

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165502</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLCREST HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>915 WEST FIRST STREET SUMNER, IA 50674</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<b>Level of harm - Minimal harm or potential for actual harm</b>	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation and interview the facility failed to ensure proper infection control for peri-care, disinfecting a glucometer and catheter care for 3 out of 3 residents (Resident #1, #2, #3) reviewed. The facility identified a census of 44 residents. Findings include: 1. The Minimum Data Set (MDS), dated [DATE], for Resident #1 showed a Brief Interview for Mental Status score of six, indicating severe cognitive loss. The resident required extensive assistance with dressing, toileting and personal hygiene. The MDS showed the resident as being frequently incontinent of urine. The MDS identified a [DIAGNOSES REDACTED]. The Functional Bladder Incontinence Care Plan, dated 9/25/20, directed the staff to to clean the peri-area with each incontinence episode. During an observation on 6/9/20 at 2:42 p.m., Staff A, Certified Nursing Assistant (C.N.A.) and Staff B, CNA, entered the resident's room, performed hand hygiene and donned gloves. Staff B grabbed a trash bag liner from the bottom of the trash can and placed a trash bag in the trash can. Staff B proceeded to prepare the linens for peri-care with the same gloves that touched the trash can. Staff A reached under the garbage bag liner in the trash can to retrieve a roll of trash bags from the bottom of the trash can. Staff A took a plastic bag from the roll, placed the roll of trash bags back in the bottom of the trash can and placed a trash can liner on the bed. Without changing gloves or performing hand hygiene, Staff A and B touched the residents right hip and thigh to position the resident onto his/her left side. Staff A cleansed the gluteal fold, right buttock and part of the left buttock. Staff B retrieved a clean brief and placed the brief under the resident's left buttock with the dirty gloves. Staff B assisted the resident to position on his/her back. Staff A cleansed the frontal peri-area with same gloves used to cleanse the gluteal fold without changing gloves and performing hand hygiene. Staff A and B finished applying the clean brief for the resident. Staff A and B touched the resident positioning rails, bed linens and pillows with the dirty gloves. Staff A and B failed to perform appropriate glove changes, hand hygiene, cleanse front to back and cleanse the full left buttock during peri-care. During an interview on 6/9/20 at 4:10 p.m., Staff D, CNA, reported she had received training in how to complete peri-care. She stated she had been trained by other CNA's to take trash can liners out of the bottom of the trash can. She reported staff should not touch the resident or clean supplies with dirty gloves. Gloves should be changed and hands washed. She reported she had been trained to cleanse front to back and both hips with peri-care. During an interview on 6/9/20 at 4:15 p.m. Staff C, Licensed Practical Nurse, stated the CNA's usually do take the trash can liners out of the bottom of the trash cans in the resident rooms to use for peri-cares. She reported they should wash their hands and change their gloves after touching the trash cans, before starting peri-cares. She reported staff should not touch the resident or clean items with dirty gloves, peri-cares should be done front to back and both hips should be cleansed when providing peri-cares. During an interview on 6/9/20 at 4:21 p.m., the Director of Nursing (DON), reported ideally staff should not take trash can liners out of the trash can and use the same gloves to provide peri-cares. Staff should not touch the resident or clean items with dirty gloves during peri-cares. He reported staff should cleanse front to back and both hips for proper peri-care. The Incontinence Perineal Care Policy, dated June 2019, provided by the facility, lacked instruction to the CNA on where to store or retrieve the trash can liners for peri-care. The Procedure directed the following: Gather equipment and take to the bedside. Wash your hands and put on gloves. Identify resident and explain procedure. Screen resident for privacy. Lower head and foot of bed as tolerated by resident. Drape resident for privacy. Wash all soiled skin areas and dry very well, especially between skin fold by wiping front to back. Discard soiled linen and brief properly. Remove gloves and wash hands. Put on clean gloves. Apply protective skin barrier and rub well into skin. Inspect skin and report all irritated/reddened areas to the charge nurse. Remove gloves and wash hands. Reposition resident for comfort. Offer fluids. 