

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER PARKRIDGE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 5800 NE 12TH AVENUE PLEASANT HILL, IA 50327	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interview, and policy review, the facility staff failed to followed infection control practices in order to prevent or reduce the risk of spreading infection and disease for one of one meal service observed. The facility reported a census of 63 residents. Findings include: During observation 8/3/20 at 9:25 a.m., a sign labeled Quarantine hung on the wall by room [ROOM NUMBER], and indicated the PPE (personal protective equipment) mask, goggles/faceshield, gloves, and gown required before entrance to the room. During observation of the lunch meal service on 8/3/20 at 11:55 a.m., a dietary cook plated food onto a styrofoam plate and placed the plate onto a round plastic serving tray held by Staff A, Certified Nursing Assistant. At 11:56 a.m., Staff A placed a lid over the plate, then placed beverages onto the tray. At 11:57 a.m., Staff A donned a blue plastic gown and gloves, then took the serving tray with the styrofoam plate with food and beverages into room [ROOM NUMBER]. At 12:00 p.m., Staff A placed the serving tray on a chair outside the resident's room, removed her gloves and gown inside the resident's room, and washed her hands. At 12:02 p.m., Staff A picked up the serving tray from the chair in the hallway outside room [ROOM NUMBER], obtained another plate of food, and took the serving tray and plate of food to room [ROOM NUMBER]. Staff A placed the plate of food on the resident's overbed table and placed the serving tray on the resident's bed. Staff A cut up the food for the resident. At 12:05 p.m., Staff A picked the serving tray up off the bed, tucked the serving tray under her left arm, and walked down the hall to the warming cart. Staff A received another plate of food which was placed on the same serving tray, and took the food and serving tray to another resident's room. Staff A failed to disinfect the serving tray after she took the tray into room [ROOM NUMBER] and 215. During an interview 8/4/20 at 3:00 p.m., the infection preventionist reported they used disposable dishes whenever they had a resident in isolation or quarantine. The infection preventionist stated during meal service, a staff person donned a gown and gloves, and another staff person brought the food containers to the staff person, who they took the containers of food and beverages into the resident's room. The infection preventionist reported they left the serving tray outside the resident's room whenever a resident on isolation, and the serving tray or equipment disinfected after contaminated. A facility policy titled Standard Precautions revealed standard precautions used to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection. The Center for Disease Control recommended transmission-based precautions for residents suspected to be infected with highly transmissible or epidemiological pathogens in order to interrupt the transmission of infection. Transmission-based precautions included droplet precautions, airborne precautions, and contact precautions. Environmental surfaces and equipment disinfected after used. The Droplet Precautions policy revealed precautions needed for a resident known or suspected of infection with a microorganism transmitted by droplets generated during coughing, sneezing, talking, or during a cough-inducing procedure.</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.