

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER CRESTVIEW NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 2401 SOUTH DES MOINES STREET WEBSTER CITY, IA 50595	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and record review, the facility failed to utilize proper infection control techniques for three of three residents reviewed (Resident #1, #2, and #3). The facility reported a census of 49 residents. Findings include: 1. A Minimum Data Set (MDS) completed for Resident #1 with an Assessment Reference Date (ARD) of 5/6/20 revealed a Brief Interview for Mental Status (BIMS) score of 12 (moderate cognitive impairment). The resident had [DIAGNOSES REDACTED]. The resident required extensive assistance of two staff with toileting in the seven day lookback period. Observation on 6/17/20 at 8:30 AM, showed Staff A, Certified Medication Aide (CMA), and Staff E, CMA, stand the resident up from the toilet. Staff E applied gloves and then cleaned the resident after using the bathroom. Staff E wiped the backside of the resident with no cleansing of the anterior periaurea. Staff E removed one wipe from the package and wiped the buttocks of the resident. With the same glove, Staff E picked up the package of wipes and removed additional wipes to finish cleaning the resident. Staff E removed gloves and without hand hygiene, assisted the resident to get their pants pulled up as Staff A held the resident's gait belt. Staff E then moved the package and then washed her hands. A care plan intervention dated 6/19/18 directed staff to assist the resident to the toilet as resident requests. The staff should assist the resident as needed with completing incontinence cares and changing the resident's brief. 2. A MDS completed for Resident #2 with an ARD of 5/29/20 showed a BIMS score of 13 (no cognitive impairment). The resident had [DIAGNOSES REDACTED]. Observation on 6/17/20 at 8:51 AM revealed Staff F, Registered Nurse (RN), assessed the resident's vital signs and listened to the resident's lung sounds with a stethoscope. Once finished with the assessment, Staff F opened an alcohol wipe and cleansed the bulb of the blood pressure cuff. She did no cleansing of the blood pressure cuff that touched the resident's skin. Staff F used the same alcohol wipe to clean the other equipment she used: thermometer, pulse oximeter, and stethoscope. The resident complained of his eyes burning and itching. Staff E educated the resident not to touch their eyes and if they did to wash their hands. During an interview on 6/17/20 at 8:58 AM, Staff F stated she cleaned the equipment with an alcohol wipe. 3. Observation on 6/17/20 at 9:29 AM revealed a total mechanical lift sitting in the hallway. The sling was in the pocket of the lift, with an area of the sling out onto the floor. Observation on 6/17/20 at 9:33 AM, revealed Staff E touched her face mask then continued paperwork without hand hygiene. Observation on 6/17/20 at 9:37 AM revealed two staff members visiting with a resident while touching their face masks with no hand hygiene afterwards. 4. A MDS completed for Resident #3 with an ARD of 3/30/20 showed a BIMS score of 14 (no cognitive impairment). The resident had [DIAGNOSES REDACTED]. The resident required extensive staff assistance of two staff for transfers and toilet use. Observation on 6/17/20 at 9:40 AM revealed Staff C, CMA, and Staff D, CNA (Certified Nurse Aide), assist the resident to the standing position with the mechanical stand lift, and then take the resident into the bathroom. Staff D applied gloves and pulled down the resident's pants and removes a liner leaving the pullup in place. Staff D and Staff C change places. Staff C completed the perineal care for the resident. Staff C removed wipes from the package, wiped the resident, and removed more wipes from the package with the same gloves cleaning the backside of the resident. Staff did not provide incontinence to the front peri area. After completion of the incontinence cares, Staff C removed gloves and pulled up the resident's pants then washed hands. Staff D removed the mechanical stand lift sling from behind the resident and placed it on the stand lift. After completion of cares, Staff D took the stand lift from the resident's room and parked it in the hallway. Staff did not disinfect the standing mechanical lift and remove the sling for cleaning. Both staff sanitized their hands after exiting the room. During an interview on 6/17/20 at 10:30 AM, Staff G, Licensed Practical Nurse (LPN), stated mechanical lifts get routine cleaning from night shift during the night. Staff G said the residents have an individual package of wipes. Staff G and the Director of Nursing stated they expected staff to sanitize their hands after touching their masks.</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.