

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

PRINTED: 12/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2021
NAME OF PROVIDER OR SUPPLIER LENOX CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST VAN BUREN LENOX, IA 50851		
(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 12/15/2021 The following deficiencies relate to the facility's annual survey and complaint investigation. Complaint # 87161-C was substantiated. Complaint # 94440-C was not substantiated. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C F 691 Colostomy, Urostomy, or Ileostomy Care SS=D CFR(s): 483.25(f) §483.25(f) Colostomy, urostomy, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident, family, staff and paramedic interviews and facility policy review, the facility failed to provide approved technique for the care of a colostomy according to the facility policy, for one of one residents reviewed with ostomy care (#118) The facility reported a current census of 16 residents. Findings included: Review of Resident #118's Minimum Data Set (MDS) assessment dated 10/30/19 revealed diagnoses that included coronary artery disease, heart failure, hypertension (high blood pressure),	F 000	This plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal Law.		
F 691	Colostomy, Urostomy, or Ileostomy Care SS=D CFR(s): 483.25(f) §483.25(f) Colostomy, urostomy, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident, family, staff and paramedic interviews and facility policy review, the facility failed to provide approved technique for the care of a colostomy according to the facility policy, for one of one residents reviewed with ostomy care (#118) The facility reported a current census of 16 residents. Findings included: Review of Resident #118's Minimum Data Set (MDS) assessment dated 10/30/19 revealed diagnoses that included coronary artery disease, heart failure, hypertension (high blood pressure),	F 691	F 691 Colostomy, Urostomy, Ileostomy Care 1. Residents #118 was discharged from facility on 04/01/2021. 2. There are currently no other residents requiring colostomy care residing at facility. 3. Licensed nurses were provided education by Director of Nursing/Designee on or before December 15, 2021, regarding technique for the care of a colostomy. 4. The Director of Nursing or designee will conduct audits weekly times 4 then monthly times 2 to ensure nursing staff are providing approved technique for the care of a colostomy. Results of the audits will be reviewed/discussed at the monthly QA meeting x3 months for recommendations as needed. Director of Nursing is responsible for ongoing compliance	12/15/2021	

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

TITLE

(X6) DATE

Julie Boers

Administrator

12-15-21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 691	<p>Continued From page 1</p> <p>Type 2 diabetes, anxiety, depression, and chronic obstructive pulmonary disorder (COPD), and morbid obesity. The MDS identified the resident's cognition intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The MDS coded the resident as having a colostomy (opening in bowel through the skin of the abdomen, which allows feces to be expelled).</p> <p>The resident's Care Plan initiated on 10/16/19 recorded she had potential for skin impairment and the skin around the colostomy could become excoriated when the colostomy leaked. The Care Plan also documented the resident could care for her own colostomy and supplies to be in her room for change as needed.</p> <p>The Progress Note dated 10/31/19 at 3:27 pm recorded Resident #118 had loose stools from her colostomy. The loose stools made it difficult for the colostomy bag to stay in place which caused her skin to become irritated and staff applied a barrier cream to the resident's skin. The note documented the resident's skin around the stoma was excoriated and the resident left the bag off.</p> <p>The Progress Note dated 11/3/19 at 4:25 pm documented the resident's family member voiced a concern regarding the stoma protruding further out and appearing bright red. The nurse (Staff B), LPN (Licensed Practical Nurse) removed the bag in place, cleansed the area and applied a layer of ointment. Staff B documented she used a glove around the stoma instead of a bag so the stool could go into the fingers of the glove and would not touch the resident's skin. Staff B also applied an ice pack per resident's request.</p>	F 691			

