with her baths for the day she puts socks on and a different pair of crocs on.</p> <p>On 1/11/22 at 9:20 AM the Administrator reported they have 3 more staff members out with COVID-19.</p> <p>On 1/12/22 at 11:16 AM the Assistant Director of Nursing (ADON) stated staff should perform hand hygiene after delivering trays each individual tray to the residents. She provided staff should have</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>both of the N95 straps on when wearing them. When asked if catheter drainage bags should be on the floor with no barriers, she indicated that is not ever ok. She indicated the resident lifts should be sanitized after every resident use.</p> <p>On 1/13/22 at 3:53 PM the Director of Nursing (DON) provided visitors are told what PPEs are to be worn when they enter the building. She stated visitors are to wear surgical mask so the staff that screened the surveyor in may have been confused on what should have been worn. The DON indicated the surveyor should have been wearing a N95 while in the building. She stated when staff wear their N95 mask they are to have both straps on; one towards the top of their head and one towards the bottom of their head and should wear eye protection while in the building. Staff are to sanitize their hands after the exit the room of the resident's they delivered the meal tray to. The DON indicated the lifts should be sanitized after each resident use. She stated she will be putting privacy bags on the lifts that will contain wipes needed to sanitize them. When asked why there was black tape on the threshold leading in to the 100 hall she stated maintenance put that down. She stated it can still be disinfected if needed. She does not like it but it can still be cleansed. The DON provided the catheter drainage bags should always be up off the floor. When asked why the facility added signage to the double doors leading to the isolation unit, she indicated she thought it wasn't enough to just have Do Not Enter signs. She wanted more information on what should be worn. When asked if it's acceptable to wear crocs with no socks on, the DON indicated there are pros and cons to that. Staff D did not want to get her socks wet and track throughout the facility.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>The DON suggested she wear the crocs with no socks or they would get her beach like shoes to wear. The DON thought it was an appropriate option for Staff D so her socks don't wet which would cause the flooring to get wet in the facility. When asked if it was acceptable to walk out to the nurse's station without socks up, she stated the staff member must have been in between residents and waited there.</p> <p>On 1/13/22 at 8:30 PM Staff A stated Staff E works with just a surgical mask on when she should be wearing a N95. She also walks in the building without any PPEs on. Now that they have COVID positive residents Staff E works on that hall without her mask on properly if she even wears it. Staff A stated the DON has educated her on this but she continues to not wear her PPEs correctly.</p> <p>The Urinary Catheter Care Policy and Procedure, revised September 2014, instructed staff to ensure the catheter tubing and drainage bag are kept off the floor.</p> <p>The Cleaning and Disinfection of Resident-Care Items and Equipment Policy and Procedure, revised October 2018, documented most non-critical reusable items can be decontaminated where they are used. Reusable items are cleaned and disinfected between residents.</p> <p>The Handwashing/Hand Hygiene Policy, revised August 2019, instructed staff to use an alcohol based hand rub containing at least 62% alcohol before and after contact with residents and before and after assisting a resident with meals.</p>	F 880		
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Countryside Health Care Center

Provider Number 165540

Plan of Correction January 6-14 2022

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of state and federal law require it.

F 550 Residents Rights/Exercise of Rights

The facility does treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each residents' individuality. The facility must protect and promote the rights of residents

- A. Residents #7 #8 #11 and #12 have been provided with dignity bags to cover their catheter drainage bags.
- B. All residents with Foley catheters have the potential to be similarly affected. All residents with Foley catheters were audited to ensure that they had dignity bags covering their catheter drainage bags.
- C. Staff has been educated on the need for dignity bags to cover catheter drainage bags.
- D. Nursing will conduct random daily audits times one-week, Biweekly times two weeks, Weekly times 4, and random PRN with results forwarded to QA and QAPI committee for review.
- E. Responsible party: DON/Designee
- F. Date Certain: 2.11.22

F 658 Services Provided Meet Professional Standards

The services provided and arranged by the facility as outlined by the comprehensive care plan does meet professional standards of quality.

- A. Resident #1 was a discharged resident that experienced no harm.
- B. All other residents requiring blood glucose monitoring and insulin sliding scales have the potential to be similarly affected.
- C. All residents receiving blood glucose monitoring and insulin sliding scales had their orders audited to ensure the accuracy and completeness of their orders and monitoring.
- D. Nurses were educated on the importance of completing and documenting blood glucose monitoring and providing insulin dosages in accordance with physician orders.

- E. All new Resident's orders will be audited upon admission. All new insulin orders and glucose monitoring orders will be audited upon receipt to ensure accuracy. Weekly random audits of the EMAR will be conducted with results forwarded to the QA/QAPI Committee for further review.
- F. Responsible Party: DON/Designee
- G. Date Certain: 2.11.22

F880 Infection Prevention and Control

The facility has established and maintains 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.

- A. Signage related to PPE has been placed at the screening counter. Easy Stand Lifts and other shared equipment are sanitized in between resident use and at other appropriate times. Appropriate signage had been placed to the doors of the isolation unit. Staff has been educated on the proper wearing of N95 masks. Staff has been educated on performing hand hygiene in between delivering trays. Staff wear proper footwear including socks. Resident #7, # 12 catheter drainage bags are secured above the floor. The threshold of hallway 100 has been repaired and the black tape removed.
- B. All residents have the potential to be affected by improper infection control practices.
- C. Staff have been educated regarding the findings of the survey and are completing the elements of the directed plan of correction.
- D. Infection control audits are performed daily with results forwarded to QA/QAPI Committee for review.
- E. Responsible Party: Infection Preventionist/DON
- F. Date Certain: 2.11.22