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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165270 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/15/2020 |
| NAME OF PROVIDER OF SUPPLIER STRATFORD SPECIALTY CARE | | STREET ADDRESS, CITY, STATE, ZIP 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 observation, interviews, and record reviews, the facility failed to provide an appropriate infection control technique for one of three residents reviewed (Resident #1). The facility reported a census of 36. Findings include: A Minimum Data Set completed with an Assessment Reference Date 4/28/20 revealed the resident with short and long term memory impairments. The resident had [DIAGNOSES REDACTED]. The resident required staff assistance of two staff with toileting. A care plan intervention dated 4/27/20 identified the resident required the assistance of two staff with transfers and toileting. The resident was incontinent of bowel/ bladder and wore adult briefs. Observation on 6/15/20 at 3:59 PM, showed Staff B, Certified Nurses' Aide (CNA) assist the resident to stand using a gait belt. Once standing, staff assisted the resident to remove their pants. Staff B, CNA, prepared wipes by removing them from the package and placing them on the wipes package. Staff A removed the resident's wet brief. Without changing gloves, Staff A washed the resident's top of buttock then washed up the crease of the buttock. Staff did not cleanse the front perineal area. Staff A then pulled up the resident's pants. Following that, without hand hygiene, Staff A and Staff B walked the resident into the hall still wearing used gloves. After assisting the resident into the chair in the hall, Staff A and Staff B went to the nurses' station sink to complete hand hygiene. During an interview on 6/15/20 at 4:10 PM, the Director of Nursing (DON) reported staff needed to cleanse the entire perineal area following an incontinent episode. The DON said she began conducting perineal care audits the prior Thursday. A policy labeled Incontinence Care/ Peri Care dated 1/15 identified that staff should cleanse all soiled areas front to back using a clean area of cloth/wipe, especially between skin folds, turning the resident as necessary. | | |
| 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.