

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER PLEASANTVIEW HOME		STREET ADDRESS, CITY, STATE, ZIP 811 THIRD STREET KALONA, IA 52247	
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, record review, and interview, the facility failed to ensure staff wore the proper Personal Protective Equipment (PPE) to help prevent the spread of communicable disease and infection for 2 of 4 sampled in 14 day quarantine. Concerns identified for Resident #1 and #2. The facility reported a census of 54. Findings include: 1. During an observation on 6/17/20 at 9:00 a.m., Staff A (Nurse Aide) entered Resident #1's room and placed a mask on him. Staff A was in close proximity to the resident as she assisted him to walk to the bathroom with a gait belt and a walker. Staff A then assisted the resident in the bathroom. Staff A did not put on a gown before she entered the room, assisted him to walk, and assisted him to the bathroom. In an interview immediately after cares, Staff A stated the resident had been incontinent of both bowel and bladder and she assisted him with perineal cleansing. An untitled facility document, provided to the survey team on 6/17/20, stated Resident #1 was quarantined to his room for 14 days through 6/19/20 due to a hospitalization . 2. During an observation on 6/17/20 at 9:45 a.m., Staff B (Nurse Aide) entered Resident #2's room and placed a mask on him. Staff A was in close proximity to the resident as she walked with him to the bathroom and assisted him with perineal cleansing. Staff B did not put on a gown before she entered the room and assisted the resident. An untitled facility document, provided to the survey team on 6/17/20, stated that Resident #2 was quarantined to his room for 14 days through 6/24/20 due to an eye doctor visit. The facility policy Considerations for New Admissions or Readmissions to the Facility, dated 4/30/20, directed staff to wear eye protection, masks, gloves, and gowns with residents readmitted to the facility in the last 14 days. The facility policy Outpatient Appointment and Potential Exposures, dated 6/8/20, directed staff to place residents into quarantine for 14 days after an outpatient appointment. A facility census document, dated 6/11/20, stated Resident #1 and #2 had a quarantine status. During an interview on 6/17/20 at 11:00 a.m., the Director of Nursing (DON) stated staff should have worn full PPE(gown, gloves, mask) when caring for Resident #1. She stated the facility erred and grouped him with other residents such as Resident #2 who had brief medical visits. She stated it was her understanding if residents left the facility for a brief medical visit, they were to stay in their rooms but staff did not have to wear full PPE. The CMS QSO-20-29-NH Memorandum Summary dated May 6, 2020 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.		

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.