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F 691	<p>Continued From page 2</p> <p>The Progress Note dated 11/4/19 at 2:06 am recorded staff used an extra-large glove to cover the resident's stoma. The author of the note, Staff A, RN (Registered Nurse) documented the resident's skin under the stoma did not appear as red as the day before.</p> <p>The Progress Note dated 11/4/19 at 1:05 documented Resident #118 transferred to the Emergency Room due to changing breathing patterns and vital signs. Resident #118 returned to the facility on 11/4/21 at 5:56 pm.</p> <p>A Progress Note dated 11/8/19 at 5:26 pm recorded Resident #118 managed her own colostomy. The wound nurse assisted the resident with changing the bag for the ostomy and applied skin prep since the paste irritated the resident's skin.</p> <p>In an interview on 12/1/21 at 10:03 am, Resident #118's family member stated the resident had loose stools and for about three to four days, the facility staff utilized garbage bags because the resident had multiple loose stools. Resident #118 had recently admitted to the facility on 10/10/19 and the family member reported facility staff assured them the resident would be taken care of. It seemed like staff did not know how to care for a resident with an ostomy because whether or not she had loose stools, her ostomy leaked. Staff then switched to using garbage bags instead of a colostomy bag. The family member reported the resident's skin was very red and raw from the stoma down to the resident's groin and thought this was due to use of garbage bags instead of colostomy bags.</p> <p>In an interview on 12/1/21 at 10:11 am, the</p>	F 691			

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F 691	<p>Continued From page 3</p> <p>Paramedic that transferred Resident #118 to the Emergency Room on 11/4/19 stated she remembered the resident had a trash bag for an ostomy bag. The Paramedic stated she did not know how long the trash bag had been in place.</p> <p>In an interview on 12/1/21 at 10:41 am, Staff A, Registered Nurse (RN) recalled the resident's area of the stoma as red and raw. Staff A reported the colostomy bag would not stay on because the resident's skin was so raw. Staff A stated they utilized the garbage bag to give the skin a chance to heal. Staff A could not remember who suggested to use a garbage bag. Staff A concluded the facility had more than enough supplies for the colostomy in the medication storage room and in stock in the basement.</p> <p>In an interview on 12/1/21 at 10:43 am, Staff B recalled Resident #118 had recently admitted to the facility (10/10/19) and had multiple loose stools, which irritated the skin around her stoma. Staff B could not remember who put the garbage bag on the resident's stoma site but thought the resident requested that staff use the garbage bag. Staff B reported they used a paste to keep the colostomy bag on and it seemed to irritate the resident's skin around the stoma. Staff B stated staff also utilized a glove as an ostomy bag, which seemed to work much better than the garbage bag. Staff B stated Resident #118 admitted to the Emergency Room (ER) and her colostomy and skin issue were addressed at the hospital.</p> <p>In an interview on 12/1/21 at 11:01 am, Resident #118 reported she took care of her own colostomy. Resident #118 recalled staff placed a</p>	F 691			

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F 691	<p>Continued From page 4</p> <p>garbage bag for her colostomy when her skin broke out around her ostomy. The resident stated her colostomy bag would not stay on so staff taped a garbage bag over the ostomy site. Resident #118's physician came in and assessed her colostomy and did not appear to be happy about the use of a garbage bag instead of her colostomy. Resident #118 reported the facility's wound nurse placed the garbage bag on her stoma site.</p> <p>On 12/1/21 at 12:30 pm, the facility's wound nurse reported Resident #118 wanted to use the garbage bag as her colostomy bag did not stick very well and would leak. The wound nurse described the resident's skin as excoriated from the loose stools. The wound nurse stated that staff utilized stoma powder, then a paste, and then tried Skin Prep on the excoriation and the colostomy still did not stick and seemed to make the skin worse. The wound nurse reported she did not think the staff placed the garbage bag on the resident's stoma but the resident herself. The wound nurse could not recall if they notified the resident's physician of the excoriation and loose stools.</p> <p>The facility's policy on Ostomy Care, dated 1/13, instructed that staff are to discard old appliance in a plastic bag, wash skin around stoma gently with warm water and allow to dry. Staff are to observe and not any area of redness or breakdown and observe the color of the stoma. Staff are then to replace the old appliance with a new one by cutting the appropriate size on the adhesive backing of the appliance and apply ostomy paste, powder or or seal as indicated around the stoma or around edge of the skin barrier. Staff then should apply the new appliance, avoid wrinkles in</p>	F 691			