2. The MDS for Resident #2 showed a Brief Interview for Mental Status score of 13, indicating no cognitive impairment. The resident required extensive assistance with bed mobility, locomotion, dressing, toileting and personal hygiene. The MDS listed a [DIAGNOSES REDACTED]. During an observation on 6/9/20 at 4:10 p.m., Staff C, performed the accu-check for Resident #2. Upon completion of the accu-check, Staff C, wiped down the Evencare G3 Blood Glucose meter with an alcohol prep pad and placed in a storage bin. During an interview on 6/9/20 at 4:17 p.m., Staff C, reported she did not know the meter should be disinfected with a germicidal wipe after use. She reported she had always used an alcohol prep pad. During an interview on 6/9/20 at 5:00 p.m., the Director of Nursing reported in this time of Covid and trying to get chemicals that alcohol is an appropriate disinfectant. He stated that alcohol to cleanse glucometers is the standard of practice. The Blood Glucose Testing Procedure, dated June 2019, provided by the facility identified to clean the blood glucose meter after use by wiping the outside of the meter completely with alcohol pads. The Medline Evencare G3 Blood Glucose Monitoring System User's Guide on page 46, Cleaning and Disinfecting Procedures for the Meter stated the following: The Evencare G3 Meter should be cleaned and disinfected between each patient. The meter is validated to withstand a cleaning and disinfection cycle of ten times per day for an average period of three years. The following products have been approved for cleaning and disinfecting the Evencare G3 Meter: Dispatch Hospital Cleaner Disinfectant Towel with Bleach (EPA Registration number: -8) Medline MicroKill+ Disinfecting, Deodorizing, Cleaning Wipes with Alcohol (EPA Registration Number: -10) Clorox Healthcare Bleach Germicidal and Disinfectant Wipes (EPA Registration Number -12) Medline Micro-Kill Bleach Germicidal Bleach Wipes (EPA Registration Number -1) Other EPA registered wipes may be used for disinfecting the Evencare G3 system, however, these wipes have not been validated and could affect the performance of your meter. The United States Food and Drug Administration (FDA) guidance, retrieved from <a href="https://www.fda.gov/medical-devices/vitro-diagnostics/letter-manufacturers-blood-glucose-monitoring-systems-listed-fda">https://www.fda.gov/medical-devices/vitro-diagnostics/letter-manufacturers-blood-glucose-monitoring-systems-listed-fda</a> , provides the disinfection solvent you choose should be effective [MEDICAL CONDITION],[MEDICAL CONDITION], and [MEDICAL CONDITION] virus. Outbreak episodes have been largely due to transmission of [MEDICAL CONDITION] and [MEDICAL CONDITION]. However, of the two, [MEDICAL CONDITION] virus is the most difficult to kill. Please note that 70% [MEDICATION NAME] (alcohol)solutions are not effective against [MEDICAL CONDITION] bloodborne pathogens and the use of 10% bleach solutions may lead to physical degradation of your device. A list of Environmental Protection Agency (EPA) registered disinfectants effective against [MEDICAL CONDITION] can be found at the following website: <a href="http://www.epa.gov/oppad001/[MEDICAL CONDITION].pdf">http://www.epa.gov/oppad001/[MEDICAL CONDITION].pdf</a> disclaimer icon.		
<b>Residents Affected - Few</b>	3. The Minimum Data Set (MDS) dated [DATE] documented Resident #4 with [MEDICAL CONDITIONS] with a chronic indwelling Foley catheter, [MEDICAL CONDITION], and a cardiovascular accident. Resident #4 was totally dependent with two staff for transfer and bathing. During an observation on 6/9/2020 at 3:15 PM Staff A, CNA provided Foley catheter site care for Resident #4. Staff A, performed hand hygiene utilizing alcohol based hand rub (AHRB) and donned clean gloves. Wash cloths, towels and supplies had been gathered and were at the bedside prior to the observation. Staff A, CNA turned on the water in the patient's bathroom, retrieved a washcloth from the gathered linens, and placed it inside the bottom of the sink. Staff A tested the water temperature on her wrist approximately 2-3 minutes later, picked up the wash cloth from the bottom of		
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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