

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER CHEROKEE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 1011 NORTH ROOSEVELT CHEROKEE, IA 51012	
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 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review the facility failed to have Licensed Practical Nursing (LPN) staff work within their scope of practice allowed by the Iowa Board of Nursing by allowing an untrained LPN to complete a central line dressing change on 1 out of 4 residents reviewed. (Resident #1). The facility reported a census of 34. Findings Include: The Minimum Data Set (MDS) with an Assessment Reference Date of 6/10/20 showed Resident #1 to have a Brief Interview for Mental Status score of 15, indicated intact cognition status. The MDS showed the resident to have a [DIAGNOSES REDACTED]. The resident had total dependence with assist of two people for transfers and locomotion. Extensive assistance with two people for dressing and hygiene and Independent with eating. Staff A stated on 8/3/20 at 11:00 am Resident #1 had a Groshong central line in place. During a visit with the Resident, Staff A observed Staff B, Licensed Practical Nurse (LPN) change the dressing on the Groshong central line. Staff A stated she stood in the corner of the room with her mouth covered as it was a sterile procedure. Staff A stated Staff B was struggling with the procedure and did not look like she knew what she was doing. Staff A stated she asked Staff B who asked her to complete the dressing change and Staff B stated the Director of Nursing (DON) asked her to complete the task. During interview on 9/1/20 at 10:15 am Resident #1 stated she could not remember all the staff members that have changed her central line dressing at the facility. Review of the Order Summary for March 2020 showed the order for the central venous line care; change dressing, sterile cap weekly and as needed one time a day on Tuesday. Review of the Administration Report for March 2020 showed the central venous line care; change dressing, sterile cap weekly and as needed one time a day on Tuesday with a start date of 8/27/19 and a discontinue date of 4/2/20 was completed by a staff member with the initials of KAL on 3/3/20 and 3/17/20. On 9/1/20 at 12:35 pm, the DON confirmed and verified the initials KAL on the administration report for 3/3/20 and 3/17/20 for the change of the central line dressing of Resident #1, were those of Staff B. On 9/1/20 at 11:50 am Staff B stated she has never changed a central line dressing that it was out of her scope of practice. Staff B stated she has never completed an Iowa Board of Nursing (IBON) approved Intravenous (IV) therapy course. Review of the Nursing Staff schedule for 3/3/20 and 3/17/20 showed that Staff B was scheduled to work. Review of the Iowa Administrative Code Chapter 6 states: 6.5(6) the board-approved course shall incorporate the responsibilities of the licensed practical nurse when providing intravenous therapy via a peripheral intravenous catheter, a midline catheter, and a peripherally inserted central catheter (PICC) to children, adults, and elderly adults. When providing intravenous therapy, the LPN shall be under the supervision of a registered nurse. Procedures that may be performed if delegated by the registered nurse are as follows: Changing the dressing of a midline catheter and a PICC line per sterile technique. The Central Venous Catheter policy dated 1/2015 was reviewed and stated the responsibility of the procedure is to a licensed nurse. During an interview on 9/1/20 at 2:00 pm, the DON states she expects a Registered Nurse completes any IV related tasks unless the LPN has completed an IBON IV therapy class. The facilities Nurse Consultant informed her that an LPN can change a central line dressing. Review of an email received 9/1/20 from the Director of Education with the Iowa Board of Nursing states an LPN may change a peripherally inserted central catheter (PICC) line dressings after taking the IBON approved IV therapy course per Iowa Administrative Code Chapter 6.</p>		
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.