

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

PRINTED: 01/31/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165398	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF BAXTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 407 SOUTH EAST AVENUE BAXTER, IA 50028		
(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>2/18/2019</u> The following deficiencies relate to the facility's annual health survey. (See Code of Federal Regulations (42CFR) Part 483, Subpart B -C). Complaint #79532, #80008 & #80937 was not substantiated.	F 000	Accept this as the facility's credible allegation of compliance	2/18/2019	
F 622 SS-B	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (I) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after	F 622	Residents #17, #22, #8 and all other residents will be provided the proper transfer paperwork for transfer to a different facility. The facility will also retain a copy of the paperwork provided in the residents medical chart. Nurses were educated 1/25/2019 on DON expectation of making copies of transfer information when a resident is being sent out to a different facility. Transfer check list was created on 1/25/2019 for the use on all transfers. DON and/or designee will perform random audits to ensure compliance. All findings and concerns will be presented to the QA team	2/18/2019	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution provides 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 622	<p>Continued From page 1</p> <p>admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(II) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p>	F 622			

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F 622	<p>Continued From page 2</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(I)(C) or (D) of this section.</p> <p>(III) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, the facility failed to provide discharge and medical information to the receiving institution at the time of discharge for three of three residents reviewed. (Resident #17, #22 & #8) The facility census was 29 residents.</p> <p>Findings include:</p> <p>1. The facility electronic medical record Census List revealed Resident #17 transferred to the hospital on 11/11/18 and 11/28/18.</p> <p>Progress Notes dated 11/11/18 at 7:39 p.m., documented the resident was sent to the hospital via ambulance.</p> <p>Progress Notes dated 11/28/18 11:51 p.m., documented an ambulance arrived to transport</p>	F 622			

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F 622	<p>Continued From page 3</p> <p>the resident. Emergency Department (ED) notified and gave report.</p> <p>The clinical record lacked documentation of information sent with the Resident when he had transferred to the hospital 11/11/18 and 11/28/18.</p> <p>During interview on 1/23/19 at 1:48 p.m., Staff D, Registered Nurse, RN reported when they transferred a resident to the hospital, they sent a copy of the Facesheet and medication record.</p> <p>During interview on 1/23/19 at 1:48 p.m., the Director of Nursing, DON reported the nurse filled out a transfer form, sent a copy of the Facesheet and the MAR whenever a resident transferred to the hospital. The DON acknowledged if staff did not make a copy of the transfer form, then they had no record of the information sent. The DON reported the copy of the Transfer Form was kept in the hard chart.</p> <p>During interview on 1/23/19 at 3:05 p.m., the Nurse Consultant stated they had no proof of any transfer form documentation completed when the resident was sent to the hospital. The nurse consultant reported they thought the information was stored in the cloud after they checked a box on the electronic health record but found out they had no records of transfer documentation.</p> <p>2. The facility electronic medical record Census List revealed Resident #22 transferred to the hospital on 8/18/18.</p> <p>Progress Notes dated 8/18/18 at 1:10 p.m., documented the resident was sent to ER via ambulance.</p>	F 622			

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F 622	Continued From page 4 The clinical record lacked documentation of information sent with the resident when he had transferred to the hospital on 8/23/18. 3. The facility electronic medical record Census List revealed Resident #8 was transferred to the hospital on 12/1/18. Progress Notes dated 12/1/18 at 7:30 a.m., documented the resident transferred to the hospital via ambulance. The clinical record lacked documentation of information sent with the resident when transferred to the hospital 12/1/18.	F 622			
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be	F 623	Residents #17, #8 and all other residents that discharge from the facility will be recorded and sent to the Ombudsman per regulation. Facility will ensure all transfers and discharges to a different facility are recorded and sent to the Ombudsman. Administrator and/or designee will perform random audits to ensure compliance. All findings or concerns will be presented to the QA team.	2/18/2019	

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F 623	<p>Continued From page 5</p> <p>made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related</p>	F 623			

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F 623	<p>Continued From page 6</p> <p>disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to notify the Long Term Care (LTC) Ombudsman of discharge/transfer of two of three residents reviewed. (Resident #17 & #8) The facility census was 29 residents.</p>	F 623			

