

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER PILLAR OF CEDAR VALLEY		STREET ADDRESS, CITY, STATE, ZIP 1410 WEST DUNKERTON ROAD WATERLOO, IA 50703	
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 observation and staff interviews the facility failed to utilize all appropriate personal protective equipment when caring for residents on isolation precautions for 1 of 3 residents reviewed (Resident #1). Findings include: During an observation on 6/22/20 at 10:45 a.m. Staff A (CNA) and Staff B (CNA) were in the room of Resident #1, who was on precautionary isolation due to a recent hospitalization, wearing gloves, face masks, and eye protection but no isolation gowns. Staff A and Staff B performed a mechanical lift transfer moving Resident #1 from their bed to wheel chair. Upon completion of the transfer of Resident #1 into a wheelchair on 6/22/20 at 10:45 a.m. the surveyor interviewed Staff A asking if they should have been wearing a gown in the resident's room. Staff A responded they should have worn a gown in the room. The surveyor then interviewed Staff B as they came into the hallway asking if they should have been wearing a gown while in the resident room. Staff B looked at the sticker on the doorframe of the resident room which had 6/29 written on it indicating when the resident would be off of the precautionary measures, and stated the resident was still on precautions and they should have been wearing a gown when in the resident room. During an interview on 6/22/2020 at 11:20 a.m., the facility Director of Nursing stated she was aware of what had happened and that the CNA's should have been wearing a gown in the room of Resident #1. She directed the staff involved to change their clothes, restocked the isolation cart with gowns, and re-educated staff they must wear gowns when providing care in resident rooms who are on precautionary quarantine.		
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.