

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

PRINTED: 05/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2022
NAME OF PROVIDER OR SUPPLIER MISSISSIPPI VALLEY			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1270 KEOKUK, IA 52632		
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F 000	INITIAL COMMENTS	F 000			
JS /	Correction Date: <u>5/17/2022</u> A Focused Infection Control Survey and investigation of Complaint #103172 were conducted March 31, 2022 to April 26, 2022. Complaint #103172-C was substantiated. See Code Federal Regulations (42CFR) Part 483. Subpart B-C .				
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. §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 880			

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

TITLE

(X6) DATE

Beth Ann R. DON 5/17/22

05/06/2022

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>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 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</p>	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, resident interviews, staff interviews, and review of public health guidance, the facility failed to follow recommendations from the Iowa Department of Public Health (IDPH) after surveillance cultures identified the presence of at least 3 Multidrug - Resistant Organisms (MDRO) that included 2 different strains of Carbapenemase-producing Carbapenem-resistant Acinetobacter Baumanni (CRAB), and Klebsiella Pneumonia Carbapenemase-producing Carbapenem-resistant Enterobacterales (KPC), present in at least 6 residents that resided on the east side of the facility as of 2/7/22. Continued surveillance confirmed the facility's spread of the infections, when 18 residents from the east side of the facility tested positive for at least 1 of the 3 MDRO's by 3/13/22. The facility failed to follow guidance by the IDPH that included implementation of facility wide surveillance with culture testing of all facility residents and to refuse new admissions until surveillance testing demonstrated the MDRO outbreaks contained. The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>Observations 3/31/22 revealed all resident room doors on the east side of the facility, the ventilator unit, were placarded with Enhanced Barrier Precautions required, and each door equipped with a large bag outside the room that contained isolation supplies that included non-disposable gowns, gloves and masks.</p> <p>Observation on 4/21/22 at 8:36 a.m., revealed</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>Staff A, Domestic Aide, in Resident #11's room, without gown on, stripped linens from the bed as other staff pushed the resident out of the room in a shower chair. Staff A remained in the room without gown on, made the resident's bed, placed linen in a container in the room, and walked out of the resident's room with a spray bottle that contained green liquid. The door to the room was labeled with an Enhanced Barrier Precaution sign that directed gowns were required to be worn when bed linens changed. During an interview at that time with the administrator, she identified the employee as a domestic aide and not a certified nursing assistant, located the employee and provided instructions/education.</p> <p>The facility participated in a voluntary screening program through the Iowa Department of Public Health for surveillance by culture for presence of targeted MDRO. The program called ContainNet initially tested all 29 residents on the east side of the facility (ventilator dependent) between 2/1/22 and 2/7/22. The testing identified 11 residents as positive for CRAB 406 infection, asymptomatic for symptoms of infection, and included Resident's #1, #3, #5, #7, #8 and #10.</p> <p>1. The Minimum Data Set (MDS) sssessment dated 3/17/22 documented Resident #1 admitted to the facility 11/19/18. The MDS revealed a recent hospitalization with return to the facility 2/1/22. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented diagnoses that included neurogenic bladder, urinary tract infection (UTI), spina bifida, morbid obesity, tracheostomy status and an unstageable pressure sore.</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>Physician orders for staff included:</p> <ul style="list-style-type: none"> a. Provide trach care twice daily (b.i.d.) and as needed (p.r.n.) b. Provide tracheal suction as needed. c. May remove from vent up to 20 hours per day, and p.r.n. d. Oxygen 1 - 4 liters per minute at hour of sleep (HS) via in line ventilator. e. Oxygen via trach mask up to 4 liters per minutes p.r.n, to keep oxygen saturation > 88 percent. f. Ventilator settings: Pressure Support (PS) mode at 16 centimeters (cm) pressure, PEEP (positive end expiratory pressure) 6, rate 15 - 20 breaths per minute set at intermittent ventilation mode, and tidal volume of 300 to 400 cubic centimeters (cc). g. Urinary catheter size 16 duette, change p.r.n. h. Cleanse right heel and medial foot, apply skin prep to open area, cover with Mepelix dressing on shower days and p.r.n. i. Cleanse left buttock wounds with Dakin's solution, pat dry. Apply Dakin's moistened 1/2 inch gauze packing to smaller wounds, and kerlix soaked i Dakin's in large wound. Apply Calmoseptine around wound edges, cover with ABD pads and secure with tape b.i.d. and p.r.n. <p>On 2/2/22 samples of the resident's sputum, skin surface at the axilla and groin, and rectal swab were collected and tested at an infectious disease laboratory for culture and genome sequencing (a method that uses genetic material to identify the entire genetic makeup of a specific organism or cell type, to identify trends in infections and potentially isolate the source of an infection). Results of the cultures reported on 2/9/22 confirmed the rectal swab was positive for CRAB 406; the sputum was reported as negative. On</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>2/11/22, the axilla and groin swabs were confirmed positive for CRAB 406 infection.</p> <p>The Care Plan area initiated 2/21/22 identified a presence of MDRO infection and directed staff to:</p> <ol style="list-style-type: none"> Ask visitors to report to the nursing station before resident's room entered to receive instruction on techniques to prevent the spread of infection to themselves and others. Gloves must be worn and changed between procedures on the same resident, Gowns or aprons must be worn when possibility of contamination of clothes with blood or body fluids is anticipated. Masks and protective eye wear was to be worn during procedures likely to generate sprays or splashes of blood or body fluids in the eyes, nose or mouthy, or resident does not properly cover mouth/nose and has respiratory infection. Use principles of infection control and universal standard precautions. Wash hands before and after entering room. <p>During an interview 4/26/22 at 2:50 p.m., Resident #1 stated she received excellent care at the facility, she felt safe and thought infection control practices by staff were appropriate and effective, she received the care she needed at the facility and did not have any concerns to report related to facility practices.</p> <p>Surveillance culture testing 2/23/22 on east residents did not reveal any new CRAB 406 infections.</p> <p>2. The MDS assessment dated 3/24/22 for Resident #2 identified the resident admitted to the facility 8/9/18. The MDS documented diagnoses</p>	F 880		