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F 623	Continued From page 7 Findings include: 1. The Census list revealed Resident #17 was in the on hospital on 11/11/18 and returned on 11/14/18, and on hospital leave 11/28/18 and returned on 11/29/18. The facility had no documentation staff notified the LTC Ombudsman when the resident transferred from the facility on 11/11/18 and 11/28/18. During interview on 1/23/19 at 1:17 p.m., the Administrator reported she submitted names of residents who had expired, discharged to home and after a resident was hospitalized for 10 days. The Administrator reported she did not know she had to notify the ombudsman when a resident transferred to the hospital. 2. Progress notes document Resident #8 transferred to the hospital on 12/1/18 at 7:30 a.m., and returned to the facility on 12/7/18 at 12:26 p.m. The Notice of Transfer Form to the Long Term Care Ombudsman filled out by the facility lacked the residents name.	F 623			
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Transfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the	F 625	Residents #8, #17, #22 and all other residents or resident representatives will be presented the policy to have the option to hold the bed. Education provided to nurses on 1/25/2019 on expectations for Bed Hold Policy.	2/18/2019	

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F 625	<p>Continued From page 8</p> <p>nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and staff interview, the facility failed to provide notice to the resident and/or resident representative of the facility's bed hold policy prior to hospitalization for three of three residents reviewed. (Resident #17, #8 & #22) The facility census was 29 residents.</p> <p>Findings include:</p> <p>1. Review of Resident #8's progress notes documented the resident was transferred to the hospital on 12/1/18 at 7:30 a.m. and returned to the facility on 12/7/18.</p>	F 625	<p>DON and/or designee will perform random audits to ensure compliance.</p> <p>All findings and concerns will be presented to the QA team</p>		

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F 625	<p>Continued From page 9</p> <p>The clinical record lacked documentation the resident and/or resident representative received notification of the bed hold policy.</p> <p>During interview on 1/23/19 at 1:00 p.m., the administrator revealed she was unable to produce a copy of the bed hold notification policy that was either given to the resident or the resident representative.</p> <p>The facility's Bed Hold Policy and Return, undated, states Each time a resident goes out of the building overnight, a new bed hold agreement must be obtained. At the time of transfer of a resident for hospitalization or therapeutic leave the facility will provide a resident/resident representative written notice which specifies the duration of the bed-hold policy.</p> <p>2. Review of the Census list for Resident #17 revealed the resident was hospitalized on 11/11/18 and returned on 11/14/18, and was hospitalized on 11/28/18 and returned on 11/29/18.</p> <p>The clinical record and progress notes dated 11/11/18 and 11/28/18, lacked documentation of explanation of the bed hold notification to the resident or resident representative.</p> <p>3. Review of the Census list for Resident #22 revealed the resident was hospitalized on 8/18/18 and returned on 8/23/18.</p> <p>The clinical record and progress notes dated 8/18/18 lacked documentation of explanation of the bed hold notification to the resident or resident representative.</p>	F 625			

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F 690 SS=D	<p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review and</p>	F 690	<p>Resident #32 still resides in the facility. Resident #32 and all other residents receive proper pericare and personal needs are met.</p> <p>Education was provided to nursing staff on 2/3/2019 of proper pericare procedure.</p> <p>DON and/or designee will perform random audits to ensure compliance.</p> <p>All findings and concerns will be presented to the QA team.</p>	2/18/2019	

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NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF BAXTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 407 SOUTH EAST AVENUE BAXTER, IA 50028		
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F 690	<p>Continued From page 11</p> <p>staff interview, the facility failed to ensure staff completed proper perineal care after an incontinent episode for one of four residents reviewed (Resident #32) The facility census was 29 residents.</p> <p>Findings include:</p> <p>1. The Medication Administration Record (MAR) for January 2019, listed Resident #32 had diagnoses of need for assistance with personal care, Type II diabetes mellitus and neuromuscular dysfunction of the bladder.</p> <p>The January 2019 care plan dated 1/15/19, identified problem focus areas of a pressure ulcer on the left buttock and an open sore on the scrotal area due to incontinence and immobility, of being at risk for skin breakdown due to decreased mobility and urine/bowel incontinence, and incontinent of urine due to neuromuscular bladder. An intervention was to assist with perineal (incontinence) cares twice a day and as needed.</p> <p>During observation on 1/23/19 at 2:45 p.m., Staff A, certified nurse aide, CNA and Staff B, CNA assisted the resident to use a bedpan to toilet. Staff A removed a heavily soiled incontinence brief from the resident prior to placement on the bedpan and provided toileting hygiene after removal of the bedpan. Staff A failed to cleanse the resident's buttocks, hips, or central perineal area.</p> <p>Review of a document labeled Perineal Care for the Incontinent Resident directed staff to provide cleansing to all skin areas contaminated by urine and/or stool.</p>	F 690			

