

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

PRINTED: 08/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2022
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NAME OF PROVIDER OR SUPPLIER BLOOMFIELD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH DAVIS STREET BLOOMFIELD, IA 52537
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CP
9-14-22

F 000	<p>INITIAL COMMENTS</p> <p>Correction Date: <u>9/1/2022</u></p> <p>The following deficiencies resulted from the facility's Recertification Survey and investigation of Complaints #93999-C, #94917-C, and #104857-C was conducted on August 01, 2022 to August 04, 2022 by Healthcare Management Solutions, LLC on behalf of the Iowa Department of Inspections and Appeals.</p> <p>Complaints #93999-C, #94917-C, and #104857-C were not substantiated.</p> <p>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p>	F 000		
F 561 SS=D	<p>Self-Determination CFR(s): 483.10(f)(1)-(3)(8)</p>	F 561		
	<p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p>			
	<p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p>			
	<p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p>			
	<p>§483.10(f)(3) The resident has a right to interact</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Honey Newman</i>	TITLE <i>Administrator</i>	(X6) DATE 08/17/2022
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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 561	<p>Continued From page 1</p> <p>with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review, and facility document review, the facility failed to allow two residents (Resident (R) 44 and R11) out of a survey sample of 20 residents, the right for self-determination and decision making, by failing to assess for capacity to ascertain the ability to consent for a potential mutual relationship.</p> <p>Findings include:</p> <p>1. Review of the "Admission Record," located in the "Profile" tab of R 44' s' Electronic Medical Record (EMR), documented an admission date of 01/07/22. R 44' s' diagnoses included chronic kidney disease, dementia in other diseases classified elsewhere with behavioral disturbance, restlessness, and agitation.</p> <p>Review of the R 44' s' "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of 01/18/22 documented a "Brief Interview for Mental Status" (BIMS) score of six out of fifteen, which indicated the resident had severe cognitive impairment. The MDS further revealed R 44 was administered antipsychotics for two of the seven days reviewed, and antianxiety medications daily.</p> <p>Review of R 44' s' quarterly "MDS" with an ARD</p>	F 561			

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F 561	<p>Continued From page 2</p> <p>date of 07/21/22 documented a BIMS of five out of fifteen, which indicated the resident had severe cognitive impairment and was administered antipsychotic, antidepressant, and anti-anxiety medications daily.</p> <p>Review of a Progress Note, dated 07/31/22 at 7:12 PM, documented that a Certified Medication Aid (CMA) observed Resident# 11 sitting by another Resident#44 smiling and touching in the dining room. Residents were separated. CMA notified this nurse, and wrote a statement. The Administrator had been notified.</p> <p>During an observation 08/01/22 at 12:30 PM at the nurses' station, R 11 and R 44 were observed sitting in wheelchairs, facing one another. R 11 took his hand and reached over to touch R 44 in the lap area. R 11 had been observed to have his belt unbuckled, pants unbuttoned and unzipped. Registered Nurse (RN) 1 witnessed the incident at the same time and immediately came over and removed R 11 to his room. RN 1 then returned and asked R 44 if R 11 had touched her and she replied, "I don't think so." R 11 did not appear upset but was confused about what happened.</p> <p>Review of a "Behavior Note" located in the "Progress Note" tab of R 44's EMR dated 08/01/22 at 12:35 PM documented as follows: "New or Worsening Behavior Observed:: Resident had been sitting at nurse station with male resident holding each other's hands. Both residents were aware that nurse had been watching. Nurse noticed male resident starting to move hand under resident's top touching her abdomen. Nurse and Certified Nurse Assistant (CNA) walked over and redirected both residents."</p>	F 561		

