STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165151	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MISSISSIPPI VALLEY	**PO BOX 1270 KEOKUK, IA 52632**

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, staff interview, record review and policy review, the facility failed to ensure staff followed hand hygiene procedures and utilized personal protective equipment according to facility policy for 2 of 10 sampled (Resident #9 and #10). The facility reported a census of 69. Findings include: 1. The Minimum Data Set (MDS) assessment, dated 6/2/2020, identified Resident #10 had [DIAGNOSES REDACTED]. The MDS identified the resident required extensive assistance for activities of daily living including, but not limited to bed mobility, transfer, walking in room, dressing, toilet use and personal hygiene. a. In an interview on 6/9/20 at 5:35 a.m., Staff A (Licensed Practical Nurse), reported the facility's requirement for staff to wear masks at all times and protective eye wear, either side shields or safety goggles, when providing cares to residents. b. During an observation on 6/9/20 at 5:36 a.m., the a sign posted on the wall directed staff to wear safety glasses and/or side shields (on glasses) and masks prior to entering patient care areas and for non-direct care givers to have these in place when within 6 feet of a resident. b. During an observation on 6/9/20 at 5:40 a.m., revealed Resident #10's room had an isolation precaution sign by the entranceway to the room and a droplet precautions sign on the door with personal protective equipment available including gloves, surgical masks, safety goggles, face shield and gowns. c. During an observation on 6/9/20 at 5:43 a.m., Staff C (Respiratory Therapist) entered Resident #10's room with a mask on and no other personal protective equipment. Staff C stepped next to Resident #10's bed (less than 1 foot from the patient) and adjusted the resident's fan, over the bed table and a chair. Staff C then exited the room. d. During an observation on 6/9/20 at 5:47 a.m., Staff B (Registered Nurse) reported she needed to enter Resident 10's room due to the call light being on. Staff B had a mask on, sanitized her hands, donned a gown, face shield and gloves and entered Resident #10's room. e. During an interview on 6/9/20 at 5:48 a.m. Staff C (Respiratory Therapist) reported Resident #10 no longer had isolation precautions and the signs on the door had not been removed yet. She was unsure when the isolation precautions ended as she had been off the prior two days. Staff C showed the surveyor a board in one of the staff offices which identified any residents on isolation precautions, and confirmed the board did not include the names of any residents for isolation precautions on this end of the building. She identified the Respiratory Therapy Department Manager was responsible for updating the isolation precaution list. f. During an observation, on 6/9/20 at 6:05 a.m., revealed Resident #10's call light activated. Staff C (Respiratory Therapist) entered Resident #10's room with a mask on. Staff C donned gloves and completed the task of suctioned Resident #10's respiratory tract through the ventilator tubing. Staff C had on her own glasses, but failed to wear side shields on the glasses or safety goggles while providing direct resident care. After suctioning the patient, Staff C removed her gloves and exited the room without performing any type of hand hygiene (washing or sanitizing her hands). 2. The MDS assessment, dated 6/5/20, identified Resident #9 had [DIAGNOSES REDACTED]. The MDS identified the resident was totally dependent on staff for all activities of daily living. a. During the same observation on 6/9/20 beginning at 6:05 a.m. Staff C (Respiratory Therapist) entered Resident #9's room directly after leaving Resident #10's room. Staff C donned a pair of gloves without performing any type of hand hygiene and began suctioning Resident #9's respiratory tract through the ventilator tubing. Staff C continued to wear a mask while performing resident cares, but not any type of protective eye wear. b. In an interview on 6/9/2020 at 6:13 a.m., Staff C (Respiratory Therapist) reported she worked the overnight shift. Staff C explained the side shields did not fit her glasses and she could not see to provide resident cares with the safety goggles on. When asked what her hand hygiene process was when providing resident cares, Staff C reported she gloved and then used hand sanitizer from her cart on another hallway after providing cares. She reported she did not carry any type of hand sanitizer with her. During an interview, on 6/9/20 at 2:00 p.m., the Director of Nursing (DON) reported staff are to wear a mask and eye protection within 6 feet of a resident. She explained hand hygiene, either washing or sanitizing hands, should be performed by staff when entering the resident's room, between patients and when leaving a room. During an interview on 6/9/20 at 2:05 p.m., with the Administrator and DON, the DON explained the DON, Assistant DON and Respiratory Therapist Department Manager determined as a group which residents would be on isolation precautions and for how long. The Administrator explained the Respiratory Therapy Department Manager was in the process of updating the list of patient's on isolation precautions and inadvertently left the name of Resident #10 off the list. The DON and Administrator both confirmed Resident #10 was still on isolation air droplet precautions until 6/10/20. The resident had been placed on isolation precautions as a precautionary measure due to a recent hospital discharge. The Administrator stated if a resident's room still has the isolation cart and precautions posted at the room entrance, staff to continue to follow the isolation precautions. She reported Staff C, Respiratory Therapist, has been re-educated on this process. Review of the facility's policy, titled Handwashing, dated 9/2017, identified were to follow the established guidelines to promote a safe, sanitary environment and help decrease the transmission of disease and infection. The policy identified staff needed to wash their hands when they come into contact with bodily fluids, excretions and mucous membranes, after removing gloves, after contact with resident skin and after contact with inanimate objections in immediate vicinity of the resident. Review of the facility's undated policy, titled Initiation of Isolation Precautions, identified staff will follow droplet precautions for a resident known or suspected to be infected with microorganisms transmitted by droplets (droplets spread by sneezing, coughing, talking). Staff caring for the resident shall wear a gown, gloves, face shield and respiratory mask. Review of the facility's guidance for staff, dated 5/1/20, identified a mandate for staff to use face shields for the duration of the outbreak (COVID-19 virus outbreak).

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.