

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER AVOCA SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 610 EAST YORK STREET AVOCA, IA 51521	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, and review of the facility's policies, it was determined the facility failed to ensure an effective Infection Prevention and Control Program (IPCP) was implemented for three of five sampled residents (Resident (R) 1, R2 and R3). Staff's sequence of donning (putting on) of personal protective equipment (PPE) did not follow the Centers for Disease Control and Control (CDC) recommended order to potentially prevent cross-contamination. Findings include: Review of the CDC guidance (https://www.cdc.gov/) Using Personal Protective Equipment (PPE), updated 06/09/20 revealed How to Put On (Don) PPE Gear .2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown .6. Put on Gloves .7. Healthcare personnel may now enter patient room. Review of the facility's policy titled, Avoca Specialty Care COVID-19 Preparedness Plan, updated 04/30/20, revealed designated isolation rooms were 109, 110, 111, and 112. Continued review of the policy revealed 1. New admissions to the facility .Any new admission or returning residents will be placed (sic) by themselves in a designated isolation room for 14 days .2. For resident who come to the facility from home or a hospital/non-COVID-19 unit who are not positive and do not have symptoms will be isolated for 14 days. Employees will use the following PPE as available: a. surgical mask or cloth mask and eye protections (goggles/face shield)- Face Shield should be sanitized after each use but re-used-may be homemade. b. Gloves . Further review of the policy revealed no documented evidence related to gowns being used for a resident in isolation when admitted from home or a hospital non-COVID-19 unit. Review of the facility's policy titled, Infection Control Monitoring, dated April 2018, revealed Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions . Review of the facility document titled, Five Minute Meeting for Employees, dated 06/25/20, revealed the Infection Control (IC) Nurse completed the meeting. Continued review of the document revealed Summary of topic and key points to emphasize: Since we are in PPE shortage guidelines and we are re-using gowns. Please remember to apply gloves first for PPE since you are putting on a dirty gown hanging in the ISO (isolation) rooms. Attached to the form provided by the facility was a handwritten note which revealed (surveyor's first name) education was done verbally during the audit process. Just now put it on a 5-minute meeting to have it in writing. Review of R1's undated Admission Record, provided by the facility, revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] after a brief hospital stay. Review of an undated and untitled list from the facility's electronic medical records (EMRs) revealed the resident was currently on isolation precautions for 14 days. Review of R3's undated Admission Record, provided by the facility, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Interview on 06/25/20 at 8:16 AM with the Administrator revealed the resident was in isolation due to leaving the facility to receive [MEDICAL TREATMENT]. Review of R2's undated Admission Record, provided by the facility revealed the resident was admitted to the facility on [DATE]. Review of R2's Nursing Progress Note, dated 06/15/20, provided by the facility, revealed the resident was brought to the ISO (isolation) hall to room [ROOM NUMBER] upon admission to the facility. Observation on 06/25/20 at 11:00 AM of Certified Nurse Aide (CNA)1 answering R2's call light revealed the CNA, who was already wearing a surgical mask and face shield, obtained her PPE from the PPE bin, located in the resident's room, sanitized her hands using alcohol-based hand rub (ABHR), donned gloves, and then donned her previously used gown. This was contrary to the order recommended by the CDC. Note: The facility was short on PPE and chose to re-use gowns left in plastic bags in the residents' rooms. Interview on 06/25/20 at 2:00 PM with the IC Nurse revealed, when asked what was the proper order of donning PPE prior to entering an isolation room, put gloves on first, then the gown, and then shoe covers. The Infection Control (IC) Nurse also stated the reason they (facility) puts gloves on first is because they are reusing gowns. Interview on 06/25/20 at 3:41 PM with CNA1 revealed when asked why does she put her gloves on first, before any other PPE, the CNA stated the IC Nurse instructed all of the staff to put their gloves on first because the gowns were being reused. Continued interview on 06/25/20 at 4:14 PM, with the IC Nurse, revealed the reason she instructed the facility staff to put gloves on first was because the gowns were being reused and hung in each resident's room. The IC Nurse stated, the gowns could be soiled, dirty, or have bacteria on them. It would be better to apply gloves prior to picking up the gown and putting it on. The IC Nurse also stated that she did not remember if donning the PPE in that order was some type of guidance she had seen or if the facility had come up with it. Interview on 06/25/20 at 4:35 PM, with the Administrator, revealed when they (facility) first started responding to the COVID-19, there were a lot of changes. The Administrator stated herself, the Director of Nursing (DON), and the IC Nurse came up with the process of putting the gloves on first before going into an isolation room. The Administrator also stated they (facility) interpreted that was the best practice because of the facility reusing the isolation gowns to preserve their PPE. Interview on 06/25/20 at 4:43 PM, with the DON revealed it was her expectation, since the CNA already had mask and a face shield on, the isolation gown would have been put on first. The DON stated she was the facility's prior infection control nurse and she always educated staff to put the isolation gown on first, then the mask, and then the gloves last. The DON also stated she was not aware the gloves were being put on first. The DON further stated, it is important the gown is put on first and the gloves last to prevent the possible spread of bad germs. Interview on 06/25/20 at 4:53 PM, with the Medical Director, revealed it was his expectation the facility would have followed the CDC guidelines with staff donning the isolation gown first and ending with the gloves being donned last. The Medical Director stated it was important this would have been completed per CDC guidelines because it was the best practice and for infection control.</p>		

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

TITLE

(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.