

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165234	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER PARKVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 516 THIRTEENTH STREET WELLMAN, IA 52356	
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, record review, and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 3 sampled (Residents #1, #2, and #3) in accordance with the Centers for Disease Control and Prevention and CMS recommendations. The facility reported a census of 52. Findings: 1. During an observation on 6/16/20 at 1:40 p.m., Staff A (Nurse Aide) and Staff B (Nurse Aide) assisted Resident #1 with perineal cares and changed the resident's incontinent brief. Staff A and Staff B had surgical masks in place but no goggles or a face shield. The Iowa Department of Public Health Personal Protective Equipment Guidance dated 4/1/20 recommended healthcare workers that provide patient care in long term care facilities should use a minimum level of personal protective equipment for all patient care activities. There healthcare workers should use a face mask and eye protection for all patient encounters. 2. During an observation on 6/16/20 at 1:55 p.m., Staff A and Staff B assisted Resident #2 with perineal cares, placed a clean brief on Resident #2. Staff A and Staff B transferred Resident #2 from the wheelchair to the bed with a sit to stand lift. Staff A and Staff B had surgical masks but no goggles or a face shield. Staff B removed the sit to stand lift from Resident #2's room and placed it in the hall. Staff B failed to disinfect the lift as directed per the CDC COVID-19, Preparedness Checklist for Nursing Homes and other Long Term Care Settings, dated 3/26/20, to complete frequent cleaning of high-touch surfaces and shared resident care equipment 3. During an observation on 6/16/20 at 3:00 p.m., Staff C assisted Resident #3 (who resided on the designated quarantine area) with incontinence cares and emptied Resident #3 catheter drainage bag into a graduate. After emptying the catheter, Staff C replaced the end of the tubing into the catheter bag and stated she would normally cleanse the end of the tubing with an alcohol wipe but the facility was short on wipes. While assisting the resident, Staff C had a surgical mask. Staff C failed to utilize a face shield, goggles, or gown as directed by CMS QSO-20-29-NH Memorandum Summary. The Summary directed staff to wear gloves, gown, eye protection and an N95 or higher-level respirator if able for residents with known or suspected COVID-19. During the cares, Staff C told the surveyor she did not know what PPE she was supposed to wear in the designated quarantine area. She stated she thought the residents in this wing should be treated as if they were positive for COVID-19. An undated, untitled facility list, provided to the survey team on 6/16/20, listed 7 residents on the designated quarantine area. The list stated Resident #3 had a hospital stay. The facility Resident Matrix documented Resident #3 admitted to the facility on [DATE]. During an interview on 6/16/20 at 3:30 p.m., the Director of Nursing (DON) provided the surveyor with a policy entitled Novel Coronavirus COVID-19, dated 3/5/20. She pointed to the first portion of the policy entitled Procedure followed by the numeral 1. She stated this portion of the procedure was what the facility was using as a guideline for new admissions and readmissions. The policy directed staff to screen residents on each shift and assess for symptoms. This portion of the procedure did not direct staff to wear a gown or eye protection. The procedure did not specifically contain guidelines for taking care of residents admitted or readmitted within the last 14 days. The DON stated all of the residents in the quarantine wing had tested negative for COVID-19 so staff were not wearing gowns. During an interview on 6/16/20 at 5:32 p.m., the DON stated no one had directed staff to wear shields or goggles along with a mask. She stated staff would only be required to clean mechanical lifts between residents if the resident touched the lift. She stated the facility did not have a shortage of alcohol swabs and staff should cleanse catheter tubing before replacing it. She stated she did not have a policy for catheter emptying or disinfection of mechanical lifts. She stated the facility did not utilize designated staff on the quarantine wing and stated staff who take care of residents on that wing also work throughout the facility.</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.