

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER KAREN ACRES CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3605 ELM DRIVE URBANDALE, IA 50322	
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>Based on observations, record review, and staff interviews the facility failed to wear their Personal Protective Equipment (PPE) while in the commons area where Resident #2, (on precautions due to a high risk for COVID-19 exposure) sat. One staff member wore her goggles on top of her head and another did not wear proper eye protection attached to his glasses. The facility also used a Hoyer lift on the 300 Hall where residents were either COVID-19 positive or recovering from COVID-19. The Hoyer lift had foam covering where the sling connected to the Hoyer lift with tape around it, making it difficult to properly sanitize/disinfect the area after each use. The facility reported a census of 28 residents. Findings include: Observation on 7/28/2020 at 1:57 PM revealed a Hoyer lift on the 300 hall, where 1 resident was positive for COVID-19 and 14 residents were recovering from COVID-19. The lift contained a dark blue foam cover with red tape around the foam in the area of the lift that attached the sling attaches to the Hoyer lift. During a staff interview on 7/28/2020 at 1:57 PM, Staff D Certified Nursing Assistant (CNA) reported they wiped the hoyer lift after every use using an agent with a contact time of 3 minutes. Staff D stated that is the only hoyer lift they use on that hall and every resident has their own sling in their rooms, and added there were 5 residents that used the Hoyer lift. Record review revealed one of the residents that used the Hoyer lift on the 300 hall remained on isolation for having COVID-19, while the other residents were in the process of recovering from COVID-19. Observation on 7/28/2020 at 2:14 PM revealed Staff E, laundry, walked through the double doors from the 200 hall, and passed Resident #2 sitting in a recliner by the double doors. Staff E had her mask on with her goggles on top of her head. As soon as she noticed she was being observed, she put them on to cover her eyes. Observation on 7/28/2020 at 2:21 PM revealed the Maintenance Supervisor walked through the dining room by Resident #2, whom remained in his recliner. As the Maintenance Supervisor walked by it was noted he has his mask on and glasses but did not have the pieces that go on his glasses to protect the sides. As he walked by Staff A she pointed to his glasses indicating they needed that device to protect the sides. During a staff interview on 7/28/2020 at 2:30 PM the Assistant Director of Nursing (ADON) she stated Resident #2 tested negative on 7/17/2020. He was tested because his roommate, Resident #3 tested positive on 7/17/2020. She stated Resident #2 is hard to keep in his room because of his dementia so they called Department of Public Health to get some help. They advised them to minimize his interactions with other residents and keep cleaning areas where he goes. The ADON stated Resident #1 tested positive in the facility and again while hospitalized. She stated they have 1 hoyer lift on the 300 hall and staff are to disinfect it after every use. She stated they only have 2 lifts for the whole building. She stated staff are to use bleach wipes or spray which has a longer kill time. She stated they also have Lysol to use if needed otherwise they use MicroDot Bleach wipes. She stated they would remove the foam from the hoyer lift that was on the 300 hall. The ADON stated staff should wear their PPE at all times, especially if they are within 6 feet of residents. PPE included the eye protectors that goes on staff's glasses that were provided by the facility to all staff members.</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.