

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165283 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/07/2020 |
| NAME OF PROVIDER OF SUPPLIER FELLOWSHIP VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP 300 EAST JEFFERSON INWOOD, IA 51240 | |
| 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 - Few | Provide and implement an infection prevention and control program. Based on observations, staff interview, and facility document and policy review, the facility staff failed to followed infection control practices in order to prevent or reduce the risk of spreading infection and disease for one of four residents observed. The facility reported a census of 30 residents. Findings include: 1. Observation on 10/5/20 at 1:05 p.m., revealed several garbage receptacles and a laundry hamper in the 200 hallway had no lids on them. The garbage cans had soiled gloves and paper towels, and the laundry hamper had soiled linens inside. During an interview 10/7/20 at 12:00 p.m., the Director of Nursing (DON) reported the garbage cans and linen hamper came with lids but she was uncertain why the garbage cans and linen hamper had no lids on them. 2. During observation 10/5/20 at 1:35 p.m., Staff A, Certified Medication Assistant, prepared medications from the medication cart in the 200 hallway for Resident #4. Staff A wore a yellow gown, gloves, surgical mask and faceshield. Staff A placed a bottle of eyedrops on the overbed table in the resident's room (no barrier on the table), poured pills into Resident #4's mouth, then held the resident's water mug and straw as the resident drank from the mug and swallowed the pills. Staff A opened the bathroom door with her gloved hand, placed her gloved hand inside the garbage can, pulled a plastic bag out of the garbage can, placed the plastic bag over the garbage can, and disposed of the medication cup. Staff A then picked up the bottle of eyedrops, held the resident's skin above and under the eye, and administered one eyedrop to each eye. Staff A removed her gloves, opened the medication cart, placed the eye medication bottle inside the cart, then sanitized her hands. In a Handwashing Policy dated 4/20, revealed handwashing performed to prevent the spread of infection. In an undated facility document titled Remember When to Handwash, revealed handwashing entailed using hand sanitizer or soap and water. Handwashing completed whenever staff left a resident's room and after gave medications. A staff communication dated 10/2/20 revealed a reminder for handwashing or sanitization for a minimum of 20 seconds for the following: a. Before and after contact with a resident b. After contact with objects or surfaces in the resident's environment c. After removed PPE (personal protective equipment) such as gloves, gown, or facemask d. Before performed a procedure During an interview 10/7/20 at 12:00 p.m., the DON reported she expected staff changed gloves and sanitized their hands whenever contaminated and before and after medication administered. | | |
| 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.