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F 691	Continued From page 5 the adhesive, and then encourage resident to rest quietly in position for five minutes to improve adhesion of the appliance. During an interview on 12/1/21 at 3:04 pm with the Administrator, she reviewed the resident's Progress Notes and stated that staff should not have used a glove instead of an ostomy bag. In a follow-up interview on 12/2/21 at 8:32 am, the Administrator stated she could understand why staff did what they did because the skin being raw makes it hard for the colostomy bag to stick. On 12/1/21 at 11:15 am, the Director of Nursing (DON) reported she read the resident's Progress Notes and stated the resident was very particular and wanted a certain style of colostomy bag. If the facility didn't have the correct colostomy bag, the resident made sure to let the DON know to order the right bag. The DON stated Resident #118 wanted things her way or the highway and if staff used a garbage bag instead of a colostomy bag, she must have been okay with it.	F 691			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812	F 812 Food Procurements, Store/Prepare/Service-Sanitary 1. Freezer items found during kitchen tour that were undated and unlabeled were discarded on 12/2/2021. Drinks that are placed in cooler will be covered. On 12/2/21 Verbal communication was provided to staff and her hair was placed within her hairnet. 2. Audits will be completed by the Administrator/Designee on or before 12/15/2021 to validate there are no items in the freezer without label and date, that all drinks are covered until served to the resident, and staff hair is covered entirely by hairnet. 3. The Administrator/Designee provided education on or before December 15, 2021 for the dietary staff regarding labeling and dating of stored items, covering drinks until served to the resident, and hairnet usage. 4. The Administrator or designee will conduct observational audits weekly for 12 weeks to ensure food/drink items are covered, labeled, and dated, and staff hairnets are worn appropriately. Results of the audits will be reviewed/discussed at the monthly QA meeting for recommendation as needed. Administrator/Designee is responsible for ongoing compliance.	12/15/2021	

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F 812	<p>Continued From page 6</p> <p>safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, review of facility policy for food storage, and staff interviews, the facility failed to follow sanitary practices for storage of food for three observed items and staff failed to properly use a hairnet while in the kitchen. The facility reported a current census of 16 residents.</p> <p>Findings Included:</p> <p>1. Upon initial kitchen tour on 11/29/21 at 9:56 am the following items found undated and not labeled:</p> <p>a. The freezer contained one bag of opened chicken legs with freezer burn and one bag of opened diced meat with freezer burn. b. The beverage cooler stored a tray with 10 + uncovered and unlabeled filled cups.</p> <p>Further observation on 11/30/21 at 11:59 am, revealed a tray sitting on the table with filled cups for lunch with no lids, dates or labels. The Dietary Manager (DM) took the drinks out the tables one by one until the cups were gone and then pulled out another tray of uncovered, unlabeled filled cups and delivered the tray to the dining room residents.</p> <p>The facility's policy titled Freezer Storage, dated 6/15, instructed staff to label products with delivery month, day and year the product</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>received. Staff should discard frozen leftovers after six months.</p> <p>The facility's policy titled Leftovers, dated 6/15, directed staff to ensure proper storage and handling for opened foods by label and dating all food items with item name and date stored or opened.</p> <p>The facility's policy for Refrigerator Storage, dated 6/15, instructed staff to cover all pre-dish items with plastic wrap or foil to prevent off-flavors, drying or cross-contamination.</p> <p>During interview on 12/2/21 at 11:15 am, the Director of Nursing (DON) stated food items should be labeled and dated when opened and drink coverings should have plastic wrap over the top of them.</p> <p>2. During observation during the initial kitchen tour on 11/29/21 at 9:56 am, the DM wore a hair net but the net only covered a portion of her hair.</p> <p>The facility's Sanitation policy, dated 6/15, directed that staff are to wear a hair restraint at all times and it should cover all hair.</p> <p>On 12/2/21 at 11:15 am, the DON reported kitchen staff should wear a hairnet to cover all exposed hair.</p>	F 812			