

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165466</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RISEN SON CHRISTIAN VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3000 RISEN SON BOULEVARD COUNCIL BLUFFS, IA 51503</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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 observations, record review, staff interviews and facility policy review, the facility failed to wear the appropriate Personal Protection Equipment (PPE) while screening visitors and working in the facility. A staff member that had screened visitors failed to wear goggles and wore her mask with her nose exposed while she talked with a visitor and screened the representative from the Department of Inspections and Appeals. The facility also failed to practice proper infection control measures to limit cross contamination while collecting trash from residents' rooms where resident's that required droplet isolation precautions lived. The aforementioned staff member failed to wear gloves or perform hand hygiene and carried a trash bag from one resident's room to another resident's room (both had signs posted that directed the rooms were droplet precaution isolation rooms). The facility reported a census of 59 residents. Findings include: 1. Observation on 6/4/2020 at 10:12 AM revealed Staff B Housekeeping Aide at the entrance doors with a visitor. Staff B did not have her mask covering her nose nor did she wear goggles that covered her eyes. Staff B greeted inspector and walked to the front desk for screening. Staff B went behind a desk and continued to screen inspector without wearing goggles with her mask below her nose. During a staff interview on 6/4/2020 at 12:10 PM, Staff B asked if her nose was supposed to be covered by her mask as she screened people. She stated it had slid down and did not realize it. She stated she helps with transportation and wears an ear piece to take calls. She said sometimes mask falls down but has since then fixed it. During an interview on 6/4/2020 at 12:36 PM, the Director of Nursing (DON) stated staff need to wear a mask and goggles at all times when screening visitors and the mask should cover the individual's nose. The DON stated Staff B just started to help at the front desk this week but should have been wearing goggles with the mask covering her nose. Review of the facility's Optimization of PPE Policy with an effective date of 4/17/2020 revealed all associates will wear a face mask while in the community per Centers for Medicare &amp; Medicaid Services (CMS) guidelines. Review of the facility's Novel Coronavirus Prevention and Response Policy with an effective date of 5/13/2020 revealed interventions to prevent the spread of any respiratory pathogens: associates will wear masks and other PPE in accordance with CMS, Centers of Disease Control (CDC) or state guidelines as available, utilizing PPE optimization guidelines. The facility's Infection Prevention and Control Manual, Masking technique dated 2017 directed staff to place the mask over their nose and mouth. 2. According to a quarterly Minimum Data Set (MDS) with a reference date of 3/27/2020, Resident #1 had a Brief Interview of Mental Status (BIMS) score of 13 indicating no cognitive impairment. The MDS listed the following Diagnoses: [REDACTED]. The MDS indicated Resident #1 required extensive assistance of 2 staff for bed mobility and transfers and extensive assistance of 1 staff for personal hygiene. Review of Resident #1's care plan with a revision date of 4/9/2020 revealed she had [MEDICAL CONDITION], that she was at risk and required isolation precautions specifically related to COVID-19 infection. The care plan directed staff to practice good infection control measures and utilize personal protective equipment when working with her. The care plan also directed staff to ensure the resident stays in her room and away from other people as much as possible (contact and droplet precautions with door closed). According to an admission MDS with a reference date of 4/7/2020, Resident #2 had severely impaired cognitive skills when making decisions and had [DIAGNOSES REDACTED]. The MDS indicated Resident #2 required extensive assistance of 2 staff for bed mobility and transfers and extensive assistance of 1 staff for personal hygiene. Review of Resident #2's care plan with a revision date of 4/1/2020 revealed she was at risk for infection and required isolation precautions specifically related to COVID-19 infection. The care plan directed staff to utilize good infection control measures and personal protective equipment when working with the resident. Also, ensure she stays in her room and away from other people as much as possible (contact and droplet precautions with door closed). According to an annual MDS with a reference date of 5/1/2020, Resident #3 displayed severe cognitive deficits and had [DIAGNOSES REDACTED]. The MDS documented the resident required supervision for bed mobility and transfers and assist of one staff for personal hygiene. Review of Resident #3's care plan with a revision date of 5/8/2020 revealed she was at risk and required isolation precautions specifically related to COVID-19 infection. The care plan directed staff to utilize good infection control measures and personal protective equipment when working with her. Also, ensure she stays in her room and away from other people as much as possible (contact and droplet precautions with door closed). According to quarterly MDS with a reference date of 5/8/2020 revealed Resident #4 displayed no problems with cognitive impairment and had [DIAGNOSES REDACTED]. The MDS indicated she required extensive assistance of one staff for bed mobility, transfers, and personal hygiene. Review of Resident #4's care plan with a revision date of 5/19/2020 revealed she had [MEDICAL CONDITION] and required isolation precautions specifically related to the COVID-19 infection. The care plan directed staff to administer aerosol or [MEDICATION NAME][MEDICATION NAME] as ordered, utilize good infection control measures and personal protective equipment when working with her. The care plan also directed staff to ensure she stays in her room and away from other people as much as possible (contact and droplet