STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165589	A. BUILDING _____ B. WING _____	**06/18/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OSKALOOSA CARE CENTER	**605 HIGHWAY 432 OSKALOOSA, IA 52577**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to implement CMS recommended infection control practices to prevent the potential spread of disease for 2 of 3 sampled. (Resident #1 and #2). The facility reported a census of 74. Findings include: 1. During an observation on 6/18/20 at 9:20 a.m., Staff A (Registered Nurse) placed a gait belt on Resident #1, assisted the resident to stand, pulled the resident's pants down, and assisted the resident with perineal cares. While assisting the resident with these tasks, Staff A wore a face shield and a cloth face mask. During the cares, Staff A's face masked slipped down and failed to cover her nose. 2. During an observation on 6/18/20 at 9:30 a.m., Staff B (Nurse Aide) entered Resident #3's room and gave the resident a drink of water. Staff B wore a face shield and a cloth face mask. While assisting the resident, Staff A's face mask slipped down and failed to cover her nose. 3. During an observation on 6/18/20 at 12:10 p.m., Residents #3 and #4, each sat on a corner of a square table next to each other with each side of the table measuring approximately 50 inches. The resident's were not spaced 6 feet from each other and the distance between them measured approximately 3.5-4 feet. Residents #5 and #6, Residents #7 and #8, and Residents #9 and #10 also sat next to each other with a distance between them approximately 3.5-4 feet. The facility failed to maintain the residents at a distance of 6 feet apart for social distancing requirements as referenced in the CMS Memo dated 4/24/20 which contained Frequently Asked Questions (FAQ's). The FAQ's addressed residents eating in a dining room area who are without signs or symptoms of a respiratory infection and without a confirmed [DIAGNOSES REDACTED]. The facility policy, Infection Control COVID-19 Pandemic Policy, dated 3/20/20, stated Personal Protective Equipment was mandatory. The policy did not specifically address face masks or how to properly wear them. A facility document Communal Dining Guidance, dated 3/28/20, provided to the surveyor by the Administrator on 6/18/20 at 9:15 a.m., directed staff to space residents apart a much as possible, ideally six feet or more with no more than 1 person per table. During an interview on 6/18/20 at 9:00 a.m., the Administrator stated the facility allowed residents who required feeding assistance to sit together(and not maintain a social distance of 6 feet). She stated this was allowed because they needed assistance and she was not going to feed residents all day. During an interview on 6/18/20 at 1:00 p.m., the Administrator stated staff should not have their noses out of their face masks.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE