

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

PRINTED: 08/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165575	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/25/2024
NAME OF PROVIDER OR SUPPLIER HARMONY UTICA RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 COMMERCE BLVD DAVENPORT, IA 52807		
(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	F 000			
✓ KG	Correction date: 08/09/2024				
	The following deficiency resulted from an investigation of complaint #122062-C conducted on July 22, 2024 to July 25, 2024.				
	Complaints #122062-C was not substantiated.				
	See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.				
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			
	§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			Brandy Fuller RN LHA TITLE		08/22/2024 (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 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 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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <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>	F 880			

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F 880	<p>Continued From page 2</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 and staff interview, the facility failed to implement infection control standards during wound care. After providing wound care, nursing staff did not remove an isolation gown prior to exiting a residents room to access a common medication cart drawer for supplies, and did not change gloves between wound care tasks for one of three residents observed (Resident #4). The facility reported a census of 84 residents.</p> <p>Findings include: The Minimum Data Set (MDS), dated 5/27/24, diagnoses list included: obstructive uropathy (urine flow obstructed), septicemia (infection in blood), and non-Alzheimer's Dementia. The MDS revealed a Brief Interview for Mental Status (BIMS) score of 3 out of 15, indicating a severe cognitive impairment. The MDS assessed Resident #4 dependent on staff for mobility, and transfers; and required substantial/maximal assistance with toileting, showers and repositioning. The MDS identified Resident #4 had one Stage II pressure ulcer, utilized an indwelling catheter, and incontinent of stool.</p> <p>The Care Plan, dated 5/21/24, included a Focus Area to address Risk for unavoidable alteration in skin integrity related to chronic neuropathy, unplanned weight loss, low albumin/protein, recent history of skin breakdown.</p> <p>A review of Physician Orders revealed the</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER

