

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165265</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>QHC FORT DODGE VILLA , LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2721 10TH AVENUE NORTH FORT DODGE, IA 50501</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and staff interview, the facility failed to implement proper infection control practices/procedures when providing care to residents. Facility census was 81 residents. Findings include: 1. A Minimum Data Set (MDS) completed for Resident #1 with an Assessment Reference Date (ARD) of 4/6/20 showed a Brief Interview for Mental Status (BIMS) score of 15 (no cognitive impairment). The resident required insulin for seven of seven days in the lookback period. The resident had diagnosed [MEDICAL CONDITION] and Type II Diabetes Mellitus without complications. A care plan intervention dated 2/4/15 instructed staff to perform diabetic testing as ordered by the physician then report abnormal findings to the physician. A Medication Administration Record [REDACTED]. Observation on 6/16/20 at 11:13 AM, showed Staff A CMA (Certified Medication Aide) obtain the Accucheck machine from the individual baggie in the medication cart. Staff A entered the room and placed the device onto the resident's bedside table. Staff applied gloves to prepare test strip and opened an alcohol wipe. Staff A then wiped the resident's finger with the alcohol wipe and then dried the finger with a tissue before poking finger with a lancet. Staff A collected the blood and got a blood sugar value. Then Staff A placed the machine onto the table with the test strip inside the machine. Staff A removed gloves and then picked up the Accucheck machine and carried it from the room to the medication cart. Staff A removed the test strip from the machine without wearing gloves and disposed of the used test strip. Staff A then sanitized her hands after placing the Accucheck machine onto the medication cart without barrier. Staff A then picked up the Accucheck machine and placed it into the individual baggie with no hand hygiene. Staff A did not disinfect the medication cart. Staff A continued to chart on the computer with no hand hygiene. 2. Observation on 6/16/20 at 11:32 AM showed Staff B, Dietary Aide, placed cheese onto a napkin. Staff B touched the top of the cheese with a bare hand then delivered the hamburger toppings to the resident. 3. Observation on 6/16/20 at 11:39 AM showed Staff C, Dietary Aide, adjust her face mask and the face shield without completing hand hygiene afterwards. Staff C then adjusted resident drinks on the dietary cart. 4. The MDS completed for Resident #2 with an ARD of 4/23/20 showed a BIMS score of 15, indicating intact cognition. The resident required supervision of one assist with toileting. The resident has [DIAGNOSES REDACTED]. Observation showed on 6/16/20 at 11:52 AM, the resident in the bathroom leaning forward to allow Staff D, Agency CNA, to cleanse the resident. Staff D removed wipes from the package and wiped up the crease of the resident's buttocks and then with that same dirty glove, Staff D reached into the wipes package. Staff obtained another wipe and finished cleaning the resident. Staff D attempted to wash hands at the sink, but the sink was full of dirty dishes. Staff D exited room without touching anything and asked another staff to open the public restroom. Staff D entered the public bathroom and washed his hands. 5. Observation showed on 6/16/20 at 12:27 PM, Staff F, CNA refilled a resident's ice pitcher from a resident room. Staff F took the scoop from the ice cooler and filled the cup, touching the scoop to the rim of the cup. Once completed, Staff F returned the scoop to the ice cooler. On 6/16/20 at 1:18 PM, the Administrator reported the Centers for Medicare and Medicaid Services (CMS) and Telligen asked the facility to join their infection control and prevention program. On 6/16/20 at 1:20 PM, the Director of Nursing (DON) reported the facility each room contained a sink in every room, and they should not contain dirty dishes. Staff should wash their hands at the sink when entering or exiting a room. The DON stated due to the sanitizer shortage, the facility only had a few areas of sanitizer stations available. The DON would expect the staff to wear gloves and clean hands before touching anything when using the Accu check machine. The Administrator and DON stated they would not expect the staff to place the device on the medication cart without a barrier. The DON and Administrator said they would not expect the staff to get wipes out of the wipes container with a dirty glove or to touch the rim of a used resident's cup with the scoop. They expect the staff to not return the scoop to the ice cooler.</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.