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F 880	<p>Continued From page 6 that included UTI, multiple sclerosis, quadriplegia, major depressive disorder, tracheostomy status and ventilator dependence.</p> <p>Physician orders for staff included:</p> <ul style="list-style-type: none"> a. Trach care twice daily (b.i.d.) and as needed (p.r.n.) b. Tracheal suction as needed. c. Oxygen 1 - 5 liters per minute via in line ventilator to keep oxygen saturation > 88 percent.. d. Ventilator settings: PS at 15 cm, PEEP 8, rate 12 breaths per minute set at intermittent ventilation mode, tidal volume of 400 cc. e. Change suprapubic urinary catheter monthly and p.r.n., size 22 French with 10 milliliter (ml) balloon. f. Size 20 French Peg feeding tube (inserted through the abdomen) changed p.r.n. if dislodged or dysfunctional. g. Nothing by mouth (NPO). h. Glucerna 1.5 calorie per ml administered to Peg feeding tube at 52 ml per hour via mechanical pump, with hourly 40 ml water flushes. i. Apply Hydraguard skin barrier cream to coccyx and inner thighs b.i.d. and p.r.n.. <p>On 3/7/22 samples of the resident's sputum, skin surface at the axilla and groin, and rectal swab were collected and tested for culture and genome sequencing. Results of the cultures reported 3/11/22 confirmed the rectal swab and axilla and groin swabs were positive for CRAB 406 infection. On 3/12/22 the sputum specimen reported as negative. The resident's room was located directly across the hall from Resident #1's room and also across from 3 other resident rooms where the resident occupants were</p>	F 880		

