

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEARL VALLEY REHABILITATION AND NURSING AT GOWRIE,</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1808 MAIN STREET GOWRIE, IA 50543</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interviews, and record review, the facility failed to provide appropriate infection control techniques regarding the use of items shared by residents. The facility reported a census of 30 residents. Findings include: 1. A Minimum Data Set with assessment reference date 4/18/20 for Resident #3 showed the Brief Interview for Mental Status score of 10, indicating moderate cognitive impairment. The resident had [DIAGNOSES REDACTED]. The resident received insulin seven of seven days in the lookback period. During an observation on 6/11/20 at 10:50 AM, Staff A, Certified Medication Aide (CMA), walked into Resident #3's room with the Accu check machine in a cup, a basket filled with lancets, and a bottle of Accu check test strips. Staff A explained the plan to the resident and placed a barrier on the bedside table. Staff A then placed the Accu check machine in a disposable plastic cup on the bedside table and then placed the basket with supplies on the table with no barrier underneath. Staff A removed one lancet, one test strip, and an alcohol wipe from the basket and placed the supplies on the bedside table barrier. Staff A cleansed the resident's finger with an alcohol wipe and then used the lancet to get some blood. After completing the Accu check, Staff A placed the Accu check machine back into the disposable cup and picked up the basket of supplies. Staff A then exited the room and went to the medication cart. Staff A placed items onto the medication cart, without cleaning the machine or the basket. Staff A then picked up supplies from the medication cart and went to another room to complete another Accu check. 2. Observation on 6/11/20 at 12:30 PM, revealed Staff A check four resident's oxygen saturations. When obtaining the oxygen saturation reading for the first resident, Staff A opened an alcohol wipe, and then placed it on the wrapper on the clipboard. Staff A sanitized her hands and went to the next resident. Staff A then checked the second resident's oxygen saturation. Once completed, Staff A picked up the used alcohol wipe and cleansed the pulse oximeter. Staff A then sanitized her hands and went to the third resident in the dining room. Staff A checked this resident's oxygen saturation and opened a new alcohol wipe, cleaning the pulse oximeter. After cleaning the pulse oximeter, Staff A placed the used wipe on the wrapper that was on the clipboard. Once Staff A finished visiting with the resident, Staff A went to the front lobby. While in the lobby, Staff A checked the fourth resident's oxygen saturation. When Staff A finished checking the resident's oxygen saturation, Staff A picked up the used alcohol wipe and cleansed the pulse oximeter. During an interview on 6/11/20 at 1:20 PM, the Director of Nursing (DON) stated that the Accu check machine is supposed to be wrapped entirely and placed into a cup after every use. The Assistant Director of Nursing (ADON) said staff should only bring supplies needed at the time into the resident's room. Staff A should not bring the basket into the resident's room. The DON stated staff should not reuse alcohol wipes, and should get a new one each time.</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.