| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **165260** | A. BUILDING _____ B. WING _____ | **06/08/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **DONNELLSON HEALTH CENTER** | **901 STATE STREET DONNELLSON, IA 52625** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide and implement an infection prevention and control program.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on record review, observations, interviews, and policy review, the facility failed to ensure hand hygiene procedures were followed by staff involved in direct resident contact for 5 of 8 sampled (Resident #3, #5, #6, #7 and #8. The facility reported a census of 47. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 had [DIAGNOSES REDACTED]. The MDS identified the Resident #3 required the limited physical assistance of one staff to walk in the resident's room and hallways, and extensive physical assistance of one staff for toilet use and personal hygiene. Resident #3 had severe cognitive impairments. a. During an observation on 6/8/20 at 9:14 a.m., Staff A (Nurse Aide) assisted Resident #3 to toilet in one of the facilities shower rooms. Staff A washed her hands and donned gloves. After emptying Resident #3's leg catheter bag and cleaning the port for the bag with alcohol swabs, Staff A failed to remove her gloves prior to adjusting Resident #3's catheter leg bag strap and adjusting Resident #3's pants. Staff A removed the gloves and touched a cabinet, assisted #3 to cleanse her hands and face with a wet towel, opened the cabinet again and opened the door to the hallway to ask someone to for wet wipes . Staff A failed to perform hand hygiene. Staff A washed her hands and donned gloves. Staff A wiped stool from Resident #3's posterior perineal area with a wet wipe. Staff A used the same gloved hand to pull up Resident #3's brief and pants. Staff A removed the gloves, and placed her left hand on the gait belt located around the Resident #3's waist. Staff A assisted Resident #3 to walk to the sink. Staff A washed her hands and placed her hand back on the same area of the gait belt. Staff A assisted Resident #3 to a motorized chair in the lobby, removed the gait belt and placed the gait belt on Resident #3's four-point walking assistance device. b. During the same observation, directly after assisting Resident #3, Staff A (Nurse Aide), pushed Resident #5's wheelchair closer to the television in the lobby. Staff A failed to perform any type of hand hygiene after touching Resident #3 and prior to touching and assisting Resident #5. c. During the same observation, directly after assisting Resident #5, Staff A approached Resident #6 and put her hand on the Resident #6's shoulder and wheelchair as Resident #5 moved further into the lobby area towards the television. Staff A failed to perform any type of hand hygiene after touching and assisting Resident #5 and prior to touching Resident #6. d. During the same observation, after directly touching Resident #6, Staff A, (Nurse Aide) approached Resident #7. Staff A removed Resident #7's hat and put it back on. Staff A then guided Resident #7 in a mechanical lift sling while Staff D (Nurse Aide) operated the lift. The staff assisted Resident #6 from the wheelchair to a reclining chair in the lobby. Staff A failed to perform any type of hand hygiene after touching Resident #6 and prior to touching and assisting Resident #7. During an interview on 6/8/20 at 10:12 a.m., Staff B (Nurse Aide) reported staff should wash their hands before every care provided and when going between residents. During an interview on 6/8/20 at 10:45 a.m., Staff A (Nurse Aide) reported staff should wash their hands before and after glove changes, and prior to leaving resident's rooms. She explained if there were 2 residents in the same room, staff needed to wash their hands in between providing cares to the residents. During an interview on 6/8/20 at 9:35 a.m., the Administrator reported staff should be washing or sanitizing hands when going between contact of one resident to another.<br><br>2. The MDS assessment dated [DATE] documented Resident #8 had [DIAGNOSES REDACTED]. Resident #8 required extensive assistance of two staff with bed mobility, transfers, and toilet use. a. During an observation on 6/0/20 at 10:10 a.m., the Infection Preventionist (IP) stated a plan to complete Resident #8's wound care. The IP and Staff B washed their hands and Staff B donned gloves. The IP covered Resident #8 with a sheet, closed the blinds, and donned new gloves prior to wound care. The IP wiped the anterior and posterior perineal area with wet wipes. The staff rolled a soiled bed pad under Resident #8, and cleansed the posterior perineal area with wipes. The IP removed her soiled gloves and donned a new pair of gloves without any type of hand hygiene. The IP performed wound care. When finished, the IP used the same gloved hands to place a clean brief on Resident #8. b. During an interview on 6/8/20 at 10:50 a.m., the Infection Preventionist (IP) stated an expectation of staff to perform hand hygiene after every care, between residents, in between cares, and prior to and after removing gloves. Review of the policy titled, Hand Washing Policy and Procedures, dated 9/26/19, revealed staff wash their hands to prevent the spread of infection and bacteria within the facility. The policy identified staff needed to wash their hands when they come into contact with bodily fluids, before and after any contact with wounds, before and after removing gloves, before and between contact with residents. |

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