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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165181 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/11/2020 |
| NAME OF PROVIDER OF SUPPLIER ROCK RAPIDS HEALTH CENTRE | | STREET ADDRESS, CITY, STATE, ZIP 703 SOUTH UNION ROCK RAPIDS, IA 51246 | |
| 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 - Few | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interview and policy review the facility failed to ensure infection control practices maintained after direct resident contact for 2 of 3 current residents reviewed, (Resident #5 and #6) The facility identified a census of 35 residents. Findings include: 1. According to the MDS (Minimum Data Set) dated 4/16/2020 Resident #5 had [DIAGNOSES REDACTED]. The MDS identified the resident had a BIMs score of 5, which indicated moderate cognitive impairment. The resident required supervision with dressing. The Care Plan dated 1/9/2020, directed staff to provide extensive assistance of 2 staff with stand and pivot transfers and 2 staff to turn and reposition. During observation on 6/11/2020 at 9:50 AM revealed Staff A, CNA (certified nursing assistant) and Staff B, LPN (Licensed Practical Nurse) assisted the resident with positioning in the chair. Staff washed their hands and donned gloves. The resident's feet noted to slip on the floor with attempts to assist further back into the lift chair. Staff B placed a cloth mask over the resident's nose and mouth. She then attempted to place his/her shoes on his feet with non slip socks in place. She identified a new pair of shoes were required. Staff removed their gloves and washed their hands. Staff B took the patients shoes and opened the door with non-gloved hands and carried the shoes to the nurses station. She then handled the computer keyboard and telephone. She failed to wash her hands or use hand sanitizer after leaving the patients room and handling patient items. During an interview on 6/11/2020 at 10:50 AM, the Administrator stated door knobs sanitized every shift, 2 times a day.</p> <p>2. According to the MDS dated [DATE] Resident #6 had [DIAGNOSES REDACTED]. The MDS identified the resident had a BIMs score of 13, which indicated intact cognitive status. The resident required extensive assistance with transfers, dressing and toilet use. The Care Plan dated 10/22/19, directed staff to provide contact assistance of one staff with toileting, transfers and hygiene, cleansing after bowel elimination, adjustment of clothing as able. During observation on 6/11/2020, beginning at 9:37 AM, showed Staff C, CNA performing hand hygiene with soap and water. Continued observation showed Staff C, CNA assisted the resident to the bathroom by holding onto the gait belt (a device used to aid in safe movement) positioned around the resident's waist and the aid of a walker. Further observation showed Staff C, CNA assisted the resident on to the toilet then applied gloves and removed wipes from a package labeled moist personal cleaning wipes, located on a shelf in the bathroom. Staff C, CNA performed peri care (cleaning the private areas of a resident) on the resident and removed her gloves, discarded the gloves into a nearby receptacle then positioned the resident's disposable brief and pants into place. Staff C, CNA assisted the resident to the couch with the aid of the gait belt and a walker. Then placed the walker against the wall, pushed up 2 window shades and began to roll the gait belt into a ball. Staff C, CNA positioned the rolled gait belt on to the top of the resident's dresser then left the room. Staff C observed to enter room [ROOM NUMBER] and visited with another resident and repositioned his/her face mask and left room at 9:45 AM. Throughout the observation, Staff C, CNA failed to perform hand hygiene in accordance with the facility's policy. The Policy and Procedure titled Hand washing, dated 3/2020, directed staff to wash hands thoroughly to remove dirt, organic material, and transient microorganisms. Hand washing is mandated between resident/patient contact to prevent the spread of infection. Hands must be washed after contact with blood/body fluids, contaminated items or surfaces and contact with resident/patient.</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.