

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 200 CLIVE DRIVE SW CEDAR RAPIDS, IA 52404	
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 staff interviews, the facility failed to be in compliance with the Centers for Medicare & Medicaid Services (CMS) Quality, Safety & Oversight Group (QSO) 20-20 Memo guidelines in regards to COVID-19 prevention directing Hand Hygiene is expected before and after contact with the residents and after contact with objects and surfaces in the resident's environment for 3 out of 4 stations (Station 1, 3, and 4) in the facility. The facility reported a census of 80 residents. Findings included: 1. During an observation on 6/30/20 at 1:15 p.m., Staff C, Certified Nurses Aid (CNA) touched a resident in the dining room on the back, moved a wheel chair/ into a resident room, moved his face mask, pushed a tray table out in the hall, touched his face mask. Staff C walked down the hall moved the full body lift, touched and moved his face mask 2 more times. At 1:16 p.m., Staff C touches a resident on the back with hands. At 1:19 p.m., Staff C enters Resident # 15's room lowered the resident's bed and talked to the resident. Staff C left the room, went down the hall and then came back to Resident # 15's room and gave Resident # 15 a drink from the cup on the night stand. Staff C left Resident # 15's room went to the hall closet obtained wash clothes and a towel, then walked to room [ROOM NUMBER]A-8 and applied gloves. Staff C failed to perform hand hygiene between contact with his face mask, multiple surfaces and a resident. 2. During an observation on 6/30/20 at 2:55 p.m., Staff D, Laundry Aid noted passing clean clothes on the 3 A Hall going into resident rooms with stack of clothes and coming out with hangers and putting them on the cart. Staff D pushed the clean laundry cart to the Station 4 went in 3 rooms with clean clothes and came out with hangers and placed them in the cart. Staff D took clothes into 2 rooms with a sign on the door indicating quarantine, Staff D failed to perform hand hygiene when entering or leaving resident rooms and failed to apply personal protective equipment (PPE) before going into the quarantine rooms During an interview on 7/2/20 at 9:16 a.m., Staff J, Laundry Aid stated we don't perform hand hygiene between rooms when delivering clothes as we did when we had Coronavirus Disease of 2019 (COVID-19). Staff J continued to report we don't apply PPE when we go into the quarantine rooms only the isolation rooms. During an interview on 7/2/20 at 9:96 a.m., the Laundry/Housekeeping Supervisor reported staff are expected to perform hand hygiene when going in and out of resident rooms delivering laundry, and are expected to apply the needed PPE for quarantine and isolation rooms. 3. The Minimum Data Set (MDS) assessment for Resident # 14 dated 5/6/20, included [DIAGNOSES REDACTED]. The MDS further listed the resident required extensive assist of 2 staff for transfers. The MDS for Resident # 5 dated 5/28/20, included [DIAGNOSES REDACTED]. The MDS listed the Resident with a Brief Interview of Mental Status (BIMS) of 10 indication moderately cognitively impaired. The MDS further listed the resident required extensive assist of 2 staff for transfers. The Care Plan dated 6/10/20, directed staff to use the assist of 2 staff and the EZ stand lift to transfer the resident. During an observation on 7/1/20 at 9:58 A.M., Staff A, CNA pushed the EZ stand lift into Resident # 14's room. During an observation on 7/1/20 at 10:04 a.m., Staff A and Staff B, CNA took the EZ stand lift from Resident # 14's room directly into Resident 5's room and assisted the resident out of bed. At 10:08 a.m., staff parked the lift in the hall. Staff A and B failed to clean the lift between resident use. During an interview on 7/1/20 at 2:04 p.m., Staff B, CNA reported the lifts are cleaned once per shift. During an interview on 7/2/20 at 9:50 a.m., Staff G, CNA reported the lifts are cleaned after each use. 4. During an observation on 7/1/20 at 12:00 p.m., Staff F, Medication Aid placed clothing protectors on 2 residents and moved the wheel chair pedals before providing hand hygiene. Staff F then placed clothing protectors on 3 resident without performing hand hygiene between each contact. 5. During an observation on 7/1/20 at 12:03 p.m., Staff I, CNA delivered lunch plates, drinks and deserts to 4 residents in their rooms. Staff I touched the resident's tray tables, moved oxygen tubing, applied clothing protectors and set them up to eat. Staff I failed to perform hand hygiene between each resident interaction. During an interview on 7/2/20 at 9:03 a.m., Staff E, Licensed Practical Nurse (LPN) reported expected staff to perform hand hygiene before and after any resident contact, before and after leaving a resident's room for any reason. Staff E stated the lifts are cleaned after each resident use. During an interview on 7/2/20 at 11:40 a.m., the Director of Nursing (DON) stated expected hand hygiene with each resident contact, and in and out of a resident room. The DON also expected the lifts cleaned after each use, and the laundry staff are expected to use the PPE required and perform hand hygiene in and out of resident rooms. Review of the facility policy titled Hand Washing dated January 2015, listed the purpose: To prevent contagion and protect residents from nosocomial infections. Frequency directed before and after resident care. The policy further directed recommendation for hand washing (per the Centers for Disease Control and Prevention (CDC) guidelines): a. Contact with a patient's intact skin. b. Contact with environmental surfaces in the immediate vicinity of the patient. c. After glove removal. The facility provided a policy titled Infection Control dated 4/2018, directing the facility must 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. The policy directs at point: (a)(2)(vi) The hand hygiene procedures to be following by staff involved in direct resident contact. (e) Linens - Personal must handle and store, process and transport linens to prevent the spread of infection. Preventing the spread of infection: Guidelines to prevent cross-contamination include hand washing and/or changing gloves after providing personal care, or when performing tasks among individuals, which provide the opportunity for cross contamination to occur. Facilities for hand washing are available for staff. The facility requires staff to wash their hands after each direct contact for which hand washing is indicated by accepted professional practices.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.