

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER URBANDALE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4614 NW 84TH STREET URBANDALE, IA 50322	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on interviews, observation and record review, the facility failed to provide a comfortable home like environment free of insects. The facility reported a census of 92 residents. Review of the Ecolab logs dated 8/26/20 showed cockroaches noted during service dates: 7/23/20, 8/04/20, 8/14/20, 8/17/20, 8/20/20, and 8/26/20. Ecolab reports dated 8/17/20, 8/20/20, 8/26/20 identified floor tiles or baseboards loose/missing and identified the following action needed: Please repair to eliminate potential pest harborage/breeding site During an observation on 9/15/20 at 9:00 am, the TruRehab dining hall had some cobwebs and dead beetles in the corners. During an observation on 9/21/20 at 9:48 am, the shower room on unit one had a live cockroach on the wall. During an interview on 9/15/20 at 10:12 am, Resident #1 stated he and spouse observed bugs fly around in their room and occasionally saw one crawl across the floor. During an interview on 9/16/20 at 9:22 am, Staff B, LPN (licensed practical nurse), reported she saw cockroaches at the nurse's station and the medication room last week. During an interview on 9/16/20 at 10:30 am, Staff A, LPN, reported she remembered seeing cockroaches in previously in the shower room, and that morning she saw one in a resident's room. During an interview on 9/16/20 at 12:50 pm, the facility's maintenance employee, stated he started back in June 2020. He reported he felt the pest control problem was better now than it was back in June. He reported he had not done any replacing of the tiles or baseboards in the kitchen as the Ecolab pest reports directed. During an interview on 9/21/20 at 2:39 pm, the service technician from Ecolab reported he addressed the pest control issue on a weekly basis. He stated the activity is subsiding. He reported the facility did not repair the baseboards or tiles in the kitchen from when he was last in the facility. He stated due to COVID, he was not allowed to enter the facility for 3 months to perform regular services, which he thought attributed to the pest control issue.		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff and resident interviews, the facility failed to offer showers for three out of seven residents (#1, #8 & #9) and failed to provide appropriate perineal hygiene for one of 5 residents. (Resident #3). The facility reported a census of 92 residents. 1. Resident #8's Minimum Data Set (MDS), dated [DATE] assessed Resident #8 with a score of 15 (cognition intact). The MDS revealed the resident's [DIAGNOSES REDACTED]. MDS also revealed the resident required assistance of two staff for bathing. Resident #8's current care plan revealed the resident with a [DIAGNOSES REDACTED]. The resident's showers scheduled for Mondays and Thursdays. The resident preferred female staff and if the facility did not have the staff she wanted to give her a shower, she would often refuse. However, the care plan stated to encourage the resident to shower. On 9/23/20 at 10:23 am, Resident #8 reported she sometimes only received a shower once every two weeks. Review of the shower log for the past 30 days revealed the resident received showers on 8/27/20, 8/31/20 and 9/21/20. 2. The MDS for Resident #9 dated 7/8/20 revealed the resident's BIMS score as 15 (no cognitive impairment). The resident's [DIAGNOSES REDACTED]. MDS revealed Resident #9 required assistance with two staff for bathing. Resident #9's current care plan revealed the resident required assistance for activities of daily living. On 9/22/20 at 1:45 pm., Resident #9 identified her last shower as two weeks prior. The resident stated she had issues in the past with showers but the MDS coordinator worked out a deal for the resident. Resident #9 stated she is supposed to sign off on each shower she gets to prove she received a shower. The resident could not find her shower sign-off sheet at the time. On 9/22/20 at 2:01 pm, the MDS coordinator reported Resident #9 filed a grievance regarding not receiving showers in the past and the resident needed reminders that she received showers. The MDS coordinator reported she now has the resident sign off on a sheet every time she gets her shower. On 9/23/20 at 12:08 pm, the MDS coordinator reported she could not find the shower sign off sheet but recalled making one for the month of August and September. Resident #9's care plan showed the resident required assistance for activities of daily living. Review of the shower log for the past 30 days revealed the resident had one shower on 9/12/20. 3. The MDS dated [DATE] revealed Resident #1's BIMS score of 9 (moderate cognitive impairment). The MDS revealed the resident's [DIAGNOSES REDACTED]. The MDS also revealed the resident required assistance of one staff member for bathing. On 9/22/20 at 3:48 pm, Resident #1's wife staff stated staff did not give Resident #1 two showers each week. Later, in an interview on 9/23/20 at 11:08 am, Resident #1 reported he did not always get two showers each week. He stated staff usually come in and tell him it is shower day and he never refuses. He recalled he did not get a shower for two weeks. Resident #1's care plan showed the resident required assistance for activities of daily living. Review of the shower log for the past 30 days revealed the resident had one shower on 9/4/20. On 9/21/20 at 11:30 am, Staff C, nurse aide (CNA), reported residents in quarantine do not receive showers until they are out of isolation precautions. He stated while in quarantine residents receive bed baths. There are sheets staff use for assignments for residents on certain days, and staff are to update PCC for showers given to residents. If a resident refuse, staff will attempt to give a shower on Sundays. During an interview on 9/22/20 at 2:18 pm, the Administrator stated agency staff do not have access to PCC, so showers might not all be charted. On 9/23/20 at 11:10 am, Staff D, CNA, reported staff are to update PCC when residents received their showers. Staff D reported if they are working short staffed, staff are unable to get all the showers done. On 9/23/20 at 2:26 pm, Staff B, licensed practical nurse, LPN, stated the nurse's aides are good about getting showers done, however, there are days when there are call-ins and showers didn't get done. 4. Resident #3's comprehensive Minimum Data Set (MDS) revealed the resident had a BIMS of 13 (no cognitive impairment). The MDS revealed the resident with [DIAGNOSES REDACTED]. The MDS revealed the resident required assistance for toileting and the resident was continent of stool and always incontinent of urine. Resident #3's current care plan revealed the resident required assistance with activities of daily living due to trans-metatarsal amputation. The care plan also showed the resident at risk for medical complications [REDACTED]. Observation on 9/21/20 at 11:15 am, showed Staff C, CNA (certified nurse aide) assisted the resident to the toilet and provided perineal cares. Following the cleaning of the resident, and with the soiled gloves, Staff C helped Resident #3 pull up his pants and then assisted the resident back to his chair. Staff C then placed the resident's blanket over his lap, moved his curtain, his tray table and then placed his call light within reach with the same soiled gloves. After that the staff member removed his gloves, and wash his hands. On 9/21/20 at 1:11 pm, the surveyor informed the DON (Director of Nursing) and the Administrator of the observations. Both agreed Staff C should have removed gloves and washed hands before touching anything in Resident #3's room. Review of a facility policy for perineal care, revealed staff should remove gloves and wash hands after performing perineal care and before making the resident comfortable, placing the call		
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.

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<p>F 0677</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1) light by them and adjusting the curtains.</p>		