

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165440	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER WINSLOW HOUSE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3456 INDIAN CREEK ROAD MARION, IA 52302	
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 observation, staff interview and record review the facility failed to follow the CDC (Center for Disease Control) recommendations and their own policy to provide a safe and sanitary environment and to help prevent the transmission of disease and infection. The facility had 12 COVID-19 positive residents and 4 suspected residents. The facility reported a census of 35 residents. Findings include: 1. Upon entrance to the facility the Administrator and the Director of Nursing (DON) reported they had 12 positive residents with the COVID-19 virus and 4 suspected residents. They had performed weekly mandatory testing as required on 9/3/20 and 9/8/20 and found positive results. The latest positive test was last Tuesday (9/8/20). The North Hall (rooms 11-20) held COVID-19 residents, marked with Red postings, with 1 room in the South Hall (room [ROOM NUMBER]). They also had 1 room in the North Hall (room [ROOM NUMBER]) and 3 rooms (rooms [ROOM NUMBER]) in the South Hall marked Yellow posting for suspected residents for the COVID-19 residents on isolation. Both the Red and Yellow rooms were identified for transmission-based precautions (isolation rooms). They reported all staff wear KN-95 face masks and shields at all times. (KN95 stands for the regulatory standard for filtering facepiece respirators that are certified.) The CDC updated on 6/9/20 recommended included the following when applying PPE (Protective Personal Equipment). How to put on (Don) PPE Gear (More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is an example of donning.): a. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training). b. Perform hand hygiene using hand sanitizer. c. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. d. Put on approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. e. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator. f. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears. g. Put on face shield or goggles. When wearing an N95 respirator or half facepiece respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common. h. Put on gloves. Gloves should cover the cuff (wrist) of gown. i. Healthcare personnel may now enter patient room. The CDC updated on 6/9/20 recommended included the following when removing PPE (Doff): a. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. b. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. c. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. d. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is [MEDICATION NAME] reuse. Observation on 9/14/20 at 11:25 a.m. revealed the resident in a yellow isolated room (room [ROOM NUMBER]) sitting up in the wheelchair. An isolation cart holding supplies sat by the yellow room in the hallway. The cart held no bleach wipes. Staff J, Licensed Practical Nurse (LPN) donned fresh PPE going into the room to check the resident's blood sugar. Staff J, from the room reached for the bottom drawer of the medication cart with a clean glove after washing hands and obtained a bleach wipe. She cleansed the blood sugar meter, wrapped it up and placed it on the cart. She washed both hands afterwards. When Staff J before coming out of the room she removed the unclean PPE but failed to cleanse the face shield. Observation on 9/14/20 at 11:40 a.m. revealed the isolation carts did not contain any bleach wipes in south hallway. Observation on 9/14/20 at 11:45 a.m. showed isolation carts outside the COVID (red) rooms down North hall. Observation revealed none of the carts held bleach wipes used for sanitizing equipment. Observation on 9/14/20 at 1:00 p.m. revealed Staff F and Staff I, Certified Nursing Aides (CNA's), came out of the Red room (positive resident) after transferring the resident with a Hoyer lift to the bed. Staff F went to the television area and wheeled Resident #2 to a Red room (#14) and after coming out wheeled the resident back to the television lounge. Staff F did not change to another set of PPE before entering the Red room and did not clean the shield after leaving the red room at 1:20 p.m. Staff I went down to room [ROOM NUMBER] (yellow room) and closed the door. Staff I did not change to a fresh set of PPE before entering the room. At 1:15 p.m. Staff I came out of the room and went straight into a red room (20). Staff I did not clean the face shield. Staff I failed to change to a fresh set of PPE before going into the red room. Observation on 9/14/20/20 at 1:15 p.m. a Therapy Staff Person, Staff G, worked with a resident in the COVID hall. The Therapy staff person wore a face mask and a shield, but wore no gown. She ambulated the resident through the hall. Observation on 9/15/20 at 8:20 a.m. Staff A, Registered Nurse, RN, properly put on PPE to give a resident in a Red room (#16) medication, the door had remained open. Staff A came out and removed the PPE properly except did not cleanse the shield. Observation on 9/15/20 at 8:25 a.m. the MDS (Minimum Data Set for assessment) Coordinator, RN, opened the red door and informed Staff A to come and get a bottle of nasal spray the resident used. Staff A handed the medication bottle with gloved hand to Staff A's gloved hand. Staff A preceded to place the nasal medication bottle into the medication cart without any cleansing of that bottle. Staff A removed the gloves, cleansed hands with alcohol gel and re-applied gloves. Observation on 9/15/20 at 8:25 a.m. the MDS Coordinator came out of the room and properly removed the PPE except failed to cleanse the shield. Observation on 9/15/20 at 8:37 a.m. revealed Staff D, CNA, in Resident #2's room (red room). Staff A, RN, near the door, passing medications, reported the brown paper bags were for the CNA's to place their used masks into before leaving the room, as they are in and out so often. They reach in and get a fresh mask when coming out of the isolated rooms. Staff A double wears a face mask into the isolated rooms and then disposes the top mask that she wore in the red room. Staff C, CNA, cleansed hands with a sanitizer gel, put on fresh gloves and put on a fresh gown. Staff C tied the gown at the neck but failed to tie a gown at the waist. Staff C entered the