precautions with door closed). Review of Resident #4's Medication Administration Record [REDACTED]#1 and Resident #3's room with mask and goggles but no wearing gloves holding trash bags in her hand that contained linens and trash. The door to the room had a droplet isolation precaution sign on the outside surface that faced the hallway. Staff A then entered Resident #2 and #4's room with the same trash bags in her hand. Residents in that shared room had a droplet isolation precaution sign outside of their room. Staff A failed to perform hand hygiene and failed to don a pair of gloves. During the observation, Staff A pushed her goggles on top of her head, leaving her eyes exposed. She then continued to gather trash and linens without gloves, exited the room and placed the bags in the soiled utility room. During a staff interview on 6/4/2020 at 12:22 PM, Staff A stated she works as a bath aide but also helps with keeping resident rooms tidy. When asked how staff are expected to handle dirty linens, she stated: wash your hands, put on a pair of gloves, open the bag, place the dirty linens in the bag, take your gloves off, tie the bag, wash your hands, and then take the bag to the dirty utility room or shower linen barrel. When asked how staff are expected to handle trash from resident's rooms, Staff A stated: wash your hands, put on a pair of gloves, remove the trash from the trash can, tie the bag, take your gloves off, wash your hands, then take the bag to the dirty utility room. She added staff are supposed to wash their hands or sanitize them between residents when collecting their trash and linens. When asked if they can use the same trash/linen from room to room, Staff A replied, no. She reported staff need to wear gloves when collecting resident's trash and linen; it is a no-no to carry another resident's trash and linen bags to another resident's room. She said she should have had worn gloves and not brought the other resident's trash and linens in the other room. When asked what PPE should be worn when going in to a room under droplet isolation precautions, she replied a gown, a mask, and goggles. During a staff interview on 6/4/2020 at 12:36 PM, the Director of Nursing (DON) stated she expected staff to refrain from taking another resident's trash bag with them when they enter another resident's room. The DON stated staff should sanitize their hands, don a pair of gloves, gather the trash and linens, take off their gloves, sanitize their hands, dispose of the trash and linens, then go to the other resident's room with a new trash bag to minimize cross contamination. The DON added she expected staff to wear their goggles on at all times. During a staff interview on 6/8/2020 at 8:44 AM, when asked why Residents #1, #2, #3, and #4 were under droplet isolation precautions, the Administrator stated</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.

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1)</p> <p>according to the facility's policy/protocol and CDC recommendations, they were directed to initiate droplet precautions on new admissions or anyone with COVID like symptoms (suspicions or presumed COVID) and was best practice to utilize the same for residents during nebulizer treatments. He stated these precautions could be initiated by the nurse without a physician order. During a staff interview on 6/8/2020 at 2:02 PM the DON was asked for clarification on the reason for each resident required droplet isolation. The DON stated Resident #1 had an as needed (PRN) order for nebulizer treatment that they had discontinued. They left sign left up until they knew that she was doing fine without the nebulizer treatment, and reported Resident #3 was her roommate. The DON stated Resident #4 had a scheduled nebulizer treatment and PRN nebulizer treatment and Resident #2 was her roommate. Review of the facility's Optimization of Personal Protective Equipment Policy with an effective date of 4/17/2020 revealed staff are to use eye protection while caring for residents in droplet isolation precaution including residents confirmed, presumed, or suspected of having COVID-19 positive. Review of the facility's Novel Coronavirus Prevention and Response Policy with an effective date of 5/13/2020 revealed associates whose tasks require them to enter rooms where a resident is under precautions due to a respiratory illness will be trained on proper use of PPE, and application of standard, contact, and droplet precautions. Associates will wear masks and other PPE in accordance with CMS, CDC, or state guidelines as available, utilizing PPE optimization guidelines. Review of the facility's Soiled Linen Handling Policy with an effective date of 2/22/14 directed staff to wear gloves if gross hand soiling by drainage/urine/feces is likely. Place directly into soiled linen hamper, remove gloves and wash hands. The documented included: it is the policy of the facility that soiled linen is highly contaminated and that care must be taken when handling so as to avoid cross-contamination. Review of the facility's Soiled Linen Special Precaution Policy with an effective date of 2/22/14 directed staff to wear gloves or other appropriate PPE when handling contaminated laundry. In addition, all contaminated laundry should be handled as little as possible and with a minimum of agitation. The document included: it is the policy of the facility to avoid cross contamination to residents and staff when handling soiled precaution linen. Review of the facility's Infection Prevention and Control Manual with a date of 2017 directed staff to wear disposable single-use examination gloves when handling or touching contaminated items or surfaces, or when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin is anticipated. The policy also directed staff to wear a surgical mask as well as eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and resident care activities that are reasonably likely to generate splashes or sprays of blood, body fluids, secretions and excretions. The facility's hand hygiene audit documented hand hygiene should be performed after handling soiled items. Gloves should be worn for any contact with blood or body fluids and removed immediately after use to prevent cross contamination.</p>		