

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

PRINTED: 10/27/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER COTTAGE GROVE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 2115 FIRST AVENUE SE CEDAR RAPIDS, IA 52402		
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F 000	INITIAL COMMENTS CK ✓ TAG Correction date <u>11/07/2021</u> The following deficiencies relate to the facility's annual health survey and complaint investigation. Complaints # 95109-C, # 95205-C and # 96454-C were not substantiated. Complaints # 96474-C and # 96661-C were substantiated. Investigation of facility-reported incidents # 94902-I and # 95217-I did not result in deficiency. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C) F 690 Bowel/Bladder Incontinence, Catheter, UTI SS=D 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;	F 000			
		F 690	Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or State Law.		

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.

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F 690	<p>Continued From page 1</p> <p>(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</p> <p>(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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, observation, facility policy review, and staff interview, the facility failed to provide complete Based on clinical record review, observation, facility policy, and staff interview, the facility failed to provide complete incontinence care for two of six residents reviewed who required assistance with peri-care (Residents #26 and #192). The facility reported a census of 41 residents.</p> <p>Findings included:</p> <p>1. The Minimum Data Set (MDS) assessment, dated 7/23/21, recorded Resident#26 had diagnoses that included hypertension (high blood pressure), benign prostatic hyperplasia, hyperlipidemia (high cholesterol), cerebrovascular accident (stroke), and hypothyroidism. The assessment documented the resident</p>	F 690	<p>Staff A was educated on 10/6/21 by the MDS coordinator on the procedure for performing peri-care with regards to glove changes and handwashing. Staff C was educated on 10-5-21 by the Assistant Director of Nurses on hand hygiene and peri-care practices/policy. Nursing staff will be educated by the Director of Nursing or designee on handwashing and peri-care procedures with staff return demonstration by November 7, 2021. Facility will monitor through observation audits and Monthly QA&A QAPI process.</p>		

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F 690	<p>Continued From page 2</p> <p>experienced urinary incontinence frequently and bowel incontinence occasionally. The resident required the assistance of two staff for toilet use.</p> <p>The resident's Care Plan, with a goal date of 12/8/21, documented he had bowel incontinence and altered bladder elimination and episodes of incontinence. The Care Plan instructed to monitor for incontinence and change his briefs as needed.</p> <p>An observation on 10/6/21 at 3:08 PM revealed Staff A, certified medication aide (CMA), and Staff B, certified nurse's aide (CNA) assisted Resident #26 up with use of a mechanical stand-up lift to the restroom for toilet use. The staff assisted resident with gloves hands to the toilet. Staff A pulled Resident #26's pants down and Staff B lowered the resident onto the toilet. Staff A reported the resident's Depends brief as soiled, detached it from resident and discarded the brief into the trash. Without changing gloves or washing hands, Staff A took a new Depends and placed it on the resident. After the resident finished going to the restroom, Staff B stood Resident #26 up with the mechanical lift. Staff A utilized a wipe to wipe the resident's bottom, but did not wipe his hips. Staff A discarded the wipe into the trash, and without changing gloves or washing her hands, cleansed the resident's anterior perineal (peri) area and penis. Staff A discarded the wipe into the trash and without removing her gloves, she then pulled up the resident's new Depends brief and pants.</p> <p>Review of an undated policy for Peri-care instructed that staff are expected to wash the front of the resident first and wash from front to back. Staff are expected to remove gloves and wash hands after cares and then re-apply gloves</p>	F 690			

