STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165320	A. BUILDING _____ B. WING _____	**06/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ZEARING HEALTH CARE, LLC	**404 EAST GARFIELD ST ZEARING, IA 50278**

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 and facility policy review, the facility failed to ensure staff followed infection control practices for 2 of 3 residents observed for wound care. (Resident #2 and #3). The facility identified a census of 27 current residents. Findings include: 1. The Minimum data set (MDS) assessment dated [DATE], documented [DIAGNOSES REDACTED]. MDS documented the resident scored 00 on the Brief Interview for Mental Status (BIMS). A score of 00 identified severely impaired cognitive function. Resident #2 required total dependence for bed mobility and personal hygiene and bathing. Observation on 6/2/20 at 2:10 PM, revealed Staff A, Licensed Practical Nurse (LPN), completed a wound treatment to an area on the coccyx (tailbone). Staff A entered the room with gloved hands and carried the wound treatment supplies. The treatment supplies were laid directly on the resident's bedside table with no barrier underneath them. Staff A, LPN, with the same gloves on, removed the resident's brief and proceeded (with the same gloves on) to remove the soiled dressing from the coccyx. With the same gloves on, the LPN cleansed the wound and applied a new dressing. Staff A removed her gloves and deposited them in the trash, gathered up the wound supplies and exited the room. Staff A failed to wash or sanitize her hands during the entire observation and prior to exiting the resident's room. Under continued observation, Staff A returned the supplies to the medication cart and obtained supplies for the next treatment. Under constant observation Staff A, LPN entered Resident #3's room without performing any kind of hand hygiene. 2. Resident #3 was newly admitted to the facility on [DATE], the admission record documented [DIAGNOSES REDACTED]. Staff A, LPN ,entered the resident's room with wound treatment supplies and placed them on the resident's bed without placing a barrier underneath them. Staff A donned gloves and failed to wash or sanitize hands before donning them. Wound dressings were removed from the wounds on the lower leg, and with the same gloves on, Staff A cleansed the wounds and applied new dressings and ace wraps. Staff A removed the glove from her right hand but kept the dirty glove on the left hand. The LPN gathered the wound supplies were gathered and left the room. Staff A removed the soiled glove from left hand as she walked down the hall and approached the medication cart. The wound supplies were placed on the medication surface without a barrier underneath them. Under constant observation, Staff A failed to wash or sanitize her hands during the entire observation which included prior to exiting the room. Staff A was then observed to return the wound treatment supplies to the medication cart and she failed to wash or sanitize hands before proceeding to sit down at the front desk and enter information on the computer. Review of a facility policy labeled Handwashing/Hand Hygiene directed the facility considered hand hygiene the primary means to prevent the spread of infections, and directed that staff hand hygiene should be performed before and after direct contact with residents, before and after handling soiled dressings, and after removing gloves. During an interview on 6/8/20 at 11:38 AM, the Director of Nursing (DON) stated she would expect staff to change their gloves and perform hand hygiene when going from dirty to clean areas, and when entering and exiting the room. The DON expressed that hand hygiene expectations are made clear and reinforced through education and training.

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