HARMONY UTICA RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE

**3800 COMMERCE BLVD
DAVENPORT, IA 52807**

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F 880	<p>Continued From page 3</p> <p>following wound care orders:</p> <p>a. Wound Coccyx: Cleanse with NS (normal saline), apply calcium alginate w/(with) silver and cover with foam, every day shift. Start date 7/19/24.</p> <p>b. Wound Left Lateral Foot - unstageable - Cleanse with NS, apply calcium alginate w/silver to wound bed, cover with foam dressing every day shift for wound care. Start date 7/19/24.</p> <p>c. Wound Right big toe: Apply iodine topically, allow to dry. Leave OTA (open to air) every day shift for wound care. Start date 6/7/24.</p> <p>d. Wound Right heel wound: apply iodine, apply ABD (absorbent pad) and Kerlix dressing every day shift for wound care. Start date 6/20/24.</p> <p>e. Wound Right Lateral Foot: apply betadine topically, allow to dry. Cover with ABD/Kerlix every day shift for wound. Start date 6/20/24.</p> <p>f. Wound to right iliac crest cleanse with normal saline, apply calcium alginate w/silver to wound bed cover with foam dressing. Change daily one time a day. Start date 7/20/24.</p> <p>Resident #4's Physician Orders included the application of gentamicin sulfate ointment 0.1% (ointment containing an antibiotic) to be applied to right ischium every day for wound care.</p> <p>During an observation of wound care on 7/23/24 at 9:47 AM to 10:26 AM revealed: At 9:47 AM, Staff L, Certified Nursing Assistant (CNA), Staff B, Registered Nurse (RN) and Staff M, Nurse Practitioner (NP) entered the room and donned isolation gown and gloves.</p> <p>At 9:50 AM, Staff B removed dressing to right ischial wound, noted to have a moderate amount of serosanguineous (straw colored liquid mixture of blood and serum) drainage. The wound bed</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>appeared cream in color. The surrounding skin appeared slightly dark red. Staff M cleansed the wound with normal saline.</p> <p>At 9:51 AM, Staff B measured the right ischial wound. Results: length was 3.8 cm, width was 3 cm. Staff B removed her gloves and applied an alcohol based hand sanitizer.</p> <p>At 9:54 AM, Staff B, RN exited the room while wearing the isolation. Staff B accessed the medication cart, looked through the bottom drawer for dressing supplies. The isolation gown touched the medication cart.</p> <p>At 9:58 AM, Staff B returned to Resident #4's room. Donned gloves, and without changing the isolation gown, cleansed the wound to the coccyx area. Without a change of gloves, Staff B applied the calcium alginate w/silver dressing on the wound, and covered the area with a Mepilex (brand name of a type of dressing) dressing and dated the dressing.</p> <p>At 10:08 AM, Staff B without a change of gloves, used betadine swabs to cleanse the wound to the right lateral foot. She continued without a glove change to open up the dressing packets.</p> <p>At 10:14 AM, Staff B removed her gloves, used alcohol hand sanitizer and donned new gloves. Staff B then went out to the hallway while wearing the same isolation gown to retrieve additional supplies from the medication cart.</p> <p>At 10:16 AM, Staff B cleansed the wound to the left inner leg, measured the wound which did not appear to have signs of infection and placed Xeroform (brand name of a type of dressing) and</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Mepilex dressings on the wound.</p> <p>At 10:20 AM, Staff B without a glove change took a new incontinent brief out of the resident's closet and handed it to Staff L, CNA who placed it underneath the resident.</p> <p>At 10:23 AM, Resident #4 became incontinent of loose stool. Staff B cleansed Resident #4's rectal crease. Then Staff M, NP asked Staff B to pull off dressing to left social so she could look at the wound and instructed her to put it back on. Without a change of gloves, Staff B pulled off the dressing as requested, and then secured the dressing back in place.</p> <p>At 10:25 AM, Staff M, NP removed isolation gown and gloves and washed hands before exiting the room.</p> <p>At 10:26 AM, Staff B, RN and Staff L, CNA removed isolation gowns and gloves and washed their hands before exiting the room.</p> <p>During an interview on 7/23/24 at 10:31 AM, Staff B, RN stated she should not have worn the isolation gown out to the hallway. She felt she did change her gloves appropriately between wounds.</p> <p>During an interview on 7/24/24 at 7:23 AM in an interview with Staff E, Licensed Practical Nurse (LPN) stated when completing wound care, she would change her gloves anytime they became soiled. Staff E stated after she entered a room to start wound care, and needed something from the medication cart in the hall, she would need to remove the isolation gown, gloves and wash her hands before leaving the room.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>During an interview on 7/24/24 at 9:34 AM, Staff G, RN stated when completing wound care, he would change his gloves anytime they became soiled. Staff G stated after entering a residents room to start wound care, and needed something from the medication cart in the hall, he would need to remove the isolation gown, gloves and wash his hands before leaving the room.</p> <p>During an interview on 7/24/24 at 1:23 PM, the Director of Nursing (DON) stated when completing wound care, she would expect the nurse to change her gloves anytime they became soiled. She added after a nurse entered a room to start wound care, and needed something from the medication cart in the hall, she would expect the nurse to remove the isolation gown, gloves and wash hands before leaving the room.</p> <p>A review of the facility policy titled: Dressing Change, dated as last revised November 2023 indicated the nurse should change gloves any time they become soiled, perform hand hygiene and don new gloves. After the dressing change is completed, the nurse should remove gloves and wash their hands.</p> <p>A review of the facility policy titled: Enhanced Barrier Precautions, dated as last revised March 2024 directed staff use Enhanced Barrier Precautions (gown and gloves) when providing care to residents with wound or indwelling medical device without secretions or excretions that are unable to be covered or contained are not known to be infected or colonized with any MDRO (Multi-Drug Resistant Organism).</p>			F 880			

**Harmony Utica Ridge
3800 Commerce Blvd.
Davenport, IA 52807**

The plan of correction represents the center's compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of Iowa Department of Health and Human Services. Preparations and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

F880 Infection 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) §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. The facility will conduct an annual review of its IPCP and update their program, as necessary.

Corrective action taken for residents found to have been affected by deficient practice

-Resident #4 assessed with no adverse effects noted.

How the center will identify other residents having the potential to be affected by the same deficient practice

-Residents residing in the facility with orders for wound care.

What changes will be put into place to ensure that the problem will be corrected and will not recur

-Re-educate nurses on infection control standards throughout wound care treatment.

Quality Assurance Plan to monitor performance to make sure corrections are achieved.

-DON/Designee to audit infection control standards throughout wound care treatment weekly times 4 weeks and audit findings to be taken through Centers QAA.

Completion Date: 8/1/2024