

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER WESTWOOD SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 4201 FIELDCREST DRIVE SIOUX CITY, IA 51104	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on document review, observations, staff interviews, the facility failed a) To ensure consistent practices to prevent the spread of the [MEDICAL CONDITION] Disease (COVID-19) such as performing hand hygiene after removal of personal protective equipment (PPE) and proper disposal of used PPE during cares for 2 of 4 residents who were on 14-day isolation (Resident # 1 and Resident # 2); b) To disinfect all high-touch surfaces and devices following use, such as the Thermoscan (thermometer) and phones; c) To ensure accessibility of hand sanitizers and disinfectants for use in the facility d) To ensure performance of hand hygiene before entering and when leaving a resident's room, and after removing gloves; and e) To ensure donning a pair of gloves with all patient-care tasks and/or when touching potentially contaminated items. The facility reported a census of 68. Findings include: 1. The facility provided an undated document titled, COVID Preparedness Plan, which indicated newly admitted residents to the facility will be placed on a 14-day quarantine, and observance of standard/contact/droplet precautions for that period. The document indicated that the facility would place signage on the door and place supplies outside of the door. The document also directed staff members to wear appropriate PPE such as face masks, gowns, and eye protection. The facility's Handwashing policy dated April 2018 provided protocol to prevent the spread of contagion and protect residents from nosocomial infections, and identified staff should perform handwashing before and after resident care. The facility's undated document titled, Sequence for putting on Personal Protective Equipment, directed staff members to clean hands before entering and when leaving a room. Observations during the initial tour of the facility on 6/16/2020 starting at 1:30 PM, showed the following: a. The Administrator opened the inner door of the facility to meet and screen the surveyors. The Administrator did not perform hand hygiene but went ahead and used the thermo-scan device to check the surveyors' temperature, one after the other, and not performing hand hygiene in between each person nor cleaning the thermo-scan device which was lying on the screening table after each use. There lacked an antiseptic to clean the thermo-scan device, and there was also lack of a readily available hand sanitizer by the facility entrance or screening area. b. The staff members at the Nurses' Station touched the phone handsets while talking and placed them back into the cradle without disinfection and staff members did not perform hand hygiene after phone use. There was not a single container of hand sanitizer in or around the Nurses' Station nor a single container of disinfectant to wipe high-touch surfaces/items before or after use. c. Rooms 301, 503, 703, and 709 contained signs identifying them as isolation rooms, however, the isolation carts did not contain accessible hand hygiene supplies. d. There were no visible and accessible hand sanitizers that could be used prior to entering residents' rooms. Observations and staff interviews regarding infection control practices on 6/16/2020 include the following: a. At 2:44 PM, Staff W (Certified Medication Aide) worked in the 700 Hallway, in front of room [ROOM NUMBER], where Staff W put on PPE (changed masks from the surgical to an N95, put on face shield and gown, and donned gloves), but without first performing hand hygiene. Staff W entered room [ROOM NUMBER] where Resident # 2 requested some ice. Staff W removed gloves in the room and washed hands. Staff W stepped out from room [ROOM NUMBER], removed her/his gown and face shield hooked these by the door, switched the masks (from N95 to surgical) and then without performing hand hygiene, Staff W walked towards the door leading to the door towards facility's central area. b. At 2:51 PM, Staff W entered 700 Hall with 2 cups of ice which she set down on the table by the Rm 703's door. Staff W took off surgical mask, donned PPE (N95 mask, gown, face shield, and gloves), without first performing hand hygiene and then entered Rm 703. c. At 3:00 PM, observation showed Staff AA and Staff BB inside room [ROOM NUMBER] standing by the doorway, stating they could not find a dedicated trash bin in room [ROOM NUMBER] even though it is an isolation room. Both Staff AA and Staff BB removed their gowns in room [ROOM NUMBER] and walked out to the hallway towards room [ROOM NUMBER] where they discarded the dirty PPE. d. At 3:02 PM, Staff BB verified lack of hand sanitizers on the carts or anywhere near the isolation room doors that could be readily accessible for use before entering rooms, and that is why she always brought own hand sanitizer in her pocket. e. At 3:06 PM, Staff W came out from room [ROOM NUMBER], removed N95 mask and applied a surgical mask, removed the gown which was ripped and put in the trash bin by the door outside room [ROOM NUMBER]. Staff W did not perform hand hygiene and then proceeded to the exit door leading towards