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F 880	<p>Continued From page 7 positive for CRAB 406 infections.</p> <p>The Care Plan area initiated 3/11/22 identified a presence of MDRO infection. The care plan directed staff to:</p> <ul style="list-style-type: none"> a. Ask visitors to report to the nursing station before resident's room entered to receive instruction on techniques to prevent the spread of infection to themselves and others. b. Gloves must be worn and changed between procedures on the same resident, c. Gowns or aprons must be worn when possibility of contamination of clothes with blood or body fluids is anticipated. d. Masks and protective eye wear was to be worn during procedures likely to generate sprays or splashes of blood or body fluids in the eyes, nose or mouthy, or resident does not properly cover mouth/nose and has respiratory infection. e. Use principles of infection control and universal standard precautions. f. Wash hands before and after entering room. <p>Surveillance culture testing on the facility's east long term residents, completed 3/7/22 to 3/13/22, revealed 15 residents tested positive for CRAB 406 infection. Eleven of the 15 residents resided on the east-center and southeast halls in the east ventilator unit, in close proximity with one another, all private rooms.</p> <p>3. The MDS assessment dated 12/19/21 for Resident #3 identified the resident admitted to the facility 12/13/21. The MDS documented diagnoses that included asthma, respiratory failure, ventilator associated pneumonia, anxiety and malignant neoplasm of larynx and cartilage.</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>Physician orders for staff included:</p> <p>a. Trach care twice daily (b.i.d.) and as needed (p.r.n.)</p> <p>b. Tracheal suction as needed.</p> <p>c. Oxygen 1 - 5 liters per minute via in line ventilator to keep oxygen saturation > 88 percent..</p> <p>d. Ventilator settings: PS at 15 cm, PEEP 5, rate 12 breaths per minute set at intermittent ventilation mode, tidal volume of 400 cc.</p> <p>e. Change 14 French duette urinary catheter p.r.n.</p> <p>f. Cleanse skin around Peg feeding tube site with normal saline, apply split gauze if needed, 4 times daily and p.r.n.</p> <p>g. Nothing by mouth (NPO).</p> <p>h. Jevity 1.5 calorie per ml administered to Peg feeding tube at 45 ml per hour via mechanical pump, with hourly 50 ml water flushes.</p> <p>On 2/1/22 samples of the resident's sputum, skin surface at the axilla and groin, and rectal swab were collected and tested for culture and genome sequencing. Results of the cultures reported on 2/7/22 confirmed the sputum, and axillary and groin swabs tested positive for CRAB 406 and CRAB 499 infections. The rectal swab results reported 2/8/22 were positive for CRAB 406 and CRAB 499 infections.</p> <p>4. The MDS assessment dated 3/31/22 for Resident #4 identified the resident admitted to the facility 6/30/20. The MDS documented diagnoses that included neurogenic bladder, seizure disorder, traumatic brain injury, respiratory failure, tracheostomy status and dependence on ventilator.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Physician orders for staff included:</p> <ul style="list-style-type: none"> a. Trach care twice daily (b.i.d.) and as needed (p.r.n.) b. Tracheal suction as needed. c. Ventilator settings: PS at 15 cm, PEEP 5, rate 12 to 24 breaths per minute set at assist control (AC) mode, tidal volume of 450 - 600 cc. d. Change 16 French duette urinary catheter p.r.n. e. Change 18 French Peg tube with 7 - 10 ml balloon p.r.n. for dysfunction, f. Cleanse skin around Peg feeding tube site with normal saline, apply split gauze if needed, daily and p.r.n. g. Nothing by mouth (NPO). h. Jevity 1.2 calorie per ml administered to Peg feeding tube at 55 ml per hour via mechanical pump, with hourly 30 ml water flushes. <p>On 2/7/22 samples of the resident's skin surface at the axilla and groin and rectal swab were collected and tested for culture and genome sequencing. Results of the cultures on 2/11/22 revealed the axilla and groin swabs were negative. On 2/14/22 the rectal swab specimen was positive for CRAB 499 infection. The resident's room was located approximately 30 feet from Resident #3's room.</p> <p>The Care Plan area initiated 2/21/22 identified a presence of MDRO infection. The care plan directed staff to:</p> <ul style="list-style-type: none"> a. Ask visitors to report to the nursing station before resident's room entered to receive instruction on techniques to prevent the spread of infection to themselves and others. b. Gloves must be worn and changed between procedures on the same resident, c. Gowns or aprons must be worn when 	F 880			

