

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES -WEST DES MOINES		STREET ADDRESS, CITY, STATE, ZIP 5010 GRAND RIDGE DRIVE WEST DES MOINES, IA 50265	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and facility policy review the facility failed to follow Centers for Medicare and Medicaid (CMS) and Centers for Disease Control and Prevention (CDC) recommendations and ensure staff utilized appropriate Personal Protective Equipment (PPE). The staff failed to wear masks in resident areas and goggles when within 6 feet of residents. The facility reported a census of 81. Findings include: The facility COVID-19 Clinical Monitoring and Measures Plan dated 6/17/20 required universal masking and eye protection for all employees, providers and authorized visitors. The CMS memorandum for long term care providers instructs that providers follow CDC guidance with regards to COVID-19. The CDC instructed long term care providers to implement source control measures, which include that health care providers should wear a facemask at all times while they are in the facility During an initial tour on 6/29/20 at 2:30 p.m., Staff A (Activity Assistant) provided manicures for two female residents in the Northview studio. Staff A sat at a table, within 4 feet of each resident. Staff A had her mask below the level of her nose and mouth (hooked on her ears and placed under her chin). At 2:35 p.m., Staff B (Registered Nurse) seated at the second floor nursing station, had her mask below her nose and mouth and chewing. Staff B held up a bag of potato chips and pulled her mask up over her mouth and nose. Observation on 6/30/20 at 8:00 a.m., Staff C (Nurse Aide) walked from the end of the 200 west hall towards the nursing station without a mask. Staff C passed within one foot of two residents while walking down the hall. Observation on 7/2/20 at 8:00 a.m., Staff D (Licensed Practical Nurse) walked from the end of 100 south hall towards the nurses station with her mask attached to her ears, but below her nose and mouth. Staff E (Nurse Aide) exited the spa room with her mask attached to her ears and below her nose and mouth. Staff E pushed a resident in his wheelchair without a mask in place. Both staff members pulled their masks up after the observation. During an interview on 7/2/20 at 11:00 a.m., the Director of Nursing (DON) reported an expectation of staff to wear masks in common areas and goggles when they were within six feet of residents. Staff were allowed short periods of mask release to take a breaths as they needed, like behind the nursing station. The DON reported an expectation of staff to eat and drink in the break room.</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.