

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

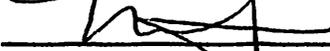
PRINTED: 05/05/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  166172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/29/2021
NAME OF PROVIDER OR SUPPLIER  BRIARWOOD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 605 GREENWOOD DRIVE IOWA CITY, IA 52248	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Correction Date: <u>May 29th, 2021</u>  The following deficiencies relate to the Recertification Survey and investigation of Complaint #96547 completed 4/26- 4/29/2021. Complaint # 98547 was not substantiated. (See Code Federal Regulations (42CFR) Part 483. Subpart B-C).	F 000	See attach plan of correction	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to transfer 1 out of 2 residents reviewed needing assistance according to the Care Plan during 2 out of 3 transfers observed (Resident #30). The facility reported a census of 36 residents.  Findings include:  The Minimum Data Set (MDS) Assessment dated 4/7/21, listed diagnoses of dementia and urinary tract infection (UTI). The MDS read the Brief Interview for Mental States (BIMS) as 00 indicating a severe cognitive impairments. The MDS reflected Resident #30 required extensive assist of 2 staff for transfers and ambulation.	F 689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator - 05/11/2021

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.

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F 689	<p>Continued From page 1</p> <p>The Care Plan for Resident #30 dated 3/19/20, directed staff the resident required 1 staff for transferring with front wheeled walker (FWW), and gait belt (GB). The Care Plan directed assist of 1 staff, FWW, and GB follow with wheel chair (w/c) as tolerated.</p> <p>During an observation on 4/27/21 at 9:32 AM, Staff A, Certified Nurses Aid (CNA) assisted Resident #30 to stand and transferred Resident #30 into a mini van with out the use of a gait belt.</p> <p>During an observation on 4/28/21 at 8:12 AM, Staff B, CNA sat Resident #30 up on the side of bed. Staff B put slippers on the resident and placed the walker in front of Resident #30. At 8:17 AM, Staff B told Resident #30 to stand up, and counted to 3. Staff B then held the residents arm and back as Resident #30 stood up. Staff pulled up the resident's pants, adjusted his shirt, directed the resident to walk forward. Resident #30 took 3 steps as the CNA moved the chair, and directed the resident sit, failing to utilize a gait belt during the transfer.</p> <p>During an interview on 4/29/21 at 7:54 AM, Staff C, CNA reported when transferring a resident Nursing Staff always use a gait belt.</p> <p>During an interview on 4/29/21 at 11:12 AM, the Director of Nursing (DON) reported she expected Nursing staff to use a gait belt with all transfers.</p> <p>The facility provided an undated Transferring Competency (one or two person assist) Protocol, directing at point # 11 for Nursing Staff to apply a gait belt.</p>	F 689			

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F 690 F 690 SS=D	Continued From page 2 Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.  §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.  §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by:	F 690 F 690			

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F 690	<p>Continued From page 3</p> <p>Based on observations, interviews, and record review the facility failed to provide complete catheter care, failed to keep the catheter bag off the floor, and failed to complete hand hygiene after cares for 1 out of 1 residents reviewed with a Foley catheter (Resident # 30). The facility reported a census of 36 residents.</p> <p>Findings included:</p> <p>The Minimum Data Set (MDS) assessment dated 4/7/21, listed diagnoses of dementia and urinary tract infection (UTI). The MDS read the Brief Interview for Mental States (BIMS) as 00 indicating a severe cognitive impairments. The MDS reflected Resident # 30 required extensive assist of 2 staff for toileting and personal hygiene.</p> <p>The Care Plan for Resident #30 dated 3/19/20, identified a goal: The resident will be/remain free from catheter-related trauma.</p> <p>Review of the Medication Administration Record (MAR) dated 4/2021, directed staff to administer Cefdinir (antibiotic) 300 milligrams (mg) by mouth two times a day for 7 days.</p> <p>Review of the Physician's Order dated 3/28/21, revealed the antibiotic medications treated a urinary tract infection.</p> <p>During an observation on 4/27/21 at 9:32 AM, Staff A, Certified Nurses Aid (CNA) assisted Resident #30 to stand from the wheel chair, dropping the urinary catheter bag on the ground. Staff A picked up the catheter moved it over and dropped it back on the ground as she transferred Resident #30.</p>	F 690			