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F 561	<p>Continued From page 3</p> <p>Review of R 44' s' medical record lacked documentation that R 44 had been accessed for the capacity to consent to a relationship; or care planned for a relationship with other residents.</p> <p>During an interview on 08/01/22 at 12:45 PM, RN 1 said the two residents (R11 and R 44) have had a relationship in the past.</p> <p>During an interview on 08/01/22 at 1:57 PM, Licensed Practical Nurse (LPN) 1 reported that R 44 had been forgetful but had been consensual with kissing R11. LPN1 reported that staff must watch them to make sure they do not get "too handsy." LPN1 reported that R 44' s' family member had been okay with the kissing. LPN1 reported that staff did not allow R11 and R 44 to go into one another's rooms. LPN1 reported that R11 and R 44 stay mostly in the nurses' station and dining room.</p> <p>During an interview on 08/01/22 at 2:53 PM, Certified Nursing Assistant (CNA) 3 reported that R 44 and R11 had been "caught kissing in the lobby." She reported the staff have told them they need to go to a private place, like R11's room. CNA3 reported that the relationship had been consensual and R 44' s' family member (F 1) had been aware and had been okay with it.</p> <p>During an interview on 08/01/22 at 3:23 PM, F 1 reported that the facility had told her about R 44' s' relationship with R11. She reported that it was awkward, but she was okay with them kissing. F 1 reported that R 44' s' face lights up when R11 had been near her. F 1 said she wants R 44 to be happy. She said she did not want R 44 to go into R11's room.</p>	F 561			

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F 561	Continued From page 4 During an interview on 08/01/22 at 4:30 PM, Activity Assistant (AA) 1 said R11 and R 44 had been "together dating." She said it started in mid-June and she had been told to redirect them if anything was observed. AA 1 said she had seen them together acting (touching, kissing) as if they were "dating." Observed R11 and R 44 on 08/01/22 at 4:35 PM in the dining room after the coloring activity. R11 self-propelled himself in the wheelchair over to where R 44 had been. R11 then rubbed her right arm and began rubbing her back. AA 1 then redirected both residents apart from each other. During an interview on 8/01/22 at 5:07 PM the Director of Nursing (DON), the Administrator, and Social Services Director (SSD), The DON said the first incident with R 44 and R11 had been on 07/08/22. The DON reported that she had called R 44' s' family member about the two residents being attracted to one another, and had documented a late entry note today, 08/01/22. The DON confirmed she had not documented anything in R 44' s' EMR until today. The DON reported that she had put a communication out to the staff about R 44 and R11 hugging and kissing after the 07/08/22 incident, but could not produce a copy, reporting that it had "expired." The DON said she had not documented anything in the record until today because she was still "getting things together." The Administrator said R11 would "seek out affection" from other women. The SSD said this type of situation had never come up before. The DON, Administrator and SSD all confirmed there had been no process in place to evaluate the capacity of residents to consent to physical relationships.	F 561		

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F 561	<p>Continued From page 5</p> <p>During an interview on 08/02/22 at 2:11 PM CMA 1 reported that there had been a communication put out to the staff awhile ago stating it was okay for the residents to touch and kiss but should be separated if it "went too far."</p> <p>During an interview on 08/02/22 at 03:02 PM, CNA3 reported that the nurse told her today, to keep R 44 and R11 apart.</p> <p>During an interview on 08/03/22 at 8:51 AM, the DON reported that she had instructed the staff on the previous day to keep R 44 and R11 separated until they can investigate the situation and determine what the course of action should be.</p> <p>During an interview on 08/03/22 12:51 PM, the Psychiatric Nurse Practitioner (NP), reported that she had seen R 44 monthly but had never been made aware of her relationship with R 11 until 08/02/22. The NP reported that she did not think R 44 would have the cognitive capacity to consent for a relationship, sexual or non-sexual. The NP reported that she did not think R 44 would be able to say no to physical contact. The NP reported that the facility had called her to evaluate R 44 and R11 on 08/02/11. The NP reported that R 44 did not remember the incident with R11 on 08/01/22 and when asked about a boyfriend, she reported that she did not have any. The NP reported that R 44 then turned the conversation toward her, asking her about her boyfriends and asking her to come up with a list of three. The NP reported then R 44 wanted to talk about their hair.</p> <p>On 08/04/22 at 12:29 PM, RN 3 reported that on 07/31/22, CMA 2 reported to her that she saw</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>R11 with his hand under R 44' s' shirt around the ribcage area. She reported that they were together in the dining room. RN 3 reported that CMA 2 separated the two of them and brought R 44 to the nursing station. She reported that R 11 followed them. RN 3 told them there was not going to be any of that and R 44 responded, "what is going on here," and was upset they were being separated. RN 3 said CMA 2 wrote up a report of what had happened and put it in the Administrators box. RN 3 reported that when she called the Administrator and told her of the incident, the Administrator told RN 3 if they had been separated that is all she needed to do.</p> <p>During an interview on 08/04/22 12:44 PM, CMA 2 reported that she witnessed R11 putting his hand under R 44' s' shirt one other time besides 07/31/22. CMA 2 reported it had been "a while" ago. She reported that both times she had reported it to the nurse and had written up a report for the Administrator.</p> <p>During an interview on 08/04/22 at 1:16 PM, the Administrator said she had not been aware of any other physical contact other than hugging and kissing before 07/31/22. The Administrator reported because of the physical contact under the shirt, a self-report had been sent to the state on 08/02/22, as a resident to resident altercation under "other."</p> <p>During an interview on 08/04/22 at 1:04 PM, F 1 reported that she had been aware of one incident where R11 placed his hand under R 44' s' shirt. F 1 reported that she felt if R 44 did not want to be touched, she would let him know. F 1 reported that R 44 had enough of that in her. F 1 reported that R 44 could not remember any of the</p>	F 561		

