

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER MORNING SUN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 200 WASHINGTON MORNING SUN, IA 52640	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to utilize proper Personal Protective Equipment (PPE) in accordance with Centers for Disease Control (CDC) to prevent the spread of infection for 1 of 1 newly admitted residents (Resident #1). The facility reported a census of 33. Findings include: 1. During an observation on 6/24/20 at 11:00 a.m., Staff B (Nurse Aide) walked with Resident #1 from her recliner to the bathroom. Staff A (Nurse Aide) placed a new brief on the resident. After the resident finished on the toilet, Staff B performed perineal cares while Staff A helped the resident stand up. Staff B then walked with the resident back to her recliner. Staff B and Staff A failed to utilize a gown while assisting the resident. During an observation on 6/24/20 at 11:15 a.m., Staff B and Staff A walked out of Resident #2's room wearing the same uniforms they wore when assisting Resident #1. Staff B stated to the surveyor they assisted Resident #2 to get up. An undated document entitled Isolation, provided by the DON (Director of Nursing) to the survey team on 6/24/20, stated Resident #1 was a new admission with an admitted [DATE]. The facility policy, Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities, dated 4/13/20, directed staff to place all new admissions in isolation for 14 days. Current CDC guidelines, updated 6/22/20, directed facilities to place new admissions in a separate observation area for 14 days so staff could monitor the resident for evidence of COVID-19. The guidance directed facilities to ensure staff caring for these residents wore a mask, goggles, gloves, and a gown (www.cdc.gov). During an interview on 6/24/20 at 12:00 p.m., Director for Nurses stated they did not have a specific policy regarding isolation procedures for new admissions. She stated they followed the above 4/13/20 guidelines and it was her understanding if residents tested negative and showed no signs and symptoms no gown was required.</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.