the Central area, touching the metal bar of the door in order to open the said door. f. At 3:07 PM, Staff W acknowledged not performing hand hygiene prior to donning PPE and entering room [ROOM NUMBER], and after exiting the said room and taking off the rest of PPE. Staff W reasoned that her failure to perform hand hygiene was the lack of hand sanitizer around for use. The Director of Nursing (DON) stated during interview on 6/16/2020 at 4:35 PM that she expected staff to perform hand hygiene before putting PPE on and after removing PPE. The DON also stated that PPE used in the isolation rooms had to be discarded in the room and not brought out but the DON did not say why there was no biohazard trash bin inside room [ROOM NUMBER] to facilitate this. The DON also acknowledged the facility's lack of accessible hand sanitizers, adding that they were placed on back order for months. The DON stated the facility had Clorox for disinfecting high-touch surfaces and devices but also acknowledged they were not readily available for use in areas with frequently touched devices.</p> <p>2. Review of facility policy titled STANDARD PRECAUTIONS, included in part, Standard precautions apply to blood; all body fluids, secretions, and excretions (except sweat); non-intact skin; and mucous membranes. This standard is designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. In addition to standard precautions, the CDC (Centers for Disease Control and Prevention) also recommends transmission-based precautions for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to interrupt transmission. Standard precautions include .Hand Hygiene: Wash hands after touching blood, body fluids, secretions, and contaminated items, whether or not gloves are worn, immediately after gloves are removed, between resident contacts and any other time necessary, such as between tasks or procedures on the same resident . Review of the facility policy titled HANDWASHING, included in part, .To prevent contagion and protect residents from nosocomial infections. Frequency before and after resident care .RECOMMENDATIONS FOR HAND WASHING (per CDC guidelines) .Contact with a patient's intact skin (e.g., taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed) .Contact with environmental surfaces in the immediate vicinity of patients .After glove removal .Hand washing will be supplemented by use of alcohol base gel or liquid, but will not be replacement for proper hand washing when hands are grossly contaminated or dirty. Personal hand rinse can be used as a supplement for hand washing by all personnel. Review of a facility document provided by the DON (Director of Nursing), included in part, Clean hands, Including before entering and when leaving a room . During an interview on 6/16/2020 at 4:30 PM, the DON reported the corporate office provided the document and was used as a policy to educate all staff. A copy of the policy, in the form of a card, was provided to all staff to place behind each staff members ID (identification) badge to use as a quick reference. Review of the facility document titled Peri-Care Audit showed step-by-step instructions in performing peri care (cleaning the private areas of a patient/resident). Review of the document, included in part, Knock on door. Enter room .Wash hands .Assemble your equipment .Apply gloves and cleanse resident after using the toilet or allow</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>them to cleanse .Remove gloves, sanitize hands .Tie garbage bags and dirty linen bags. Do not place bags on floor .Wash hands and apply one glove. Pick up bags of linen or garbage with gloved hand and open doors with ungloved hand. Place dirties in barrels. Remove glove and sanitize hands. Education reminders .Be sure to not reach inside box of wipes, touch barrier cream, or touch barrier spray if gloves are dirty . Observation on 6/16/20 beginning at 1:43 PM showed Staff U CNA (Certified Nursing Assistant) and Staff Y CNA enter room [ROOM NUMBER]. Observation showed Staff Y left room [ROOM NUMBER]</p> <p>and returned with a gait belt (a resident transfer-assistant device) in her hand. Observation showed Resident #7 in the bathroom sitting in a w/c (wheelchair). Staff U and Staff Y placed the gait belt around Patient #7's upper torso, secured the belt and assisted Patient #7 to a standing position without gloves and/or performing hand hygiene. Staff U removed Resident #7's undergarment and pants and with assistance from Staff U, positioned Resident #7 onto the toilet. Observation showed Staff U leave room [ROOM NUMBER] at 1:45 PM without performing hand hygiene. Observation on 6/16/20 beginning at 1:48 PM showed Staff U CNA and Staff Y CNA enter room [ROOM NUMBER] and enter the bathroom without performing hand hygiene. Staff Y removed 3 gloves from the box located on the hand rail in the bathroom, donned 2 gloves, handed 1 glove to Staff U and discarded the empty box into the nearby receptacle. Staff U and Staff Y assisted Patient #7 to a standing position. Observation showed Staff Y performed peri care, doffed gloves and with the assistance from Staff U, repositioned Resident #7's under garments and pants then assisted Resident #7 into the w/c. At 1:50 PM, observation showed Staff