

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

PRINTED: 12/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2020
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF SIOUX CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104		
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F 000	INITIAL COMMENTS Correction Date _____ A Focused COVID-19 infection survey and investigation of Complaint 94722-C was conducted ending on December 14, 2020 and resulted in the following deficiencies. Complaint 94722-C was substantiated. The facility was found not in compliance with CMS and Centers Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total residents: 23 See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000			
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	F 880			

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

TITLE

(X6) DATE

12/17/2020

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>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 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>	F 880			

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F 880	<p>Continued From page 2</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 staff interview, manufacturer product information and observation, the facility failed to provide adequate disinfection of the environment to prevent the transfer of pathogens. The facility reported a census of 23 residents.</p> <p>Findings include:</p> <p>In an observation on 12/9/20 at 10:00 AM, the housekeeping supervisor, Staff E showed this worker the solutions used to disinfect the environment. The facility used several aerosol disinfectants and the housekeeping cleaning cart contained two buckets of concentrated solutions.</p> <p>On the top of the cart was a solution Staff E stated contained the concentrated Disinfectant Claire with the Environmental Protection Agency (EPA) # 706-111. She reported staff used this solution on railings, door knobs and other high-touch areas at least twice a day.</p> <p>Staff E stated staff used the second tub of solution to clean the floors. She showed the surveyor the CitraWorx all-purpose cleaner. The label on the cleaner lacked an EPA reference number, so Staff E said she would do come research to find that number.</p>	F 880			

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F 880	Continued From page 3 In an interview on 12/9/20 at 2:00 the Administrator stated he researched the CitraWorx all-purpose cleaner used on the floors and said it was a degreaser. He said after cleaning the floors with this solution, staff should follow up with a disinfectant. Staff Interviews: On 12/9/20 2:40 PM, housekeeping Staff A said he was responsible for cleaning rooms on a regular basis. He acknowledged that the germicidal concentrate was used on most surfaces. Staff A said that he mopped the floor with the floor cleaning solution and did not follow up another solution afterwards. On 12/9/20 3:45 PM, Registered Nurse (RN) Staff F said she came into the facility to help several times. She helped with room changes and cleaning and mopped the floor as well. She said the floor was cleaned with just one solution. On 12/9/20 at 3:08 PM, housekeeping Staff B stated she cleaned high touch areas, and deep cleaned in the rooms when residents were moved. She said that just one solution was used on the floors. On 12/9/20 at 3:17 PM, RN Staff G from the corporate office, came in to help when the facility had the outbreak of Covid-19 cases. She said she helped with cleaning rooms and remembered using just one solution on the floors as after moving residents. According to CitraWorx concentrated citrus all-purpose cleaner label, the use for the solution	F 880			

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F 880	Continued From page 4 was a degreaser on hard surfaces and could also be used for laundry presoak to remove grease and grime. The label lacked an EPA registration number. In a policy from Accura Healthcare titled; Covid-19 Infection Prevention Guidelines updated on 4/3/20, indicated that environmental cleaning was to be conducted and the rooms were to be sanitized after a resident is moved. Infection Control Assessment and Response Survey (ICAR) tool identified the facility should utilize EPA-registered, hospital grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 on surfaces.	F 880			
F 886 SS=D	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6) §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or	F 886			

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F 886	<p>Continued From page 5</p> <p>suspected exposure to COVID-19;</p> <p>(iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of COVID-19 in a county;</p> <p>(v) The response time for test results; and</p> <p>(vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing:</p> <p>(i) Document that testing was completed and the results of each staff test; and</p> <p>(ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing</p>	F 886			

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F 886	<p>Continued From page 6</p> <p>efforts, such as obtaining testing supplies or processing test results.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and chart review, the facility failed to take action to prevent the transmission of pathogens upon identification of the onset of symptoms for 1 of 5 residents reviewed (Resident #1). The facility reported a census of 23 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated October 10, 2020, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact cognitive ability. According to the MDS the resident required extensive assistance with the help of two for transfer, dressing and toileting.</p> <p>A care plan updated on 10/20/20, indicated the resident had left sided hemiparesis, Chronic Obstructive Pulmonary Disease (COPD) and was at risk for altered nutrition due to congestive heart failure and metabolic encephalopathy. The care plan indicated that on 10/8/20 the resident received Hospice services.</p> <p>A review of the electronic nursing notes for Resident #1 revealed the following:</p> <p>1) 11/5/20 at 2:11 AM the resident experienced some agitation and anxiety. The documentation indicated the resident needed to use the restroom every 30-60 minutes and her urine had a foul odor. The doctor was contacted and a urinalysis ordered to rule out a urinary tract infection.</p> <p>2) 11/6/20 at 5:25 AM the resident exhibited</p>	F 886			

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F 886	<p>Continued From page 7</p> <p>increased confusion.</p> <p>3) 11/6/20 at 10:37 PM the resident had a change in condition after she slipped out of her wheelchair onto the floor. In an assessment after the fall, staff assessed a blood pressure of 188/101 and an oxygen saturation of 77% on 3 liters of oxygen per nasal cannula.</p> <p>4) 11/9/20 at 2:30 AM the resident complained she could not breathe, and screamed continuously that she needed help.</p> <p>According to a change in condition assessment on 11/9/20 at 5:49 PM, the resident experienced extreme dyspnea and anxiety. Her breathing was rapid at 32 breaths per minute and her pulse was 113 beats per minute. The documentation indicated her oxygen saturation decreased to 31%-35% on 3 liters of oxygen and staff changed the nasal cannula to oxygen mask. A follow up nebulizer treatment was provided.</p> <p>A nursing note dated 11/10 at 1:30 PM, identified the resident was on supplemental oxygen at 5 liters with a mask. Her respirations were rapid, she was warm to touch and her skin was clammy. Tylenol was given for an elevated temperature of 100.4.</p> <p>The chart lacked any documentation of a Covid-19 test administration upon onset of new symptoms.</p> <p>According to a nursing note dated 11/11/20 at 3:20 AM, the resident was very agitated and restless with a pulse of 103 beats per minute and an oxygen saturation of 49%.</p> <p>In a nursing note dated 11/11 at 4:42 the resident was unresponsive and hospice, the physician and</p>	F 886			

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F 886	<p>Continued From page 8 the family were all contacted.</p> <p>According to the policy: Accura Healthcare Covid-19 Infection Prevention Guidelines, updated on 4/3/20, all residents would be assessed daily and those that present with fever or signs and symptoms of upper respiratory will be evaluated and reported to their physician and resource enter clinical team. The clinical quality team would then provide guidance.</p> <p>In an interview on 12/10 at 12:10 PM, the Director of Nursing (DON) identified the facility with an outbreak in Covid-19 cases on 11/17/20 with 10 residents testing positive at that time.</p> <p>When asked why Resident #1 did not have a Covid-19 test administered on 11/9/20 when she displayed symptoms, she did not have an answer for that question. She said the resident was on Hospice and most of the treatments and direction comes from Hospice but she acknowledged that there had not been a conversation, or documentation of conversation regarding possible Covid-19 testing.</p> <p>When asked about nebulizer treatments used during the pandemic, the DON stated they had those discontinued and found substitutes understanding that these treatments can increase the spread of virus. She acknowledged that Resident #1 had a nebulizer treatments on 11/8/20 and 11/9/20 while she was having respiratory symptoms.</p>	F 886			