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F 561	<p>Continued From page 7</p> <p>interaction with R11 but recognized him when he comes around and he makes her happy.</p> <p>2. The Face Sheet for R11 indicated that the resident had been admitted on 08/26/21 with a diagnosis the of Alzheimer's disease.</p> <p>The Quarterly "Minimum Data Set (MDS)" with the date of 03/03/22, documented that the resident had a "Brief Interview for Mental Status (BIMS)" score of eleven out of fifteen, which indicated the resident had been moderately impaired cognitively.</p> <p>Review of a document provided by the facility titled "Care Plan" failed to indicate R11 had possible inappropriate interactions with other female residents or if his capacity to enter into a possible consensual relationship with a female resident had been determined by clinical and social service</p> <p>A Plan of Care Progress Note dated 03/09/22 documented that the resident's cognitive status changed daily with forgetfulness and confusion and days in which the resident was able to have a full conversation. There was no entry in the progress note which revealed the resident was possibly inappropriate with female residents or if he had been assessed for capacity to decide to enter into a mutual consenting relationship.</p> <p>Review of R11's EMR health status "Progress Notes" located under "Prog Note" tab dated 04/06/22 indicated the resident had been overheard to ask female residents if it was okay if he kissed them. A staff member intervened and informed the resident this had been an</p>	F 561			

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F 561	<p>Continued From page 8</p> <p>inappropriate comment and would pass the incident on to the next shift.</p> <p>Review of R11's EMR plan of care "Progress Note" located under "Prog Note" tab dated 06/02/22 indicated the resident's cognitive status changed daily with forgetfulness and confusion and days in which the resident was able to have a full conversation. There had been no entry in the progress note which revealed the resident had been possibly inappropriate with female residents or if he had been assessed for capacity to decide to enter into a mutual consenting relationship.</p> <p>Review of a document provided by the facility titled "Office Clinic Notes," dated 07/12/22 indicated staff reported R11 was "handsy" with residents and distanced during meals as an intervention.</p> <p>Review of R11's EMR health status "Progress Note" located under "Prog Note" tab dated 07/31/22 indicated a Certified Medication Assistant (CMA) observed R11 sitting next to R 44 and R11 and smiling and touching each other. The CMA immediately separated the two residents and alerted nursing. The nurse documented she notified the Administrator.</p> <p>Review of R11's EMR behavior "Progress Note," dated 08/01/22 at 12:35 PM, documented that staff observed R11 placed his hand under the top of R 44 and touched her abdomen. Both the nurse and the CNA walked over to the residents and immediately separated them.</p> <p>Review of R11's EMR mental health "Progress Note," dated 08/02/22 indicated the Psychiatric Nurse Practitioner (NP) had been brought in to</p>	F 561			