U removed the gait belt from Resident #7's upper torso, rolled the gait belt into a ball and placed the rolled gait belt into their uniform pocket. At 1:52 PM, Staff U removed the one glove, discarded the glove into a nearby receptacle, removed the rolled gait belt from their uniform pocket and placed the gait belt onto the hand rail located in the bathroom. Observation showed Staff U leave room [ROOM NUMBER] without performing hygiene and wheeled Resident #7 to the area identified by the staff as the dining room. Observation showed Staff U remove a device from the nurse's station identified by Staff U as an I-pad. Staff U reported they used the I-pad for documentation purposes. Observation on 6/16/20 beginning at 1:57 PM showed Staff Y CNA enter room [ROOM NUMBER] with a gait belt in her hand. Staff Y placed the gait belt around Resident #8's upper torso and assisted Resident #8 to the bathroom. Staff Y removed Resident 8's disposable briefs and pants and assisted Resident #8 onto the toilet with ungloved hands. Observation showed Staff Y leave the bathroom and close Resident #8's window blinds.</p> <p>At 2:05 PM, Staff Y donned gloves, performed peri care on Resident #8, doffed gloves and assisted Resident #8 to a nearby recliner. Per Resident #8's request, Staff Y removed a bowl of grapes from a nearby refrigerator and placed the grapes onto the bed-side table located next to Resident 8. Observation showed Staff Y's thumb wrapped inside the bowl of grapes while transferring the bowl of grapes from the refrigerator onto the bed-side table. Observation showed Staff Y donned 1 glove, removed the garbage bag from the bathroom receptacle and placed the garbage bag onto the floor. Observation showed Staff Y removed the glove and connected Resident 8's cell phone to a cell phone charger, removed the garbage bag from the floor and left room [ROOM NUMBER] without performing hand hygiene or the use of gloves at 2:10 PM. Observation showed Staff Y went to a room labeled soiled utility room, pushed buttons on a key pad located on the outside of the door and entered the room placing the garbage bag into a receptacle then left the room without performing hand hygiene. Observation on 6/16/20 beginning at 2:20 PM showed Staff N (CNA) enter Resident 9's room without performing hand hygiene prior to placing a gait belt around Resident #9's upper torso. Observation showed Staff N assist Resident #9 to the bathroom, remove Resident #9's disposable briefs and pants and assisted Resident #9 onto the toilet. Observation showed Staff N left Resident #9's room at 2:24 PM and went to the nurses station. Throughout the observation staff failed to perform hygiene upon entering and leaving Resident 9's room and/or the use of gloves. Observation on 6/16/20 beginning at 2:27 PM showed Staff N (CNA) enter Resident #9's room and enter the bathroom to silence the call light alarm without performing hand hygiene. Observation showed Staff N don 1 glove, open a package located on top of the toilet tank, remove several cloths/wipes, then toss the package into the nearby sink and began performing resident peri care. Observation showed Staff N removed more cloths/wipes from the package located in the sink with her ungloved hand and continued to perform resident peri care. Observation showed Staff N obtain a tube labeled zinc oxide from the top of the toilet tank with her gloved hand, removed the attached lid with her ungloved hand and squeezed a white cream onto her gloved hand. Staff H attached the lid to the tube and returned the tube to the toilet tank lid then applied the cream to Resident #9's peri area. Staff N removed her 1 glove and repositioned Resident 9's disposable briefs and pants. Staff N removed the garbage bag from the bathroom receptacle and placed the bag onto the floor. Staff N transferred Resident #9 into the nearby recliner, placed a blanket over Resident 9's lap then returned to the bathroom, removed the garbage bag from the floor and left Resident #9's room without performing hand hygiene. During an interview on 6/16/20 at 3:33 PM, Staff U (CNA) reported she should perform hand hygiene after assisting every resident by using soap and water or the use of a hand sanitizer. Observation showed Staff U removed a bottle from their uniform leg pocket labeled Purell hand sanitizer. Staff U went on to report hand hygiene was not needed upon entering or leaving the residents' room. During an interview on 6/16/20 at 3:40 PM, Staff N (CNA) reported staff should perform hand hygiene with soap and water upon entering and leaving each resident's room and to always use 2 gloves for all patient care activities. Staff N went on to report she performed hand hygiene with soap and water since she didn't think the facility had hand sanitizer. During an interview on 6/16/20 at 4:20 PM, the DON reported staff should perform hand hygiene, using soap and water or a hand sanitizer, by all staff entering and leaving a resident's room and/or following glove use. The DON went on to report the expectation was for staff to use 2 gloves with all patient care tasks. The DON acknowledged staff failed to perform hand hygiene and/or wear gloves in accordance with the facility policies and the education provided to them.</p>		