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F 880	<p>Continued From page 10</p> <p>possibility of contamination of clothes with blood or body fluids is anticipated.</p> <p>d. Masks and protective eye wear was to be worn during procedures likely to generate sprays or splashes of blood or body fluids in the eyes, nose or mouthy, or resident does not properly cover mouth/nose and has respiratory infection.</p> <p>e. Use principles of infection control and universal standard precautions.</p> <p>f. Wash hands before and after entering room.</p> <p>5. The MDS assessment dated 2/10/22 for Resident #5 identified the resident admitted to the facility 11/4/21. The MDS documented diagnoses that included neurogenic bladder, pneumonia, cerebrovascular accident (a stroke), seizure disorder, encephalopathy and pressure sore of the left buttocks.</p> <p>Physician orders dated from 12/27/21 to 12/29/21 for staff included:</p> <p>a. Trache care p.r.n.</p> <p>b. Tracheal suction as needed.</p> <p>c. Oxygen 1 - 5 liters per minute via in line ventilator to keep oxygen saturation > 88 percent p.r.n.</p> <p>d. Ventilator settings: PS at 10 cm, PEEP 5, rate 14 breaths per minute set at intermittent ventilation mode, tidal volume of 500 cc.</p> <p>e. Change 16 French duette urinary catheter p.r.n. if clogged, dislodged or dysfunction,</p> <p>f. Cleanse skin around Peg feeding tube site with normal saline, apply split gauze if needed, 4 times daily and p.r.n.</p> <p>g. Nothing by mouth (NPO).</p> <p>h. Jevity 1.5 calorie per ml administered to Peg feeding tube at 44 ml per hour via mechanical pump, with hourly 55 ml water flushes.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>i. Apply Betadine 10 percent solution topical to open ulcers on bilateral feet b.i.d.</p> <p>j. Cleanse bilateral buttock area with normal saline, apply hydrogel to wound bed and calmoseptine to wound edges. Irrigate area on middle of right buttock wound with normal saline, then pack with 1/4 inch packing gauze soaked in Dakin's solution, cover wounds with Mepilex dressings, daily and p.r.n.</p> <p>k. PICC (peripherally inserted cutaneous catheter) IV site dressing change weekly and p.r.n.</p> <p>The initial surveillance culture screening completed 2/1/22 through 2/7/22 revealed 2 residents with KPC 258 infection that included Resident #5.</p> <p>On 2/1/22 samples of the resident's sputum, skin surface at the axilla and groin, and rectal swab were collected and tested for culture and genome sequencing. Results of the cultures reported on 2/2/22 confirmed the rectal swab specimen was positive for KPC 258 and CRAB 406 infections. On 2/3/22, the sputum culture reported as negative. On 2/8/22, the axillary and groin swabs tested positive for CRAB 406 infection.</p> <p>The Care Plan area initiated 2/21/22 identified a presence of MDRO infection. The care plan directed staff to:</p> <p>a. Ask visitors to report to the nursing station before resident's room entered to receive instruction on techniques to prevent the spread of infection to themselves and others.</p> <p>b. Gloves must be worn and changed between procedures on the same resident,</p> <p>c. Gowns or aprons must be worn when possibility of contamination of clothes with blood</p>	F 880		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 12 or body fluids is anticipated. d. Masks and protective eye wear was to be worn during procedures likely to generate sprays or splashes of blood or body fluids in the eyes, nose or mouthy, or resident does not properly cover mouth/nose and has respiratory infection. e. Use principles of infection control and universal standard precautions. f. Wash hands before and after entering room.</p> <p>6. The MDS assessment dated 2/5/22 for Resident #6 identified the resident admitted to the facility on 11/1/21 and discharged home as planned 1/10/22 on a ventilator. Resident #6 readmitted to the facility on 1/24/22. The MDS identified a BIMS score of 15 which indicated intact cognition. The MDS documented diagnoses that included anxiety, diabetes, cerebral infarction, chronic obstructive pulmonary disease and Stage 3 chronic kidney disease.</p> <p>Physician orders for staff included: a. Trache care twice daily (b.i.d.) and as needed (p.r.n.) b. Tracheal suction as needed. c. May remove from vent up to 20 hours per day, and p.r.n. d. Oxygen 1 - 5 liters per minute via trache mask p.r.n. to keep oxygen saturation > 88 percent.. e. Ventilator settings: Rate 18 breaths per minute, IPAP 12, EPAP 6.</p> <p>The initial surveillance culture screening completed 2/1/22 through 2/7/22 revealed 2 residents with KPC 258 infection that included Resident #5. On 2/23/22, Resident #11 admitted to the facility with a confirmed KPC 258 infection</p>	F 880		