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F 561	<p>Continued From page 9</p> <p>evaluate R11 behaviors towards another female resident (R 44). During this evaluation, the resident informed the NP that he did not have a "sweetheart." The notes indicated the NP asked the resident if he remembered an interaction between, he and R 44 kissing. The NP notes documented that R11 denied remembering this incident. The NP note documented that R11 had two prior incidents of touching or kissing a female resident within the past six to eight months. The note indicated staff were to continue to monitor R11 for inappropriate sexual behaviors during activities and meals and would follow up in two weeks if the behaviors persist.</p> <p>On 08/01/22 at 3:08 PM, AA 1 reported that R11 could be "touchy" with R 44. R 44 would seek out R11.</p> <p>On 08/01/22 at 4:57 PM, SSD reported that she had gone to speak with the residents who want to be involved in a relationship. SSD was asked how the facility determined capacity for consent. SSD stated it was a team decision. SSD stated therapists typically do not get involved with residents with a diagnosis of dementia since not much information is gleamed from the resident. SSD was asked if the relationship between R11 and R 44 was re-evaluated, and Social Services stated the facility staff met and there was an interdisciplinary team.</p> <p>The Administrator and the Director of Nursing (DON) had been interviewed at 5:03 PM. The Administrator and the DON reported that R11 never attempted to enter into R 44' s' room. The Administrator and the DON reported there had been no information on R11's care plan that addressed his behavior of seeking out affection</p>	F 561			

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F 561	<p>Continued From page 10 with another female resident.</p> <p>On 08/02/22 at 9:10 AM, RN 1 reported that she had not seen R11 be sexually inappropriate with R 44. RN 1 reported that ii had been passed on to keep an eye on the two residents and to separate them if they were getting too close.</p> <p>On 08/02/22 at 9:23 AM, Licensed Practical Nurse (LPN) 1 reported that she had been the staff member who observed R11 reach under the sweatshirt of R 44 on 08/01/22. LPN1 reported that she had seen R11 and R 44 touch each other towards the knees, and both were not being sexual. LPN1 reported that the two residents were too close for her to be comfortable, and the two of them had been separated immediately after this observation. LPN1 reported that the family member of R 44 gave permission for the two residents to kiss but not to be sexual with each other. LPN1 reported there had been multiple conversations with the two residents. LPN1 reported that R11 did not know what she was talking about when she speaks with him about the relationship between, he and R 44.</p> <p>On 08/02/22 at 3:16 PM, RN 4 reported that she had never seen R11 be sexually inappropriate with R 44 or with other female residents. RN 4 reported that she had told staff to keep an eye on R11. RN 4 reported that R11 had been a friendly man and never saw him single out a certain resident.</p> <p>On 08/03/22 at 10:01 AM, the MDS Coordinator reported R11's behavior did not reach to the level of deviant behavior. The MDS Coordinator reported that R11 was not that type of man. MDS Coordinator reported R 44 had a diagnosis of</p>	F 561		

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F 561	Continued From page 11 dementia but had been considered high functioning. The MDS Coordinator reported both R11 and R 44 were friendly people and the facility directed staff to keep an eye on the two. MDS Coordinator reported that the staff monitored the two residents frequently. The MDS Coordinator reported that there was no information on R11 or R 44 relationship in the care plan, and would expect information to be placed in the clinical record. The MDS Coordinator reported that both residents did not remember incidents of them being together. On 08/03/22 at 12:44 PM, the Psychiatric NP reported that she evaluated R11 on 08/02/22 and had not placed her notes in the system prior to this interview. The NP reported that R11 had been very pleasant and told her things that were not true. The NP reported that the the facility brought her in to assess R11 yesterday and had never met the resident prior to this appointment. The NP reported that the resident denied having a sweetheart and could only remember his first wife's name and not his second wife. The NP reported that R11 had been capable of entering into a consensual affectionate relationship but not R 44. The NP stated R11 had no history of sexual aggression.	F 561		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments.	F 641		

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F 641	<p>Continued From page 12</p> <p>The assessment must accurately reflect the resident's status.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, staff interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure two residents out of 20 sampled residents (Resident (R) 21 and R35) had an accurate Minimum Data Set (MDS) assessment. Failure to code the MDS correctly can lead to inaccurate federal reimbursements and inaccurate assessment and care planning of the resident.</p> <p>Findings include:</p> <p>1. Review of the RAI Manual, dated 10/01/19, documented that it is important to note here that information obtained should cover the same observation period as specified by the Minimum Data Set (MDS) items on the assessment and should be validated for accuracy (what the resident's actual status had been during that observation period) by the Interdisciplinary Team (IDT) completing the assessment.</p> <p>Review of R 21' s' Electronic Medical Record (EMR) "Admission Record" under the "Profile" tab revealed R 21 had been admitted to the facility on 12/30/21 with a diagnosis of unspecified dementia without behavioral disturbances.</p> <p>A Progress Note dated 03/13/22 documented that the resident had been found on the floor with her wheelchair tipped over next to her. The resident sustained no injuries.</p> <p>The Quarterly Minimum Data Set (MDS) dated 03/21/22 of R 21 documented a Brief Interview for</p>	F 641			