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F 690	Continued From page 4  Draining an observation on 4/28/21 at 7:52 AM, Resident #30 noted in bed as the Foley catheter bag sat directly on the floor under his bed.  During an observation on 4/28/21 at 8:00 AM, Staff B, CNA raised Resident #30's bed to a working height, as the catheter drainage bag continued on the floor to the right of the bed.  During an observation 4/28/21 at 8:02 AM, Staff B, provided cares with wet wipes washing down and up on both sides of Resident# 30's groin. Staff B failed to wash the shaft of the resident's penis, failed to pull back the foreskin, failed to wash the tip of the penis, and failed to wash the catheter tubing away from the resident's body. Staff B lifted the catheter bag off the floor, put the bag at end of bed and rolled the resident to the left and wiped away bowel movement from the rectal area. Staff B removed his gloves. Staff B continued to dress the resident, pushed the resident out into the hall walking by 2 hand hygiene stations and into another resident's room and failed to complete hand hygiene.  During an interview on 4/29/21 at 7:58 AM, Staff C, CNA reported catheter care includes washing the shaft of the penis, pulling back the foreskin, washing the tip in a circular motion and down the catheter tubing away from the resident 4 inches. Staff C continued to report completing hand hygiene after front peri cares needs completed before going to clean the buttocks and rectal area of a resident. Staff C stated catheter bags are hung from the side of the bed not put on the floor.  During an interview on 4/29/21 at 11:12 AM, the Director of Nursing (DON) reported she expected	F 690			

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F 690	<p>Continued From page 5</p> <p>staff to wash the penis, pull back the foreskin, wash the tip of the penis, and wipe down the catheter tubing away from a resident's body when providing morning cares.</p> <p>The facility provided a policy titled Catheter Care dated, 10/1/18, directing staff to clean around the meatus, where the catheter enters the body. The policy continued to direct Nursing Staff hold the catheter and cleanse away from the body to the connection site. The policy also included directions a catheter bag should not touch the floor.</p> <p>The facility provided a policy titled Hand Hygiene - CDC Guidelines dated 8/1/17, directing hand hygiene after working on a contaminated body site then moving to a clean body site on the same person and after coming in contact with a bodily fluids including catheters.</p>	F 690			

**Department of Health and Human Services Division of Health Facilities Plan of Correction (CMS-2567) for Survey Completed on April 29, 2021.**

F000 - This response and "Plan of Correction" constitutes Briarwood Healthcare Center's allegation of compliance, effective, **May 29, 2021**. Preparation and/or execution of the plan of correction do not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of the federal and state law require it.

**F 689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)**

Based on observations, record review and staff interviews, the facility failed to transfer 1 out of 2 residents reviewed needing assistance according to the Care Plan during 2 out of 3 transfers observed (Resident #30).

- Elements detailing how you will correct the deficiency as it relates to the individual;
- How you will act to protect residents in similar situations;

*DON developed new safe resident transfer skills checklist using a gait belt for all CNA's to learn and they in turn performed satisfactory return demonstrations.*

- Include measures you will take or systems you will alter to ensure that the problem does not recur; and
- How you plan to monitor performance to make sure that solutions are permanent.

*Random audits for the next quarter will be reviewed at the Quarterly QAPI meeting and placed.*

**F 690 Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)**

Based on observations, interviews, and record review the facility failed to provide complete catheter care, failed to keep the catheter bag off the floor, and failed to complete hand hygiene after cares for 1 out of 1 residents reviewed with a Foley catheter (Resident #30).

- Elements detailing how you will correct the deficiency as it relates to the individual;
- How you will act to protect residents in similar situations;

*Director of Nursing and CNA Development Specialist updated facility's Male Catheter care skills checklist and began reviewing it with every CNA on the floor at Briarwood. Aides gave a return demonstration with artificial Male Peri care area. Position of collection bag and drain tubing was also covered with the skills checklist.*

- Include measures you will take or systems you will alter to ensure that the problem does not recur; and
- How you plan to monitor performance to make sure that solutions are permanent.

*Catheter care audits will be performed for one quarter. Outcomes and statistics will be reviewed at quarterly QAPI meeting and individual audits will be placed in employee's HR file.*