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F 880	<p>Continued From page 13 from specimens collected that day.</p> <p>The facility admitted 2 new ventilator dependent resident's to the east side between 2/23/22 and 3/7/22.</p> <p>On 3/7/22 samples of the resident's skin surface at the axilla and groin and rectal swab were collected and tested for culture and genome sequencing. On 3/9/22, the axilla and groin swabs were reported as negative. On 3/11/22, the results of the the rectal swab specimen cultures confirmed positive for KPC 258 infection. Resident #6's room was located 2 doors down (within 15 feet) from Resident #5's room and across the hall from Resident #11's room.</p> <p>The Care Plan area initiated 3/11/22 identified a presence of MDRO infection. The care plan directed staff to:</p> <ol style="list-style-type: none"> Ask visitors to report to the nursing station before resident's room entered to receive instruction on techniques to prevent the spread of infection to themselves and others. Gloves must be worn and changed between procedures on the same resident, Gowns or aprons must be worn when possibility of contamination of clothes with blood or body fluids is anticipated. Masks and protective eye wear was to be worn during procedures likely to generate sprays or splashes of blood or body fluids in the eyes, nose or mouthy, or resident does not properly cover mouth/nose and has respiratory infection. Use principles of infection control and universal standard precautions. Wash hands before and after entering room. <p>A letter from the IDPH, sent via e-mail to the</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>facility 3/24/22, addressed 9 residents were positive for CRAB 406 infection, 4 residents positive for KPC 256 infection, and stated "as discussed on the phone, and based on phylogenetic epidemiology, the recommendations for your facility are:</p> <p>a Place the east side of the building on EBP (Enhanced Barrier Precautions), which were implemented 3/18/22.</p> <p>b. Continue monthly screenings on the east side until evidence that transmission has stopped, next screening tentatively scheduled for 4/11/22 and 4/12/22.</p> <p>c. Until active transmission is halted, do not take new admissions to the east side (ventilation unit).</p> <p>d. Screen the non-ventilation (west side) of the facility for CRAB and CRE infections.</p> <p>During an interview 4/21/22 at 8:59 a.m., Resident #6 stated staff provided her with excellent care, she did not have any concerns about their infection control practices at the facility, and she felt safe there.</p> <p>7. Resident #11 admitted to the facility on 2/23/22 with diagnoses that included diabetes, Parkinson's disease, asthma, respiratory failure, ventilator associated pneumonia, and ventilator dependence. On 2/23/22, a rectal swab specimen was collected and tested for culture and genome sequencing. Results of the cultures reported on 3/2/22 confirmed the resident was positive for KPC 258 infection.</p> <p>8. Resident #12 admitted to the facility 3/7/22 with diagnoses that included neurogenic bladder, UTI, cerebral palsy, quadriplegia, respiratory</p>	F 880		

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F 880	<p>Continued From page 15</p> <p>failure, intellectual disabilities, malnutrition and ventilator dependence. Samples of the resident's sputum, skin surface at the axilla and groin, and rectal swab collected 3/7/22 and tested for culture and genome sequencing revealed negative findings.</p> <p>The facility had not collected any surveillance cultures since the 3/13/22 specimen collection date.</p> <p>The facility's Infection Monitoring policy, dated as last reviewed February, 2022, directed staff:</p> <p>a. EBP falls between Standard and Contact Precautions, and requires gown and glove use for residents colonized with "novel or targeted MDRO's" during specific high-contact resident care activities that have been found to increase risk for MDRO transmission. Novel MDRO's are defined as Pan-resistant organisms, Carbapenemase-producing Entrobacterales, Carbapenemase-producing Pseudomonas spp, Carbapenemase-producing Acinetobacter baumannii and Candida Auris</p> <p>b. EBP expands the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing.</p> <p>c. Resident care activities that require gown and glove use for EBP include dressing, bathing, transferring, hygiene care, linen changes, toileting assistance or when briefs are changed, device care and wound care.</p>	F 880		