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F 641	<p>Continued From page 13</p> <p>Mental Status (BIMS) score could not be determined by the clinical staff. The MDS documented that the resident had short-and-long-term memory problems. The MDS documented that the resident required extensive assistance with two staff members for bed mobility and transfers. The MDS documented that the resident sustained no falls in the last two to six months prior to admission/entry or reentry.</p> <p>On 08/03/22 at 9:52 AM, the MDS Coordinator stated she should have answered "yes" to the question regarding a fall within the last two to six months. The MDS Coordinator stated she did not complete the MDS correctly for R 21.</p> <p>2. The Admission Record documented that Resident#35 (R35) had been admitted to the facility on 11/01/21 with a diagnosis of Alzheimer's disease.</p> <p>A Physician's Order dated 3/01/22 directed staff as follows; Risperdal (an antipsychotic) 0.25 milligrams (mg) to be administered by moth at bedtime.</p> <p>The Medication Administration Record (MAR)" dated April 2022 documented that R35 received the physician ordered Risperdal from 04/08/22 through 04/14/22.</p> <p>The Quarterly MDS with an ARD of 04/14/22 documented that R35 had a BIMS score of zero out of fifteen which revealed the resident had been severely cognitively impaired. The MDS documented that the resident did not receive an antipsychotic during this assessment period.</p> <p>On 08/04/22 at 12:38 AM, the MDS Coordinator</p>	F 641		

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F 641	Continued From page 14 reported she did not document that R35 received an antipsychotic during this assessment period for April 2022, and failed to again enter this information when a modification had been created on this same date.	F 641			
F 679 SS=D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based upon observation, interview, record review, and policy review, the facility staff failed to involve one of one residents reviewed for group activities as outlined in the residents care plan, and requested by the resident's health care decision maker. (Resident#41) This resulted in R#41 being left alone for hours without any social interaction. Findings include: Review of the resident's electronic medical record (EMR) documented that R#41 had been admitted to the facility on 03/11/14. R#41 diagnoses included epilepsy and persistent vegetative state. Review of the Activity Reassessment and Care	F 679			

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F 679	<p>Continued From page 15</p> <p>Plan Progress Note dated 01/29/22 documented that the activity goal had been met by the following: the resident passively participating in activities, and will continue to encourage attendance to activities of interest per the family, and staff will need to assist.</p> <p>Review of R#41's Annual Minimum Data Set (MDS) with the date of 07/22/21 documented that the resident had not been able to answer questions, so a family member participated in assessment, and reported that doing things with groups of people had been important.</p> <p>The Care Plan with revised date of 07/26/22 documented as follows; The resident would like to be out of the room and in the common area for some time each day, as a goal.</p> <p>A Care Conference Progress Note dated, "7/28/2022 at 10:01 AM documented that the resident will at times look towards where sound is coming from, attends large group activities. The Care Conference Progress Note documented that the plan of care had been reviewed with the residents family member.'</p> <p>Review of the monthly "Activity" calendars provided by the facility documented the following: R41 attended zero group activities in February, March, April or May of 2022. R41 attended one group activity in June 2022. R41 attended two group activities in July 2022. There was no documentation that R41 refused activities.</p> <p>Observed R#41 in room in her wheelchair on 08/02/22 at 2:53 PM. A group bingo activity had been going on in the dining room.</p>	F 679		

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F 679	Continued From page 16 Observed R#41 in room in her wheelchair on 08/03/22 at 10:13 AM. A group coloring activity had been going on in the dining room. On 08/02/22 at 1:40 PM, the Activity Coordinator said if R#41 had been up in her wheel chair, the staff tried to get her to activities. She reported that R#41's mother wanted her in group activities. The Activity Coordinator reported that she had been working as a cook in the kitchen for the last few months so she had not been involved in activities. The Activity Coordinator stated there had two assistants to help her. On 08/02/22 at 2:57 PM, Certified Nursing Assistant (CNA) 3 reported it would be a team decision as to what activities R#41 should attend. During her month working at the facility, CNA3 reported the activity staff had not asked R#41 to be taken to an activity. CNA3 reported that she took R#41 to a movie last month thinking it would be a good activity for her to attend. On 08/03/22 at 8:47 AM, the Director of Nursing (DON) reported that it had been the responsibility of the activity's department to make sure the resident had been getting to activities. On 08/03/22 10:11 AM, the Activity Assistant (AA) 1 reported that she or the nursing staff could take R#41 to activities. On 08/03/22 at 3:00 PM, the Activity Coordinator reported that it had been the responsibility of the activity staff and the nursing staff to work together to get R#41 to group activities. The Activity Coordinator reported she did not know when she would be back working in the activity department	F 679			