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F 690	Continued From page 12	F 690			
F 758 SS=D	<p>During interview on 1/24/19 at 7:30 a.m., the Director of Nursing stated it was her expectation that all areas contaminated with feces or urine would be cleansed during perineal care.</p> <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that—</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented</p>	F 758	<p>Resident # 30 no longer resides in the facility.</p> <p>Education will be provided by 02/18/2019 to the Nursing staff on using three non-pharmacological interventions prior to use of PRN psychotropic drug</p> <p>Communication with facility Medical Director, on expectation to end or reevaluate after 14 days after initial PRN psychotropic drug has been ordered.</p> <p>DON and/or designee will perform random audits to ensure compliance.</p> <p>All findings or concerns will be presented to the QA team.</p>	2/18/2019	

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F 758	<p>Continued From page 13 in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to limit as needed (PRN) psychotropic medication to 14 days and failed to attempt non-pharmacological interventions prior to administration of a PRN anti-anxiety medication for one of five residents reviewed for unnecessary medications. (Resident #30) The facility census was 29 residents.</p> <p>Findings include::</p> <p>1. The Minimum Data Set (MDS) assessment dated 1/8/19, documented Resident #30 had diagnoses of non-Alzheimer's dementia and psychotic disorder and was independent for bed mobility, walking in room and transfer.</p> <p>A Physician Order dated 12/28/18, documented an order for Xanax 0.25 milligrams (mg) one tablet every 12 hours as needed (PRN).</p>	F 758			

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F 758	Continued From page 14 The Medical Director-Report of Irregularities dated 1/4/2019, contained recommendations by the pharmacy consultant to the physician regarding the residents PRN Xanax. The note stated PRN administration of psychotropic medications should be reserved for acute situations, if the resident would require the above PRN order longer than 14 days, please note the following to comply with CMS regulations: a. Specific clinical rationale for continuation of the order; b. Specific duration for which the orders should continue: or, discontinue the above PRN order A review of the Medication Administration Record (MAR) for December 2018 and January 2019 revealed staff administered the PRN Xanax one time on January 13, 2019. During interview on 1/23/19 at 5:10 p.m., the Director of Nursing confirmed the order did not contain a stop date and stated they do not have a process or protocol in place to identify PRN psychotropic medications for discontinuation.	F 758			
F 880 SS=D	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	F 880	Resident #32, #29 and all other residents will receive proper pericare with infection control procedures in place. Immediate education provided by DON and Nurse Consultant to Staff member A on expectations for pericare and gloving/hand hygiene. Education provided to all nursing staff by 2/10/2019 on proper gloving and hand hygiene, when to sanitize contaminated items such as a pericare wash bottle falling to the floor and when to use barriers for bed pans to prevent spread of potential infection.	2/18/2019	

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F 880	<p>Continued From page 15</p> <p>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 contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed</p>	F 880	<p>DON and/or designee will perform random audits to ensure compliance.</p> <p>All findings and concerns will be presented to the QA team.</p>		

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F 880	<p>Continued From page 16 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 observation, clinical record review, facility policy review and staff interview, the facility failed to utilize proper infection control techniques during resident care for two of four residents observed. (Resident #29 & #32) The facility census was 29 residents.</p> <p>Findings include:</p> <p>1. The Medication Administration Record (MAR) for January 2019, documented Resident #32 had diagnoses of need for assistance with personal care, Type II diabetes mellitus and neuromuscular dysfunction of the bladder.</p> <p>During observation on 1/23/19 at 2:30 p.m., Staff A, Certified Nurse Aide, CNA and Staff C, CNA, entered the resident's room. Staff C washed her hands and donned gloves. Staff A donned gloves. The resident was transferred from a recliner to the bed using a mechanical lift. Staff A removed a heavily soiled brief from the resident and laid it on the lift sling pad beside the resident's left</p>	F 880			

