

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

PRINTED: 07/15/2020
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165331 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/24/2020 |
|--|---|--|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER MORNING SUN CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 200 WASHINGTON MORNING SUN, IA 52640 |
|--|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
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LS

F 000 INITIAL COMMENTS

F 000

Correction Date 7/29/20

A COVID-19 Focused Infection Control Survey was conducted by the Department of Inspection and Appeals on June 24, 2020. The facility was found to not be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.

F 880 Infection Prevention & Control
SS=F CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

Total residents: 33

§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;

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

TITLE

(X6) DATE

[Signature]

Administrator

7-24-2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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 §483.80(a)(2) Written standards, policies, and 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. | F 880 | | |

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| F 880 | <p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed utilize proper Personal Protective Equipment (PPE) in accordance with Centers for Disease Control (CDC) to prevent the spread of infection for 1 of 1 newly admitted residents (Resident #1). The facility reported a census of 33.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During an observation on 6/24/20 at 11:00 a.m., Staff B (Nurse Aide) walked with Resident #1 from her recliner to the bathroom. Staff A (Nurse Aide) placed a new brief on the resident. After the resident finished on the toilet, Staff B performed perineal cares while Staff A helped the resident stand up. Staff B then walked with the resident back to her recliner. Staff B and Staff A failed to utilize a gowns while assisting the resident. <p>During an observation on 6/24/20 at 11:15 a.m., Staff B and Staff A walked out of Resident #2's room wearing the same uniforms they wore when assisting Resident #1. Staff B stated to the surveyor they assisted Resident #2 to get up.</p> <p>An undated document entitled "Isolation", provided by the DON (Director of Nursing) to the survey team on 6/24/20, stated Resident #1 was a new admission with an admit date of 6/23/20.</p> <p>The facility policy, "Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities", dated 4/13/20, directed staff to</p> | F 880 | | |

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| F 880 | <p>Continued From page 3</p> <p>place all new admissions in isolation for 14 days.</p> <p>Current CDC guidelines, updated 6/22/20, directed facilities to place new admissions in a separate observation area for 14 days so staff could monitor the resident for evidence of COVID-19. The guidance directed facilities to ensure staff caring for these residents wore a mask, goggles, gloves, and a gown (www.cdc.gov).</p> <p>During an interview on 6/24/20 at 12:00 p.m., Director for Nurses stated they did not have a specific policy regarding isolation procedures for new admissions. She stated they followed the above 4/13/20 guidelines and it was her understanding if residents tested negative and showed no signs and symptoms no gown was required.</p> | F 880 | | | |

Plan of Correction for Survey ending 6/24/2020

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

F000 – Correction Date: July 29, 2020

F880 Infection Prevention & 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.

The facility is disputing this deficiency, and is submitting a response with additional information in a separate document. However, for the required Plan of Correction, the facility submits the following:

1. The facility has a robust infection prevention and control plan in place. Education is provided to staff via standup meetings 2 times/week, via email, electronic health system bulletins, COVID newsletters, and in-person drills. Surveillance testing (testing of all staff and residents) for COVID-19 has been conducted twice, once in June 2020 and the other in July 2020, with all residents testing negative for COVID-19. No residents of Morning Sun Care Center have been diagnosed with COVID-19 as of July 23, 2020.
2. On June 24, 2020, the Director of Nursing instructed caregiver staff via in-service on the use of personal protective equipment (PPE). Staff caring for asymptomatic residents in 14 day observation quarantine will utilize isolation gowns in addition to face shield or eye protection, mask, and gloves. PPE stations are located outside of quarantined resident rooms. These stations include gowns, gloves, N95 masks, surgical masks, and face shields. Staff were assigned the following educational Centers for Disease Control (CDC) video: "CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: PPE Lessons" via Relias online learning system and has been completed as of July 23, 2020.
3. PPE supply counts are performed and recorded daily in order to track usage, to plan for shortages and to assist in calculating burn rates. The facility received 60 reusable isolation gowns on June 26, 2020. Gowns were on backorder since prior to May 13, 2020. On May 13, 2020 the supplier sent a notification that isolation gowns would begin shipping in limited quantities beginning mid-June. On June 24, 2020 a second gown supplier sent a notification that they would begin filling backorders of gowns "soon." Gowns were no longer available from the state emergency management supplier

beginning in June 2020. On June 24, 2020 the facility shifted from minimal level use of PPE to conventional strategies.

4. A root cause analysis RCA was performed through the facility's internal quality improvement process on July 23, 2020. The Director of Nursing or designee will perform audits twice per week for 4 weeks to ensure isolation gowns are utilized by staff per CDC and Iowa Department of Public Health emergency orders. Based on outcomes through the quality assurance process system, weaknesses will be identified and interventions will be initiated to attempt to maintain the current resident outcomes of zero COVID-19 infection rates.