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F 680 SS=E	<p>Qualifications of Activity Professional CFR(s): 483.24(c)(2)(i)(ii)(A)-(D)</p> <p>§483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who-</p> <p>(i) Is licensed or registered, if applicable, by the State in which practicing; and</p> <p>(ii) Is:</p> <p>(A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or</p> <p>(B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or</p> <p>(C) Is a qualified occupational therapist or occupational therapy assistant; or</p> <p>(D) Has completed a training course approved by the State.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of job qualifications and interview with staff, the facility failed to ensure that the Activity Coordinator met the requirements of the job.</p> <p>Findings include:</p> <p>On 08/04/22 at 1:51 PM, the Human Resources Director (HDR) stated the Activity Coordinator's date of hire for the Activity Coordinator position had been on 04/16/21. The HDR reported that the Activity Coordinator had enrolled in the certification program but had not completed it.</p> <p>On 08/04/22 at 2:25 PM, the Administrator stated the Activity Coordinator (AC) had completed</p>	F 680		

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F 680	Continued From page 18 about one-third of the curriculum for certification. On 08/02/22 at 1:40 PM, the AC reported that she had been working as a cook in the kitchen for the last few months and had not been involved in activities. The AC reported that she had two assistants that assisted her, but no other staff overseeing the activities department. The AC had not been not available for a follow-up interview about her failure to complete the certification. The Activity Coordinator Job Description dated 10/12, year unknown, documented the Qualification as follows; Certification upon completion of the Activity Coordinator's orientation course, approved by the Iowa Department of Inspections and Appeals, within six months of employment.	F 680		
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure one of twenty sampled residents had been provided foot care	F 687		

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F 687	<p>Continued From page 19</p> <p>as needed. (Resident#21). The resident had diagnoses of diabetes which had the potential to cause pain if the toenails were left untreated.</p> <p>Findings include:</p> <p>The Face Sheet for Resident#21 had documented that the resident had been admitted on 12/30/21 with the diagnosis of type two diabetes mellitus.</p> <p>The Quarterly Minimum Data Set (MDS) dated 4/15/22 documented that the resident had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, which indicated the resident had been cognitively intact. The MDS documented that the resident required extensive assistance for bed mobility, but had independent with transfers.</p> <p>The Residents Care Plan documented that the resident had been nutritionally at risk related. The Care Plan did not address toenail/foot care along with her diagnosis of diabetes.</p> <p>During an observation and interview on 08/01/22, Certified Nursing Assistant (CNA) 1 and CNA2 were in the resident's room. CNA1 removed the blanket covering the resident's feet. Two of resident's toes had been exposed from an opening from a purple cast. The two toes had nails which extended approximately one fourth inch above the tip of each toe. The left leg/foot had a TED hose (long, tight fitting stockings that place mild static pressure on the legs) on, and CNA1 pulled back the opening of the tip of the TED hose and exposed all five toes. The first three toes had toenails which extended approximately one-quarter inch of each of these toes. The fifth toe had an approximate</p>	F 687		