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F 880	Continued From page 17 shoulder. Staff C removed her gloves, washed her hands and the left room. Staff A placed the soiled brief in the trash, removed gloves, but failed to wash or sanitize his hands. At 2:45 p.m., Staff A and Staff B re-entered the room. Staff A donned two sets of gloves while Staff B washed her hands and donned gloves. The resident was rolled to the right side to remove the bedpan which contained a bowel movement and urine. Staff A removed the bedpan and took it to the resident's bathroom. No barrier was placed under the bedpan in the bed or under the resident. Staff A wiped the residents anal area several times using disposable wipes, turning the wipe or obtaining a clean wipe for each new area. A pressure area dressing was soiled with fecal matter and Staff A removed it. Staff A removed his outer set of gloves and wiped two more swipes of fecal matter with a wipe. With the same gloves on, Staff A touched the bed side rails, placed a clean brief under the resident and assisted Staff B to roll the resident to the left hip to pull the brief under resident. The resident was rolled to their back. Staff A, wearing the same gloves, wiped across resident's abdomen, up both leg creases from back to front and using the same wipe for multiple swipes-cleansed the residents frontal perineal area and pulled the clean brief into place between the resident's legs while waiting for a nurse to come and complete wound care. Staff A removed the second pair of gloves, but did not perform hand hygiene. Staff A donned two sets of gloves and dumped the bed pan in the toilet and wiped it out with wipes and placed the bedpan on the floor in the resident's bathroom without placing a barrier over or under the bedpan. Staff A removed the outer set of gloves. Staff A lowered the head of the bed and assisted the resident to turn to the right hip again	F 880			

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F 880	<p>Continued From page 18</p> <p>so the nurse could complete the wound treatment. After the treatment was completed, Staff A secured the clean brief on the resident, removed the lift sling from under the resident, and assisted the nurse to pull up the resident's pants. Staff A wearing the second pair gloves, gathered the trash and exited the room to take it to the dirty utility room.</p> <p>Review of a document labeled Perineal Care for the Incontinent Resident with a revision date of 7/10 directed to provide cleansing to all skin areas contaminated by urine and/or stool. If resident has had a bowel movement, remove as much as possible with toilet tissue or brief before beginning perineal care. Remove gloves. Cover resident. Remove gloves and re-apply gloves. It is important to remove gloves at any time they appear soiled of stool and re-apply newgloves.</p> <p>Review of an undated document labeled Handwashing Technique, the policy directed that hands should be washed after close resident contact even when gloves are worn.</p> <p>Review of an undated document labeled Glove Use, the policy directed staff to perform hand hygiene after removing gloves. Gloves do not replace hand hygiene.</p> <p>During interview on 1/23/19 at 3:15 p.m., Staff A stated he had always double gloved when he knows that he will be dealing with fecal matter. Staff A stated he removes gloves and performs hand hygiene depending on what he is doing at the time. Stated he had worked in several different facilities and different states and was taught to double glove.</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>During interview on 1/23/19 at 3:20 p.m., the Consultant nurse stated it was her expectation that staff remove their gloves and perform hand hygiene when moving from areas of dirty tasks to clean tasks and especially after cleaning up bowel movements. The Consultant stated Staff A was an agency employee. The Consultant stated they do not teach or support double gloving.</p> <p>2. The Minimum Data Set (MDS) assessment dated 12/28/18, revealed Resident #29 had a diagnoses of spina bifida and neuromuscular scoliosis.</p> <p>During observation on 1/23/19 at 10:57 a.m., Staff B, CNA picked up a bottle of periwash solution that fell onto the floor by the resident's bed. Staff B sprayed periwash onto wet washcloths and cleansed the resident's periaerea and groin with the contaminated washcloths. The Director of Nursing (DON) stood in the room while cares provided.</p> <p>During interview on 1/24/19 at 10:40 a.m., the DON reported she expected staff to obtain another bottle of periwash when the bottle fell on the floor.</p> <p>During observation on 1/23/19 at 11:28 a.m., Staff D, Registered Nurse, donned a pair of gloves and removed the dressing and gauze packing from the resident's scrotal wound. Staff D took a saline gauze and cleansed around the resident's scrotal area and under the right buttock. Staff D took another saline gauze and cleansed the inner aspect of the scrotal wound and changes her gloves.</p> <p>The DON stood in the resident's room and observed while Staff D performed the dressing</p>	F 880			

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F 880	Continued From page 20 change. During Interview on 1/24/19 at 10:40 a.m., the DON reported she expected staff to change gloves and hand sanitized when contaminated and when they went from a dirty to a clean task.	F 880			

