

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE HEALTH SERVICES -WEST DES MOINES		STREET ADDRESS, CITY, STATE, ZIP 5010 GRAND RIDGE DRIVE WEST DES MOINES, IA 50265	
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 record review, observations and interviews the facility failed to maintain an infection prevention and control program to provide a safe sanitary and comfortable environment to help prevent the spread of infection for 4 of 4 sampled (Resident #1, #2, #3 and #4). The facility failed to perform hand hygiene and failed to utilize appropriate Personal Protective Equipment for residents on isolation. The facility reported a census of 87. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] documented Resident #1 had [DIAGNOSES REDACTED]. Resident #1 had severe cognitive impairments and required total staff assistance with bed mobility, transfers and toilet use. Resident #1 had bowel and bladder incontinence. The Care Plan directed staff to provide two staff assistance for all activities of daily living and hospice services. During an observation on 8/31/20 at 1:45 p.m. Staff A (Nurse Aide) and Staff B (Nurse Aide) entered Resident #1's room and failed to perform hand hygiene. Staff A removed Resident #1's brief and cleansed #1's anterior perineal area. Staff A failed to change gloves or perform hand hygiene. Staff B placed a new brief on Resident #1. Staff A removed her glove and held Resident #1's hand without performing hand hygiene. Staff A grabbed the total mechanical lift and the staff transferred Resident #1 to his wheel chair. Staff A placed a mask on Resident #1. Staff A and Staff B exited Resident #2's room and failed to perform hand hygiene. 2. The MDS dated [DATE] documented Resident #2 had [DIAGNOSES REDACTED]. Resident #1 had inattention and disorganized thinking and required an extensive assistance of two staff for bed mobility, toilet use and transfers. Resident #1 received an antibiotic in the last seven days. The Progress Note dated 8/31/20 documented Resident #2 admitted on [DATE] on respiratory isolation. During an observation on 8/31/20 at 2:30 p.m., a unidentified Physical Therapist entered Resident #2's room without a gown, gloves or N95 mask. Resident #2 informed the Physical Therapist and stepped back out into the hall and informed Staff D that Resident #2 requested a pain medication. The Physical Therapist donned gloves and N95 mask and re-enter room. Staff D sanitized her hands got a pain pill for resident # 2, locked cart gownned and placed gloves on and entered room. Staff D failed to don a N95 mask when entering the isolation room. Staff D removed gloves and gown and sanitized but did not sanitize goggles. Staff D failed to removed her surgical mask. Resident #2's door contained a stop sign that signified isolation precautions. The area outside Resident's room contained a 3 drawer cart that contained Personal Protective Equipment. 3. The MDS dated [DATE] documented Resident #3 had [DIAGNOSES REDACTED]. Resident #3 required assistance for bed mobility, transfers and toilet use and had bowel and bladder incontinence. The Care Plan directed staff to provide assistance with activities of daily living, toilet use needs and daily cares. During an observation on 8/31/20 at 2:40 p.m., Staff C (Nurse Aide) and Staff D (Licensed Practical Nurse) entered Resident #3's room and failed to perform hand hygiene. Staff C assisted Resident #3 to restroom. Staff D left the room and failed to perform hand hygiene. Staff C donned gloves and pulled down Resident #3's pants and removed a soiled brief. Staff C disposed of the brief and removed his gloves. Staff C failed to perform hand hygiene. Staff C checked on Resident #3 and prepared items for perineal care in the sink. Staff C donned gloves and shut the water off. Staff C assisted Resident #3 to stand up and provided posterior perineal care and then anterior perineal care. Staff C realized Resident #3 did not have briefs on and removed his gloves. Staff C exited the bathroom and grabbed a brief. Staff C failed to perform hand hygiene. Staff C placed the brief on Resident #3 and pulled up Resident #3's pants. Staff C assisted Resident #3 to his room. Staff C exited the room with the trash and disposed of it in the soiled utility room. Staff C failed to perform hand hygiene. Resident #3 shared the room with another resident. 4. The MDS dated [DATE] documented Resident #4 had [DIAGNOSES REDACTED]. Progress Notes dated 8/31/20 at 10:48 a.m. revealed Resident #4 had a status of airborne respiratory isolation. During an observation on 8/31/20 at 2:57 p.m., Staff C (Nurse Aide) answered Resident #4's call light. Staff C entered the room without a gown, a N95 mask and gloves. Staff C failed to perform hand hygiene. Staff C exited the room and failed to perform hand hygiene. Resident #4's door contained a sign that instructed Resident #4 had precautions in place. The area outside Resident #4's room contain a cart with Personal Protective Equipment. During an interview on 8/31/20 at 2:05 p.m., Resident #5 reported staff do not utilize Personal Protective Equipment like they are supposed to when they enter the room, especially the night shift staff. Review of the Incontinence Care Policy revised 8/2014, revealed staff should gather supplies, perform hand hygiene and don gloves. If resident has bowel movement, staff should wipe from front to back and after staff have cleaned up resident, staff should discard soiled gloves and perform hand hygiene. If resident required a new brief, after cleansing, staff should remove gloves, wash hands and apply clean linen or brief. Review of the Hand Hygiene Policy revised 3/2020, staff should wash their hands before and after use of gloves, after direct contact with resident's intact skin, after contact with bodily fluids or excretions, moving from a contaminated body site to a clean body site, and after contact with inanimate objects. Review of the Infection Control Manual dated 5/2013, revealed staff should wear a N95 disposable mask when entering the room of suspected infections. Review of the Infection Control Manual dated 5/2013, revealed staff should wash their hands; when hands are visibly soiled, before and after direct patient contact, before and after entering isolation precaution settings, before and after assisting a patient with personal care, before applying gloves, upon and after coming in contact with patient skin, before and after assisting residents with toilet use, after removing gloves, after touching items or surfaces in the immediate care area, after contact with bodily fluids or excretions, after handling soiled equipment or surfaces and after removing personal protective equipment. During an interview on 8/31/20 at 3:38 p.m., the Infection Preventionist reported staff are expected to wear gown, gloves, N95 mask, goggles and face shields into airborne isolation rooms. She stated if staff leave a room they should use hand sanitizer or wash their hands.</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.