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F 687	<p>Continued From page 20</p> <p>one-quarter inch toenail which extended above the tip of the toe. Both CNA1 and CNA2 reported that they were not permitted to trim resident's toes and stated they refer the condition of the toenails to nursing.</p> <p>During an observation and interview on 08/03/22 at 9:32 AM, Restorative Aide (RA) 1 had been weighing the resident on a scale. RA1 exposed her toes on both feet and reported that the CNAs did not clip the toenails if a resident had diabetes and were to verbally inform the nurse. During this observation, the two toes on the right foot, exposed at an opening of the purple cast had toenails that approximately extended one quarter inch above the tip of the toes. The same was for the first three and fifth toes on the resident's left foot.</p> <p>During an observation and interview on 08/03/22 at 9:37 AM, the Director of Nursing (DON) confirmed the resident's toenails needed to be trimmed and was unsure if nursing would be able to do this or a podiatrist.</p> <p>On 08/03/22 at 12:10 PM, the Administrator reported the resident had been scheduled to see a podiatrist on 08/13/22.</p> <p>On 08/03/22 at 3:35 PM, the DON and the Nurse Consultant had been present. The DON reported that she was unable to locate any referral to podiatry prior the survey week.</p> <p>On 08/04/22 at 12:39 PM, the Administrator reported that the facility did not have a policy on foot care or activities of daily living.</p>	F 687		
F 880 SS=D	Infection Prevention & Control	F 880		

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F 880	Continued From page 21 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) and following accepted national standards; §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	F 880		

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F 880	<p>Continued From page 22</p> <p>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> <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, interviews, facility policy reviews, and review of the Environmental Protection Agency (EPA) N list the facility failed to ensure housekeeping staff understood and implemented disinfecting measures for one room out of thirty-five rooms which were occupied. (Resident#39) This failure had the potential to increase the risk of exposure to infectious diseases.</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>Findings include:</p> <p>The facility policy titled Cleaning Procedure for Resident Rooms, dated 02/22/08 documented as follows; Resident Rooms will be clean and clutter free to promote a healthy living environment. Resident rooms containing a resident with a resistant organism should be cleaned last using EPA approved disinfectants. Sink, faucets, faucet knobs, and soap dispensers will be cleaned daily with a disinfecting spray. Floors will be cleaned, swept, mopped, and/or vacuumed daily. If mopping, for general cleaning of a floor, use a neutral cleaner, a couple of times per week. Use white vinegar to control odors.</p> <p>Review of the EPA revealed ". . .EPA does not review effectiveness of common household ingredients like vinegar or rubbing alcohol, so EPA cannot verify how well they work to kill the novel Coronavirus. EPA reviews and registers antimicrobial pesticides, which include surface disinfectant products. . ."</p> <p>The Face Sheet for Resident#39 documented that the resident had been admitted to the facility on 01/29/19 with a diagnosis of chronic respiratory failure with hypoxia and a history of poor personal hygiene.</p> <p>The Care Plan dated 01/14/22 documented that the resident had a behavior of urination, and to have a bowel movement while in bed and would lay in it.</p> <p>The Annual Minimum Data Set (MDS) with the date of 07/14/22 documented that the resident had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen which documented</p>	F 880		

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

PRINTED: 08/17/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2022
NAME OF PROVIDER OR SUPPLIER BLOOMFIELD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH DAVIS STREET BLOOMFIELD, IA 52537		
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F 880	<p>Continued From page 24</p> <p>that the resident had been cognitively intact.</p> <p>On 08/02/22 at 11:16 AM, Housekeeper 1 had been in the hallway next to resident's room. The odor of vinegar had been present. Housekeeper 1 reported that she used vinegar to cover the smell of resident's room since the resident would urinate all over his bed and floor. Housekeeper 1 reported she did not use a disinfectant after the application of the vinegar.</p> <p>On 08/02/22 at 11:45 AM, the Housekeeping/Laundry Supervisor reported that the facility used a Quat (quaternary ammonium compounds) previously and the substance would not kill the urine smell. Housekeeping/Laundry Supervisor confirmed that the facility had not been using a quat substance prior to today.</p> <p>On 08/04/22 at 7:19 AM, the Administrator reported that Resident#39's room had been the only room that vinegar was applied to.</p> <p>On 08/04/22 at 11:40 AM, the Housekeeping/Laundry Supervisor reported that the facility used the vinegar on Resident#39's floor only and no other surfaces.</p>	F 880			



Bloomfield Care Center Plan of Correction for Survey completed on 08/04/2022

Date Submitted: August 27th, 2022

Preparation and execution of this Plan of Correction should not be construed as an admission of the deficiency cited. This Plan of Correction is prepared solely because it is required under State or Federal Law.

F000 Correction Date: September 1st, 2022

For the required Plan of Correction, the facility submits the following:

F561 Self-determination

The resident has the right to and the facility promotes and facilitates resident self-determination through support of resident choice.