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F 880	<p>Continued From page 16</p> <p>Staff interviews revealed:</p> <p>On 3/31/22 at 2:20 p.m., the Administrator and Director of Nursing (DON), stated 31 ventilator residents located on the east side ventilator unit and 2 other residents that had trach's located on the west side. They reported they were participating with the IDPH in the ContainNet program and had completed culture testing of all ventilator residents and the 2 trached residents on the west side. They stated they implemented Enhanced Barrier Precautions (EBP) when the resident's test results revealed an MDRO infection; all residents that tested positive in the program were and have remained asymptomatic. This process was initiated 1/31/22 and the EBP required staff to wear gloves, gown and mask any time there was direct contact with the resident. The facility had to educate all staff and order more supplies that included door bags for isolation supplies and non-disposable gowns; the process took a few weeks to complete and able to implement EBP for the entire east side ventilator unit on 3/16/22. The Administrator and DON stated they felt the IDPH was not realistic in regards to the care environment that was the resident's home. The Administrator and the DON said the IDPH wanted them to complete surveillance testing on all facility residents and didn't want the facility to admit any new residents, but the facility screened potential residents quite vigorously before they accepted 2 ventilator dependent residents. The Adminsitrator and DON said they did this largely due to the scarce bed availability for such residents, great distance, and additional barriers for those residents and families when they refused to admit them.</p>	F 880		

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F 880	Continued From page 17 In an interview on 4/19/22 at 9:45 a.m. with a public health representative from IDPH, the representative verified KPC and CRAB were MDRO's, and recent surveillance at the facility confirmed increased incidence of the infections among facility residents. The representative confirmed that based on the numbers of infections reported, and the proximity of new resident cases to residents with confirmed infections, the facility was considered in outbreak status and it was expected the facility would work with IDPH until the outbreak was contained. The representative clarified that the public health response was a function of reacting to an outbreak and stated public health had communicated this to the facility several times. The representative further clarified that although the facility initially started a voluntary screening program to monitor for those types of infections, once they reached outbreak status, the cooperation with public health would no longer be related to the voluntary screening program. The representative confirmed the facility was provided with action steps to attempt to mitigate the spread of infections such as testing all residents in the building and to stop new admissions, but the facility declined to follow the guidance given. The representative stated that without testing residents that had not been tested, and continued testing of residents that had previously tested negative for the infections, it would be unclear if the spread of infections had been contained. During an interview 4/21/22 at 3:40 p.m., the DON stated residents from the west side of the facility were typical of the LTC (long-term care) population. The DON said when they had illnesses and conditions that required culture	F 880			

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F 880	<p>Continued From page 18</p> <p>testing, the organisms identified were not MDRO's and were typical of LTC. The DON felt the surveillance testing of their LTC residents was not appropriate given their histories, would be invasive and ongoing, without a predictable end described by the IDPH, and for those reasons, the facility was not going to complete the surveillance testing on the west side LTC residents. The DON voiced some of the ventilator residents that tested negative were resistive to the ongoing invasive testing (rectal swabs) when last tested in March and there was no predictable end to the requirement of testing other than a positive infection status.</p> <p>On 4/25/22, the Administrator authored a letter to the IDPH that stated the facility chose to withdraw from the voluntary screening ContainNet program.</p> <p>During an interview on 4/26/22 at 2:10 p.m., the DON stated all MDRO culture positive residents were placed in Enhanced Barrier Precautions (EBP) when the facility was notified of the test results and the care plans could not be updated immediately due to the options in their electronic resident records did not have a plan specific to the use of EBP. The facility revised a MRSA (Methicillin-Resistant Staphylococcus Aureus) infection care plan available within their electronic records, made it specific to implementation of EBP, and what they put in place for the effected residents.</p>	F 880			

**Mississippi Valley Healthcare and Rehabilitation
Complaint #103172 from 3/31/202- 4/26/2022
Plan of Correction**

The facility denies that the alleged facts as set forth constituted a deficiency under interpretations of Federal and State Law.

The preparation of the following plan of corrections for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility by of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because provisions of State and Federal law require it. Without waiving the foregoing, Mississippi Valley states as follows:

F880

Measures taken to contain outbreak:

Interventions put into place upon the discovery of the colonization status of residents include beginning in February 2022:

→All colonized or previously colonized residents have been in and remain in private rooms. They have dedicated noncritical medical equipment (stethoscopes and blood pressure cuffs). All shared equipment (hoyer lifts) are sanitized with EPA approved wipes that have efficacy against CRE producing organisms. Wipes are attached to every lift used in the building. *Note-lifts are wiped in between ALL resident transfers regardless of known MDRO status as standard precautions dictate.

