

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKVIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2237 HIGHWAY 34 FAIRFIELD, IA 52556</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 0807  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, resident and staff interviews, the facility failed to ensure residents were provided access to fresh ice water to meet their needs and preferences. The facility reported a census of 53. Findings include: During observations on 7/1/20 at 8:05 a.m., four residents on A hall (101,105 B, 106, 113) and five residents on B hall (103 B, 105 A, 109 A, 110 B, 116 A) did not have ice pitchers. All remaining rooms had pitchers of fresh ice water available. During observations on 7/2/20 at 9:30 a.m., all rooms checked for accessibility to fresh ice water. Two residents in 106 B and 112 Hall B stated they did not want ice water. The following rooms lacked fresh ice water pitchers: a. A Hall, room [ROOM NUMBER], 105 B, 111, 113 and 114 A. b. B Hall, 101 A, 103 A B, 104, 105 B, 106 A, 107 B, 109 A, 110 B, and 116 A. During an observation on 7/2/20 at 6:22 a.m., the dietary staff filled individual clean pitchers with ice water and placing them on a cart. The cart contained 26 pitchers. The facility had a census of 53. At 7:38 a.m., Staff C (Dietary Aide) delivered meal trays to four residents including ice water pitchers. Staff C delivered four water pitchers, but only returned with one dirty pitcher. During an interview on 7/2/20 at 7:45 a.m. Staff C (Dietary Aide) stated he asked the residents if they want fresh ice water when he delivers the breakfast meal trays. He delivers the fresh ice water if they desire. Staff C stated since the COVID-19 pandemic, dietary staff have been responsible for delivering fresh ice water to residents. Staff C stated fresh ice water is only passed by dietary in the morning and aides will get fresh ice water after that if requested by the resident. In an interview on 7/2/20 at 9:55 a.m. Staff D (Dietary Aide) stated she provides fresh ice water to every resident who gets a breakfast tray in their room, noting some residents don't want ice water. Staff D stated she does not provide fresh ice water pitchers in the rooms of residents who require assistance with meals. In an interview on 7/2/20 at 10:00 a.m., the Dietary Supervisor stated the dietary department took over the ice passing duties when COVID started. The Dietary Supervisor stated the overnight shift collects all of the water pitchers and sets them outside of the kitchen to be washed. Sometime they don't pick them up and I have too. The pitchers are washed, then filled with fresh ice water and delivered to residents with their breakfast tray. The dietary supervisor stated dietary is not involved with any refilling of ice water during the day or evenings. In an interview on 7/2/20 at 9:00 a.m. Resident #1 stated she gets fresh ice water every morning, but notes that's it unless she asks for it. In an interview on 7/2/20 at 10:30 a.m. Resident #2 stated she gets fresh ice water every morning and will ask if she wants more or fresh ice. In an interview on 7/2/20 at 10:15 a.m. Resident #3 stated she gets fresh ice water in the morning and after that she has to ask.		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> Based on observation the facility failed to serve drinks in accordance with professional standards for food service safety during evening snack and drink pass. The facility reported a census of 53. Findings include: During an observation on 7/1/20 at 7:05 p.m., Dietary staff prepared snack carts. Dietary staff obtained ice from the ice machine and placed it in a gray tub. The staff placed two pitchers containing drinks in the tub of ice. The Dietary staff delivered the cart with drinks, snacks and supply of plastic cups to each hall. At 7:11 p.m., Staff A removed ice from the gray tub, placed it in a plastic cup, and served a drink to residents for consumption. Staff A repeated the same process and for several residents. At 7:22 p.m., Staff B removed ice from the gray tub and served it to residents.		

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