

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

PRINTED: 12/02/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/23/2021
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5010 GRAND RIDGE DRIVE WEST DES MOINES, IA 50265		
(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>12/20/21</u> The following deficiency relates to the investigation of Complaint #100081 conducted November 18, 2021 to November 23, 2021. Complaint #100081-C was substantiated. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. F 880 Infection Prevention & Control SS=D 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. §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: §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; §483.80(a)(2) Written standards, policies, and	F 000			
F 880		F 880			

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

TITLE

(X6) DATE

Administrator

12-10-21

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	Continued From page 1 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; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its	F 880			

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, facility policy, and staff interview, the facility failed to perform incontinence care within acceptable standards of infection control practices for 1 of 3 residents sampled (Resident #2) for incontinence care. The facility reported a census of 96 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated 11/15/21 for Resident #2 Identified a Brief Interview of Mental Status (BIMS) score of 11 of 15 which indicated moderate impaired cognition. Identified diagnosis on the MDS revealed heart failure and hypertension. The MDS revealed the resident needed extensive assistance from staff with bed mobility, transfers, and toilet use.</p> <p>Observation on 11/22/21 at 9:50 a.m. Staff A, Certified Nursing Aide (CNA) and Staff B, CNA, entered Res #2 room and donned gloves. Staff A placed the supplies to provide incontinence cares directly on the bedside stand. Staff A grabbed the garbage can with gloved hands and moved the garbage can closer to her. Staff A then removed the brief and provided cares to the Res #2 buttocks using disposable cleansing wipes. Staff A then wiped Res #2 front perineal area. Staff B applied barrier cream. Staff A then placed a new incontinent brief under the resident. Staff A continued to wear the same pair of gloves throughout the care observation. Staff A had not changed gloves or sanitized hands. Staff A adjusted the height of the bed with the bed control and then obtained a new night gown for</p>	F 880			

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F 880	Continued From page 3 Resident #2. Staff A then bagged up the garbage and then took the disposable gloves off and used hand sanitizer. Care Plan reviewed with initiated date 10/27/21 revealed that Resident #2 to provide incontinence care as needed. During an interview on 11/22/21 at 1:42 p.m., Staff A she acknowledged she provided care with the same gloves after touching the garbage can. She acknowledged that she should have changed gloves and sanitized hands after cleansing and before applied the clean brief. Interview on 11/22/21 at 3:35 p.m. with the Associate Director of Nursing stated that not changing gloves during the continence care would not meet her expectations. Review Incontinence Care policy revised 8/2014 directed staff to remove, discard gloves and perform hand hygiene before applying a clean brief.	F 880		

**ManorCare Health Services -West Des Moines
5010 Grand Ridge Dr.
West Des Moines IA 50265**

The plan of correction represents the center's compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of Iowa Department of Health and Human Services. Preparations and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

F880 Infection Control

483.80 (a)(1)(2)(4)(e)(f)

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.

Corrective action taken for residents found to have been affected by deficient practice

-Resident #2 assessed with no adverse effects noted

How the center will identify other residents having the potential to be affected by the same deficient practice

-Residents residing in the facility who require assistance with incontinence care have the potential to be affected.

-Facility will partner with Telegen to register and complete training related to Root Cause Analysis. Facility will provide DIA with verification of completion.

What changes will be put into place to ensure that the problem will be corrected and will not recur

-Nursing staff educated on infection control practices with incontinence care. All staff educated on proper PPE lessons and clean hands Youtube videos

Quality Assurance Plan to monitor performance to make sure corrections are achieved

-DON/Designee to audit and observe incontinence cares to validate infection control compliance.

-Audit findings to be taken through Center's QAA.

Completion Date: December 20, 2021