small bathroom, shared by 4 residents. During toileting cares, Staff C's gown spread out and she had to pull it closer to herself. They stood the resident up, while the resident held onto the grab bar. Finishing cares, Staff C and D ambulated the resident from the bathroom through the doorway, though the designed COVID hall, into the main area, past the main dining room area. There were 2 other residents eating in the dining room at that time. They ambulated the resident more than 6 feet away from anybody to the television area and sat the resident down in the recliner. The Staff persons did not offer to gel or hand wash the resident's hands. While in the bathroom, another resident connected to the bathroom, had opened the door to state needing to use the bathroom. Observation on 9/15/20 at 1:15 p.m. Therapy Staff (Staff G) working with a resident in the COVID designated hall. They ambulated throughout the hall. Staff G wore a mask and shield but did not wear a gown. Observation on 9/16/20 at 9:00 a.m. revealed a bleach wipe container by between rooms [ROOM NUMBERS]. An interview on 9/14/20 at 2:35 p.m. the Director of Nursing, DON, reported they always try to keep consistent staff for the hallways. She reported Resident #2</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>and #4 are very high risk for falls and they felt keeping them in the television area in the back of the main area, maintained their safety while staff could keep on eye on them. An interview on 9/15/20 at 12:15 p.m. Staff A reported asking management about not having specific staff, especially nurses, they replied as long as everyone is doing proper etiquette, PPE, and donning, it should be okay. An interview on 9/15/20 at 1:15 p.m. the Administrator reported the 2 residents in the COVID hall that were recovered should not be moved out of the hallway due to their dementia. The residents had been moved before and the move did not go well. They felt it would be detrimental to their health to have them move again. The Residents #3 and #4 were such high fall risks they all felt their safety being important. They placed those residents out in the main area, back by the television, to be seen by all staff at all times. Due to the building being small, 4 residents sharing one bathroom the Administrator noted the whole [MEDICAL CONDITION] situation limited their choices. An interview on 9/16/20 at 10:30 a.m. Staff B, RN, reported staff should always tie the neck and waist of the PPE gown, should always clean their shields coming out of COVID rooms. She showed the bleach wipe container she uses for cleaning. Staff B reported trying to keep an eye on all staff regarding using correct procedures and will correct staff when observed something not being correctly done. She also remarked putting a mask on Resident #2 agitated the resident. Staff B also commented Resident #4 (also COVID positive) sometimes would wear a mask, as she sat back by the television, but would often take it off. An interview on 9/16/20 at 10:25 a.m. the Therapy Coordinator reported to expect all therapy staff to don PPE, including gowns while in the COVID hall. An interview on 9/16/20 at 10:50 a.m. Staff F, CNA, explained how to apply PPE and how to remove PPE, correctly. Staff F noted the shields were re-usable, and should be cleansed with bleach wipe and or alcohol. She reported every time one enters an isolation room, one should don the PPE. She noted when leaving the room, place the face mask into the brown paper bag, leave the gown in the room, or dispose it, remove gloves, cleanse hands, and when out of the room, cleanse the face shield. An interview on 9/16/20 at 1:20 p.m. the Director of Nursing, DON, reported all staff should properly don PPE before entering an isolation room and properly doff when leaving an isolation room. She reported the face shields should be cleansed after leaving the isolation room with the bleach wipes and then cleanse with alcohol wipes to keep the shields more clarity. The DON remarked the handed-off medication bottle should have been cleansed off before placing it into the medication cart. She also noted all staff in the COVID hall should be wearing gowns, including the therapy staff. She commented when staff apply the PPE gown, should be tied at the neck and at the waist. The DON reported Resident #2's hands should have been cleansed after toileting. The DON commented her and the nurses try to observe staff following protocol as much as possible and re-educate them if they observe something not done correctly. They have daily huddles and keep the staff updated on [MEDICAL CONDITION] status and any new information or concerns. There is a COVID book in the Facsimile room to always refer to. The DON reported trying to get out on the floor to observe staff 1 or 2 times a week. She remarked they discussed moving the recovered residents from the COVID unit, but felt it not in the residents best interest. She also noted they (management) discussed Resident #2 and #4, and felt safety for the residents meant staff to keep an eye on them in the far back area, by the television, in the main area, even though they were COVID positive. The facility's Policy for Transmission-Based Precautions (Isolation Precautions) updated 5/13/20 identified the Purpose to be used in addition to Standard Precautions for residents with documented or suspected infection or colonization with highly transmissible or epidemiologically-important pathogens for which additional precautions are needed to prevent transmission. The Policy's Contact Precautions included it shall be used for residents with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission. Also see CDC pathogen-specific recommendations. The Policy for Personal Protective Equipment included gowns shall be donned upon entry into the room, shall be removed and hand hygiene performed leaving the resident-care environment. The Policy noted with resident transport, clean PPE shall be donned to handle the resident at the transport destination. The facility's Policy for Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 3/13/20, stated to be used for Contact and Droplet Precautions must be implemented. This included any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. PPE recommended when caring for a patient with known or suspected COVID-19 included: respirator or facemask, eye protection, gloves, and gowns</p>		