→Updates in policies with regards to enhanced barrier precautions and novel or targeted MDROs were made immediately and communicated to all nursing staff/ancillary staff in March to address the newly discovered colonization status of specific residents. Policy updates include the importance of enhanced awareness to hand hygiene as it relates to the evidence of increased spread of these particular organisms via the hands of healthcare workers. The steps within the updates are based on current CDC guidelines and address novel MDROs, EBP, and enhanced hand hygiene. Policies are reviewed annually at a minimum and when CDC updates recommendations. The policies are reviewed and signed by the Medical Director and are available to staff at both nurses' stations.

→Mandatory facility-wide demonstration with return demonstration (as it pertains to departments) took place in March 2022 during a "skills fair" which included:

- handwashing
- DON/DOFF PPE with Q&A with various scenarios describing when PPE is utilized,
- how to determine what PPE to use, and importance of proper cleaning of equipment between resident uses
- incontinence cares/catheter cares
- proper utilization and care of diversionary supplies (catheters/tubing/graduates/bedpans etc.)
- tracheostomy (sterile) suctioning/cares, in-line suctioning

- proper use of oxygen/oxygen safety
- transfers, including transfers with equipment and cleaning between uses

→Additionally, our policy specific to handwashing addresses hand hygiene as:

When to wash hands

Appropriate handwashing must be performed when:

- Hands are visibly soiled;
- Before and after eating/handling food;
- After using the restroom; and
- Caring for a person with c-diff infection or if infection rates of C. diff are high
- During a suspected norovirus outbreak”

And:

- “If hands are not visibly soiled, an alcohol-based hand rub may be used for routinely decontaminating hands in *other clinical situations*. *Other clinical situations* refer to circumstances involving resident contact and cares. Situations include but are not limited to...”

→Random audits of staff caring for a resident with CRE are ongoing and continue via spot checks utilizing the IP, administrative staff, and a selection of nurse and CNA leaders. Feedback is given at the time of audit and tracking is completed using audit sheets. To reiterate: MVHRC shall complete audits of staff members in all departments to equal, at a minimum, 20 audits per month targeting infection control for a total of 6 months. Audits shall be ongoing after the stated 6 months in order to monitor employee knowledge and compliance and to ensure proper quality of care for residents as a standard of practice in our infection control efforts. Audits will include, but are not limited to: handwashing, DON/DOFF PPE, catheter cares, sterile airway suctioning, tracheostomy cares, blood glucometer checks, and wound care.

→Referrals are reviewed thoroughly via a “referral checklist”. If culture and sensitivity results are not within the referral packet and it is documented they have been obtained, the reviewer requests additional information (reports) from the sender before admission. All MDROs are noted within the resident’s banner (which is sent with resident during transfers and doctor appointments) upon admission. Swabs (skin and rectal) are obtained upon admission and sent to an AR lab.

→We use, and continue to use, an updated “Infection Control Transfer form” which includes:

MRSA

VRE

A.BAUMANNII

CRE

ESBL E.COLI

Covid19 s/s

Several other important points regarding containment issues of possible infectious material are categorized on the form.

→Utilization of an updated Infection Control Communication Transfer Form that includes Novel/Targeted MDROs shall continue to be completed for ALL residents during instances of transfer to higher levels of care. All resident face sheet banners are updated/flagged if an ESBL producing organism or MDRO is discovered from routine infectious work-ups.

→Our transportation department is completing this form on all residents and taking it with the resident to their appointments so all providers, not just emergent need providers, will be informed of colonization status.

→MVHRC supports healthcare providers prescribing and using antibiotics appropriately by Our “Initiation of Antibiotic Therapy Protocol”. All antibiotics prescribed are tracked in a computerized system and reviewed by the IP and communicated to the Medical Director (if they are not the ordering physician). Antibiotics orders are reviewed for appropriateness based on symptoms defined by McGeer Criteria. Details in the protocol address duration of therapy, diagnosis, allergies, and appropriateness based on culture and sensitivities and symptoms.

→Additionally, samples collected (on current residents) for *colonization* screening (if collected) are sent to the lab at Minnesota Department of Public Health. The lab can accurately identify these organisms and communicates directly with the Iowa Department of Public Health, who then communicates to MVHRC. The reports are also available via computerized reports through Iowa State Hygienic Laboratory (SHL) which the IP at MVHRC has login privileges.

