

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165387</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEARL VALLEY REHABILITATION AND NURSING AT PRIMGHA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>735 NORTH RERICK PRIMGHAR, IA 51245</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation, staff interview and policy review the facility failed to ensure infection control practices maintained after direct resident contact for 3 of 3 current residents reviewed. (Resident #1, #2 and #3) The facility identified a census of 32 current residents. Findings include: 1. According to the Minimum Data Set (MDS) with assessment reference date 5/30/2020 Resident #1 had [DIAGNOSES REDACTED]. The MDS identified the resident had a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. The resident required extensive assistance with transfer, dressing and toilet use. The resident always incontinent of urine. The Care Plan dated 5/18/20 directed staff to provide assistance of 2 staff with dressing, personal hygiene and bathing and provide pericare after each incontinent episode. During observation on 6/17/2020 at 9:35 AM, Staff A, CNA (Certified Nursing Assistant) and Staff B, CNA provided incontinent care and assisted with transfer of the resident. Staff washed their hands and donned gloves. Staff A removed her gloves and left the room to gather peri wash. She returned to the room and donned new pair of gloves. She failed to wash her hands upon leaving and re-entering the resident's room. Staff completed resident care and removed gloves. Staff A exited the resident's room and went up the hall and entered the punch keyed door to the Fax room and gathered clean bed linen and returned to the resident's room. Staff A failed to perform hand hygiene. 2. According to the undated Initial Admission Care Plan, Resident #2 had been admitted on [DATE] and was on isolation (droplet) for 14 days. The resident was alert and had refusal of cares. The MDS identified the resident required 1 to 2 staff assistance with transfers and activities of daily living. During observation on 6/17/2020 at 10:30 AM, Staff A, CNA and Staff C, CNA donned an isolation gown, gloves and continued to wear a medical mask and goggles from the beginning of the shift. Staff identified the resident in isolation due to he was a new admission to the facility and new residents remain in isolation for 14 days. Staff entered the resident's room and completed cares. Staff removed the isolation gown and gloves in the resident's room prior to exiting the residents room. Staff failed to remove their goggles and medical masks and continued down the hall to the nurses station. During an interview on 6/17/2020 at 10:45 AM, Staff C, CNA stated staff do not change their mask or goggles after working in an isolation room. 3. According to the MDS dated [DATE] Resident #3 had [DIAGNOSES REDACTED]. The resident had a BIMS score of 15, which indicated intact cognitive status. Resident #3 required extensive assistance with bed mobility, dressing and toilet use and total dependence with transfers. The resident required the use of an indwelling catheter. The Care Plan for Urinary Incontinence, edited 2/13/2020, directed staff to not allow tubing or any part of the drainage system (catheter) to touch the floor. During observation on 6/18/2020 at 11:05 AM, Staff A, CNA and Staff C, CNA assisted the resident with transfer to the wheelchair. Staff identified the resident had contact isolation for an infection of the suprapubic catheter site. Staff donned an isolation gown and gloves and entered the resident's room. Staff A took a graduate from the patient's shared bathroom and placed the graduate directly on the floor next to the resident's bed. She emptied the urine from the catheter drainage bag and emptied the urine into the toilet. She placed the graduate directly on the back of the bathroom toilet. She failed to provide a barrier prior to placing the graduate on the floor and failed to rinse the graduate after use. Staff A left the room for incontinent wipes. Staff C provided incontinent care and transferred the resident to the wheelchair. Staff A took the wipe container and placed it directly on the isolation linen hamper in the resident's room. She then carried the wipe container to the nurses station and placed it directly in the cupboard in a plastic container. She failed to sanitize the wipe container prior to placing into the cupboard. During an interview on 6/17/2020 at 11:55 AM, the Director of Nursing stated the wipes are multiple resident use. The wipes are not kept in resident rooms due to an issue with resident personal use, flushing and causing issues with the sewer system. During an interview on 6/17/2020 at 12:20 PM, the Administrator stated staff were expected to wipe down equipment and supplies after removed from resident rooms. According to the Policy - Hand Washing, dated 4/26/18, staff are directed to wash hands before and between all resident contacts, before gloving and after gloves are removed, after personal hygiene and toileting, coughing, sneezing, after eating and after handling resident belongings. According to the Policy - COVID 19 Protocol dated, 3/1/2020, staff were directed to use respiratory protection that is at least as protective as a fit-tested disposable N95 filtering facepiece respirator or isolation mask molded before entry into the patient room or care area. Disposable respirators should be removed and discard after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator. If reusable respirators are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.</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.