

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>901 WEST THIRD STREET DUBUQUE, IA 52001</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, record review, and staff interview the facility failed to maintain infection control standards while providing care for residents. The facility reported a census of 59 residents. Findings include: 1.) During an on observation on 8/4/20 at 11:30 AM of incontinent cares on Resident #6, Staff E, Certified Nursing Assistant (CNA) failed to wash or sanitize hands when entering or leaving residents room. Staff E, CNA assisted Staff F, CNA with incontinent cares for Resident #6 and assisted with transferring resident off the toilet using an EZ stand. She then assisted with pulling up the residents pants. She did not perform hand hygiene by washing with soap or water or using alcohol based hand sanitizer prior to assisting with cares or prior to leaving residents room. During an interview on 8/5/20 at 2:00 p.m. Staff D, Registered Nurse (RN), Unit Manager stated staff should wash hands before and after providing resident cares. The facility provided an Infection Control Manual Chapter 2: Practice Guidelines dated 5/2013 which directed staff to perform hand hygiene immediately before gloves are applied and after gloves are removed, between patient contacts and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. 2.) During an observation on 8/4/20 from Staff E, dietary aide passed drinks for lunch to rooms # 188, #192, and #198 and set them on isolation carts outside the room. Staff H, Admissions Director came by and set desserts, without a cover on, during this time also to these rooms and room # 179 . The drinks and desserts were sitting on top of isolation carts uncovered outside of the the residents rooms while Staff C, maintenance was working on a ladder in the hallway above the drinks and desserts. Staff C was removing ceiling tiles and working above the isolation carts. Staff G, housekeeping walked by multiple times pushing her cleaning cart past while the drinks and dessert were sitting uncovered in the hallway. During an interview on 8/5/20 at 2:00 p.m. the Administrator stated the staff should cover drinks and desserts when leaving on the isolation carts outside of the residents rooms. 3.) During an observation on 8/5/20 at 11:35 a.m. Staff A, Registered Nurse (RN) entered the dining room carrying three clear disposable glasses with a liquid in her right hand and a bottle of Ensure with a clear plastic cup over it in her left hand which she held up to her chest touching her uniform top. Staff C, RN set the three cups down on a table and then poured the ensure into the cup covering it and assisted Resident # 7 to drink from the cup after the cup touched her uniform top. During an interview on 8/5/20 2:00 p.m. Staff D, RN , Unit Manager stated the staff should not allow items to touch their clothing when providing cares to residents.		

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.