STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165270	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
STRATFORD SPECIALTY CARE	**1200 HIGHWAY 175 EAST STRATFORD, IA 50249**

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 observations, staff interviews, and policy review the facility failed to comply with current infection prevention and control standards. The facility reported a census of 38 residents. Findings include: 1. During an observation on 9/23/20 at 12:29 PM, Staff A, Certified Nurse Aide (CNA), exited Room R-6, a quarantine room, attired in a N-95 mask, isolation gown, face shield, and gloves. Staff A, CNA removed the gloves, face shield, and N-95 mask. Staff A, CNA removed the gown, folded the gown with the front of the gown to the outside and placed in a zip-lock bag, touching the outside of the gown to her arms and clothing. During an observation on 9/23/20 at 1:33 PM, Staff B, CNA exited Room R-1, a quarantine room, attired in a N-95 mask, isolation gown, face shield, and gloves. Staff B, CNA removed the gloves, N-95 mask, and face shield. Staff B, CNA removed the gown, folded the gown with the front of the gown to the outside and placed in a zip-lock bag, touching the outside of the gown to her arms and clothing. During an observation on 9/24/20 at 10:13 AM, Staff D, Certified Medication Aide (CMA), removed gloves prior to exiting Room R-10, a quarantine room. Staff D, CMA sanitized hands and removed the face shield, N-95 mask, and isolation gown. Staff D, CMA folded the gown with the front of the gown to the outside and placed in a zip-lock bag, touching the outside of the gown to her arms and clothing. Review of an undated facility document from the Centers for Disease Control and Prevention (CDC) titled How to Safely Remove Personal Protective Equipment Example 1, documented: -Pull gown away from neck and shoulders, touching inside of gown only -Turn gown inside out - Fold or roll into a bundle During an interview on 10/5/20 at 11:32 AM, the Director of Nursing (DON) stated expectation for staff to follow the doffing policy to roll gown with outside of gown to the inside to prevent contamination. 2. A Minimum Data Set ((MDS) dated [DATE] for Resident #3, included [DIAGNOSES REDACTED]. The MDS identified the resident required extensive assistance of two staff for bed mobility, transfers, dressing, and toilet use. A Brief Interview for Mental Status (BIMS) score of 00 indicated severe cognitive impairment for decision-making. During an observation on 9/30/20 at 9:50 AM, Staff A, CNA and Staff E, CNA entered Resident #3's room, washed hands, and donned gloves. While Resident #3 laid in bed, Staff A, CNA provided care to the front groin area and Staff E, CNA rolled Resident #3 to his right side. With bowel movement (BM) visible on buttocks and attends (brief), Staff A, CNA cleansed the buttocks. Staff A, CNA applied a new attends and removed gloves. Staff A, CNA did not wash or sanitize hands and proceeded to touch the blankets and bed remote. Staff A, CNA washed hands. 3. A Minimum Data Set ((MDS) dated [DATE] for Resident #2, included [DIAGNOSES REDACTED]. The MDS identified the resident required extensive assistance of two staff for bed mobility, transfers, dressing, and toilet use. A Brief Interview for Mental Status (BIMS) score of 15 indicated no cognitive impairment for decision-making. During an observation on 9/30/20 at 2:32 PM, Staff C, CMA and Staff F, CNA entered Resident #2's room, washed hands, and donned gloves. Staff C, CMA and Staff F, CNA assisted Resident #2 to the toilet. Staff C, CMA cleansed Resident #2's buttocks after a BM. With the same gloves on, Staff C, CMA pulled up Resident #2's pants. Staff C, CMA removed gloves while assisting Resident #2 to the recliner. Staff C, CMA proceeded to raise the leg extension of the recliner and handed Resident #2 the television remote control and call light. Both staff washed hands and exited room. 4. A Minimum Data Set ((MDS) dated [DATE] for Resident #4, included [DIAGNOSES REDACTED]. The MDS identified the resident required extensive assistance of two staff for bed mobility and dressing and dependent on two staff for transfers and toileting. A Brief Interview for Mental Status (BIMS) score of 13 indicated no cognitive impairment. During an observation on 10/1/20 at 11:38 AM, Staff E, CNA, Staff G, CNA, and Staff H, CNA entered Resident #5's room, washed hands, and donned gloves. Staff E, CNA provided incontinent care, with visible BM on attends and buttocks, while Staff G, CNA and Staff H, CNA assisted with positioning Resident #4. Staff E, CNA doffed gloves and donned new gloves without washing or sanitizing hands. Staff E, CNA proceeded to reposition sling, assisted with changing the shirt and transferring Resident #4 to recliner with lift, touching the controls of the lift, with the same gloves and no hand hygiene. All 3 staff doffed gloves and washed hands. Review of facility policy dated January 2015, titled Incontinence Care/Peri Care documented: 10. Cleanse all soiled areas front to back using clean area of cloth/wipe 11. Remove gloves, wash hands During an interview on 10/5/20 at 11:32 AM, the DON stated she expected staff to follow the facility policy to remove gloves and wash or sanitize hands after completing peri-care and before touching any other items.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview the facility failed to maintain a safe and functional environment due to lack of automatic closure of fire doors. Facility reported a census of 38 residents. Findings included: During an observation on 9/30/20 at 11:30 AM, the fire alarm panel displayed a note documented: If the fire alarm sounds, close the Memory Lane fire doors immediately. They will not close automatically. During an interview on 9/30/20 at 11:30 AM, the Administrator (ADM) revealed the fire doors to the Left Hall (Memory Lane), did not automatically close when the fire alarm goes off and the hall is currently occupied by residents. The ADM stated the doors were previously closed all the time due to the CCDI (care of persons with chronic confusion or a dementing illness) unit being on that hall. The ADM stated the fire doors were permanently opened on 6/22/20, as the facility no longer had a designated CCDI unit. The ADM revealed the doors are not hooked to the fire alarm system to automatically close. The ADM acknowledged when the fire alarm went off the staff had to manually close the fire doors. The ADM stated the former maintenance supervisor was supposed to have put in an order to have the doors fixed in June 2020, to the facility's alarm service provider. The ADM acknowledged the former maintenance supervisor was terminated in July 2020. During an interview on 10/1/20 at 12 PM, the ADM stated she notified the alarm service provider and the designated staff for setting up service appointments was to return a call to the ADM. During an interview on 10/1/20 at 3:30 PM, the ADM stated the facility was scheduled for their quarterly inspection with the alarm provider the next day, 10/2/20. During an interview on 10/5/20 at 11 AM, the ADM revealed the alarm provider came to the facility on [DATE] and the service staff refused testing for COVID 19 and was not allowed entrance into the facility. The ADM stated the service staff communicated per phone with the Maintenance Supervisor and parts to hook the fire doors to the alarm system were to be ordered. The ADM stated she was unable to give an expected date of parts received and follow-up service as the parts are ordered by the provider's main office. During an interview on 10/5/20 at 12:30 PM, the ADM acknowledged she was not able to provide information of any requests for service to the fire doors prior to 9/30/20. (3 months since opened with facility having knowledge they did not automatically close)

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.