→Institute EBP when carbapenem-resistant novel/targeted organism/s are discovered (if not already in place) after infection has resolved and before discontinuation of existing transmission-based precautions.

Corrective Measures initiated after exit:

→MVHRC is actively continuing prevention efforts designed to stop the transmission of MDROs by: All residents in the “high-risk” category (according to CDC) shall be placed in enhanced barrier precautions. All residents residing on the East end of the building were placed in EBP by mid-March and will continue to remain in EBP. High-risk residents on the West end are transitioning to EBP with consideration to CDCs guidelines on room placement. Placing the West end residents into EBP was not a recommendation of IDPH but was a decision made by MVHRC to do so as it is a separate unit from the ventilator unit. Transition is expected to be completed no later than 6/1/22 due to awaiting availability of PPE delivery to place those at high risk into EBP. One west resident with an open airway (who has tested negative during ASC) is already in EBP (since March) and in a single room. Others will include residents with extensive wounds, feeding tubes, and urinary catheters. Per CDC, this complies with prevention efforts designed to stop the transmission of organisms.

→All west residents and/or resident representatives have been educated on MDRO management and CDC guidance as it pertains to MVHRC’s current status. (East residents/resident representative have previously been educated.)

→Testing will be conducted for residents that have consented to testing. Supplies have been ordered for residents who had not been tested and residents previously tested to ensure contained. Testing will be conducted based on parameters set forth by IDPH for consented residents.

→All staff will view the CDC TRAIN -Nursing Home Infection Prevention Trainings (Module 6b) no later than May 26, 2022.

→Root Cause Analysis (RCA) has been set up through Gina Anderson at Telligen. Proof of training will be submitted to program coordinator.

→Cleaning audits (of environmental services staff) will be conducted 3 times a month for 6 months and then ongoing per facility to ensure proper cleaning methods.

→MVHRC has not accepted admissions since 4/21/22.

Evidence to support decrease in spread of infections:

→Evidence to support the spread of **infection** has been mitigated is apparent in our infection control rates as follows:

MAY 2021 = 3.09

JUNE 2021 = 5.02

JULY 2021 = 3.98

AUGUST 2021 = 5.38

SEPTEMBER 2021 (during covid outbreak-*that was reported*) = 23.29

OCTOBER 2021 = 5.46

NOVEMBER 2021 = 5.05

DECEMBER 2021 = 5.87

JANUARY 2022 (during covid outbreak-*that was reported*) = 7.94

- **INSTITUTED ENHANCED BARRIER PRECAUTIONS AND SEVERAL OTHER INFECTION CONTROL EFFORTS DESCRIBED PREVIOUSLY DURING FEBRUARY AND MARCH 2022**

FEBRUARY 2022 = 2.23

MARCH 2022 = 2.60

APRIL 2022 = 2.73

Measures prior to and that will remain ongoing:

→Confer with the Medical Director, local lab microbiology professionals, and pharmacy consultants for direction regarding appropriate antibiotic prescribing regimens based on applicable resident factors (history, risk, previous antibiotic treatment, colonization status) during cases of active infections. Communication shall be conducted by Infection Control nurse/DON or other designee as assigned when an active infection occurs.

→Utilize nationally recognized surveillance criteria including but not limited to McGeer criteria to assist in recognition of potential infectious disease outbreaks and to summarize antibiotic usage and resistance data. Data collection, tracking and reporting will be completed monthly by Infection Control nurse or other designee as assigned to review trends and presented at monthly QAPI/Infection control meetings.

→Continued monitoring of all antibiotic prescribing occurrences to ensure they are not prescribed for the purpose of colonization elimination and if necessary, educate prescribers on the definition of colonization i.e., the presence of microorganisms on or within body sites without detectable host immune response, cellular damage, or clinical expression. Monitoring will be conducted no less than a weekly basis by the Infection Control Coordinator or other designee as assigned.

→Organism/s discovered on culture and sensitivity reports received from routine infectious work-up cultures within 24 working hours after receipt of results. (Specimens are collected as part of facility protocol utilizing McGeer Criteria for Definitions of Infection.)

Correction Date: May 17, 2022