1. On 8/25/22 Resident #44's care planned was updated to reflect resident will remain separated from Resident #11.
2. Situations where Residents desire sexual relationships will be evaluated by the interdisciplinary team with involvement of the resident/resident representative. The physician(s) will be consulted to determine both resident's mental capacity to participate in those types of relationships. Resultant outcomes and interventions will be discussed with the residents/resident representatives to ensure facilitation of each resident's right to self-determination and choice. Interdisciplinary team leaders received 1:1 education regarding this process on 8/26/22.
3. The Quality Assurance Director or designee will conduct audits monthly for three months of resident interpersonal relationships to ensure resident rights are supported. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F641 Accuracy of Assessments

The MDS assessment accurately reflects the resident's status.

1. The Center for Medicare/Medicaid Services (CMS) allows modifications of MDS submissions for data entry errors and coding errors for up to the prior 2 years. On 8/04/22 the MDS Coordinator submitted modifications to CMS to correct the MDS assessments for residents 21 and 35.
2. Education will be provided to the MDS assessment coordinator on or by 8/31/22 by a corporate nurse consultant regarding utilization of the reports available on the electronic health record system to facilitate accurate coding and data entrance into the electronic MDS system to ensure assessments accurately reflect the residents' status during the observation period.
3. The Quality Assurance Director or designee will randomly audit MDS reports monthly for three months to ensure accuracy. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.



F679 Activities Meet Interest/Needs Each Resident

The facility provides, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities.

1. On 8/04/22 the Administrator reviewed with Activity staff that resident 41 will attend activities on a regular basis.
2. Resident's individualized activity calendars will include preferences and attendance.
3. Activity staff will receive training on the importance of reviewing care plans for resident's preferences of choice and attendance by 8/31/22. Orientation training for new-hire activity staff will include this training as well.
4. The Administrator or designee will perform audits monthly for three months to ensure residents are attending their planned activities. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F680 Qualifications of Activity Professional

The activities program is directed by a qualified professional who is a qualified therapeutic recreation specialist or an activity professional.

1. The Activity Director at the time of the survey has transferred to another department.
2. The Social Services Director has accepted interim responsibilities of the Activity Department while Human Resources is reviewing applications and conducting interviews for a new Activity Director.
3. Upon hire the administrator will ensure the Activity Director meets requirements of the position and/or receives the necessary education and training within the required time-frame.
4. The Administrator or designee will complete an audit within one month and again within 6 months after hire of the new activity coordinator to ensure they meet the requirements of the position. The results of the audit will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F687 Foot Care

Residents receive proper treatment and care to maintain mobility and good foot health.

1. On 8/03/22 the nursing staff scheduled and appointment for 8/12/22 with the podiatrist for Resident #21 for routine foot care.
2. Education will be provided on 8/29/22- 8/31/22 to nursing staff regarding proper protocol for foot care: Staff will monitor resident toenails during cares, when required staff will alert Charge Nurse of issues or concerns and resident will be referred to a qualified professional i.e. attending physician or podiatrist. Residents will be seen by the podiatrist routinely for foot care.
3. Upon admission, new residents will be added to podiatrist list for upcoming month or resident will have podiatrist of choice contacted for routine foot care.
4. Quality Assurance Director or designee will perform audits monthly for three months to ensure all residents have received foot care. The results of the audits will be reviewed as part of our on-going quality assurance process and the frequency of the audits thereafter will be based on outcomes and subsequent recommendations.

F880 Infection Prevention and Control

The facility has 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.

1. On 8/2/22 the Housekeeping Director reviewed with housekeeping staff a two-step process for sanitation and odor control for resident #39's room floor: 1) Clean residents room using disinfectant cleaner, allow time for product to dry per manufacturer recommendations. 2) Apply white vinegar for odor control.
2. On 8/24/22 the Quality Assurance and Performance Improvement (QAPI) committee members attended a training on root cause analysis of infection control practices conducted by Telligen.
3. On 8/24/22 the QAPI team conducted a root cause analysis and incorporated the findings into the housekeeping department's two-step process for floor cleaning and odor control.
4. Facility staff will view the instructional video, *Sparkling Surfaces*, by 8/31/22.
5. The Housekeeping Director will audit staff weekly for four weeks, then monthly x 2 months to ensure appropriate sanitization practices are utilized. The outcomes will be analyzed through the facility quality assurance process.