STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165308	A. BUILDING _____ B. WING _____	**06/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEST RIDGE SPECIALTY CARE	**1904 WEST HOWARD STREET KNOXVILLE, IA 50138**

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 -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommendations in order to prepare for COVID-19. The facility failed to ensure that all CDC-recommended PPE (personal protective equipment) was worn by staff when staff entered the rooms of residents under observation for COVID-19. Findings include: - On 6/16/20 at 1:00pm, Licensed Practical Nurse (LPN1) indicated that when a resident was admitted , readmitted , or went out to a doctor's appointment, facility staff placed the resident on quarantine for 14 days after they returned. During the quarantine, residents could not leave their rooms. LPN1 indicated that this was because the resident could have been exposed to COVID-19 prior to returning to the facility. LPN1 indicated that when facility staff entered the resident's room, they must wear gloves, masks, and eye protection (such as goggles or a face shield). LPN1 indicated that isolation gowns would only be worn if a resident developed signs or symptoms of a respiratory infection. On 6/16/20 at 2:11pm, Registered Nurse (RN1) entered resident room [ROOM NUMBER]. A sign on the door indicated that staff must see the nurse before entering the room. RN1 wore a face mask and gloves as she entered the room. RN1 failed to don an isolation gown prior to entering the resident's room. On 6/16/20 at 2:17pm, RN1 and resident (R1) exited room [ROOM NUMBER]. R1 wore a disposable surgical mask, and was escorted by RN1 to the front door of the building. RN1 indicated that R1 recently admitted to the facility for short-term therapy, and was discharging back home today. On 6/16/20 at 3:19pm, Nurse Aide (NA1) indicated that when a resident was admitted to the facility, or left the facility and then returned, the resident must be on quarantine for 14 days. NA1 indicated that when a resident was on quarantine, they could not leave their rooms, and that staff must wear gloves, a face mask, and eye protection such as goggles or a face shield when entering their room. NA1 indicated that staff would only wear a disposable isolation gown if a resident developed signs or symptoms of a respiratory infection. On 6/16/20 3:58pm, the Infection Preventionist (IP) indicated that facility staff were not expected to wear gowns when entering the room of an asymptomatic new admission, readmission, or resident who had left the facility then returned. Staff would only wear gowns if the resident developed signs or symptoms of a respiratory infection. On 6/16/20 at 4:12pm, the Director of Nursing (DON) indicated that staff would only wear gowns when entering the rooms of new admissions if the resident developed signs or symptoms of a respiratory infection. The DON further indicated that R2, a resident who went to the hospital for a blood transfusion, was also on quarantine. The DON indicated that staff were not expected to wear isolation gowns when entering the room of R2, and had not been doing so. The DON indicated that R2's COVID-19 status was unknown, and she had not been tested . Review of CDC recommendations, dated 4/15/20, titled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, documented: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP (Health Care Provider).

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.