STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165357	A. BUILDING _____ B. WING _____	**06/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROSE VISTA HOME, INC.	**1109 NORMAL STREET WOODBINE, IA 51579**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure staff followed proper infection control practices for hand hygiene and clean linen handling when providing care for two of four sampled residents (Resident (R) R3 and R4) who were in isolation quarantine for COVID-19 and resided on the COVID-19 designated unit. Findings include: R3's Admission Record, located in the Electronic Health Record (EHR) under the admission record tab, indicated the facility admitted the resident on 04/22/20 with [DIAGNOSES REDACTED]. R3 was receiving [MEDICAL TREATMENT] services in the community three times a week and was placed on isolation quarantine on the designated COVID-19 hall due to potential COVID-19 exposure while outside of the facility. On 06/23/20 at 9:30 AM, Licensed Practical Nurse (LPN) 1 was observed coming out of R3's room while pushing R3 in a wheelchair. LPN 1 removed her gown and placed it in a barrel outside of the room that was labeled, used gowns. LPN 1 was wearing gloves when exiting R3's room but did not remove her gloves. LPN 1 used her gloved hands to push R3 in his wheelchair to the exit door of the COVID-19 hall. LPN 1 used her gloved hand to push the door open. LPN 1 did not remove her gloves or perform hand hygiene. A table next to the exit door of the COVID-19 hall contained hand sanitizer for staff use when exiting the hall. LPN 1 did not discard her gloves or use hand sanitizer. During an interview on 06/23/20 at 3:00 PM, LPN 1 stated, I assisted him (referring to R3) in his wheelchair to go to [MEDICAL TREATMENT] and I was still in contact with him after cares. I thought keeping those same gloves on was alright. I should have taken my gloves off and washed my hands. R4's Admission Record, indicated the facility admitted the resident on 06/09/20 with [DIAGNOSES REDACTED]. R4 was placed on isolation quarantine on admission due to the potential exposure of COVID-19 while residing at another health care facility. On 06/24/20 at 8:38 AM, Certified Nursing Assistant (CNA) 1 removed linen from the clean linen closet on the COVID-19 hall. CNA 1 removed a sheet and cloth pad from the closet and tucked them under her left arm and against her uniform. CNA 1 walked down the hall to R4's room with the clean linens against her uniform. CNA 1 donned gloves and placed the linens on R4's bed. When leaving R4's room, CNA 1 removed her gloves, peeling one glove off over the other glove into a ball and tossed the gloves across the hall where they landed on a table next to an isolation cart. When asked at the time of the observation why she threw her gloves across the hall, CNA 1 stated, I didn't want to contaminate anything, and I didn't see a trash can. On 06/24/20 at 8:40 AM, CNA 1 entered the shower room on the COVID-19 unit to wash her hands. CNA 1 turned the water on, applied soap and began to wash her hands. CNA 1 touched the inside of the sink multiple times with her hands. CNA 1 washed her hands for 12 seconds. When asked at the time of the observation how long she should wash her hands, CNA 1 stated, I have no idea, 28 seconds? On 06/24/20 at 11:00 AM, The Director of Nursing (DON) was informed of the hand hygiene observations for LPN 1 and CNA 1. The DON stated, The infection control nurse has been doing audits on hand hygiene. The facility's undated policy titled, Donning and Removing PPE, indicated, Remove gloves . discard gloves in waste container. The facility's undated policy titled, Best Practices for Management of Clean Linen, indicated, Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items . clean linens should be kept away from staff uniforms to prevent contamination of linens. The facility's undated policy titled, Hand Hygiene-Soap & Water, indicated, Lather surfaces of wrists, hands, fingers producing friction for at least 20 seconds while keeping hands below elbows . do not touch sink with hands or body at any time . consistent use by staff of proper hand washing practice and techniques is critical.

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.