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F 690	<p>Continued From page 3 to apply briefs and/or adjust clothing.</p> <p>Review of an undated policy for Handwashing directed that staff are to wash hands after contact with bodily fluids, contaminated items or surfaces, contact with a resident, initiating a clean procedure, and after removal of gloves.</p> <p>During an interview on 10/6/21 at 5:10 PM, the MDS Coordinator reported that after watching peri-cares with Resident #26, she educated Staff A on how to properly perform peri cares with regards to gloves and hand washing.</p> <p>2. The MDS assessment for Resident #192, dated 9/24/21, documented his diagnoses included chronic obstructive pulmonary disease, arthritis, and multiple rib fractures. The MDS identified the resident required limited assistance of one staff for bed mobility, toilet use, personal hygiene and extensive assistance of one staff for transfers and dressing. The MDS recorded a Brief Interview for Mental Status score of 15, indicating no cognitive impairment.</p> <p>During an observation on 10/5/21 at 9:20 AM, Staff C, CNA, assisted Resident #192 to transfer from the wheelchair to the toilet. Resident was allowed time on toilet to have a bowel movement. Staff C washed her hands, applied gloves, and wiped between resident's buttocks folding the wipe with each swipe. Staff C used a new wipe, wiped between right side of his groin and leg from front to back two times, and then wiped between left side of groin and leg two times all with the same side of the same wipe, which contaminated the resident's skin.</p> <p>Staff C then removed her gloves, performed no hand hygiene, and assisted resident to the</p>	F 690			

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F 690	Continued From page 4 wheelchair, touching the resident's pull-up and clothing. Review of undated policy for Peri-care directed to wash the anal area from front to back, using a different area of the wash cloth or wipe for each swipe; and remove gloves, apply sanitizer, assist the resident to apply briefs if used and/or adjust clothing. During an interview on 10/7/21 at 12:49 PM, the Director of Nursing stated the expectation to use a new wipe for each swipe or fold the cloth to a new side for each swipe.	F 690			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880	Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and/or State Law.		

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F 880	<p>Continued From page 5 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880	<p>Staff D was educated on 10/6/21 by Assistant Director of Nurses on hand hygiene and wound treatment procedures. Staff C was educated on 10-5-21 by the Assistant Director of Nurses on hand hygiene and peri-care practices/policy. Staff F was educated on catheter care and hand hygiene by the Assistant Director of Nursing on 10/6/2021. Nursing staff will be educated by the Director of Nursing or designee on handwashing and catheter care procedures by November 7, 2021 with return demonstration. Facility will monitor through observation audits and Monthly QA&A QAPI process.</p> <p>A root cause analysis was conducted on October 29, 2021 with the assistance from the Infection control nurse, Quality Assurance Committee and Governing Body regarding the items identified in this 2567 specific to F-880.</p> <p>All staff will view the following videos as outlined by the Directed Plan of Correction: PPE lessons and Keep COVID OUT by November 12, 2021. Administrator and or designee will monitor weekly for the completion of the training and report to the Quality Assurance Committee.</p>		

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F 880	<p>Continued From page 6</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, staff interview, and facility policy review, the facility failed to ensure the staff used appropriate infection control standards of practice to protect from potential infection, by not performing proper hand hygiene/changing gloves with wound and toileting care and touching the tip of the catheter outlet valve to the container for one (# 33) of three residents reviewed. The facility reported a census of 41 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment for Resident #33, dated 9/13/21, documented diagnoses that included of hip fracture, Non-Alzheimer's dementia, and pressure ulcers of right and left heel. The MDS identified the resident needed the extensive assistance of one staff for dressing and personal hygiene; extensive assist of two staff for bed mobility and transfers, and as dependent on two staff for toilet use. The MDS documented the resident had an indwelling urinary catheter. The MDS also recorded he had a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment for decision making.</p> <p>a. During an observation on 10/6/21 at 2:02 PM, Staff D, Registered Nurse (RN) entered the resident's room and placed wound treatment supplies on a barrier on a bedside table. Staff D applied hand sanitizer and gloves. Staff D cut the</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>old dressing wrap off the resident's right foot with scissors, placed the scissors on the barrier, and removed her gloves. Staff D did not perform hand hygiene, and used the same scissors (not cleaned) to cut Mepilex AG (a medicated foam wound pad) for both the right and left heel wound treatments. Staff D washed her hands, applied gloves, cleansed the right wound with normal saline liquid, removed her gloves and performed hand hygiene. Staff D applied new gloves and cleansed the resident's left wound with normal saline liquid. Staff D did not change gloves or perform hand hygiene, and then applied the new Mepilex AG dressing to the left heel wound and wrapped the resident's foot and heel. Staff D removed her gloves, applied hand sanitizer, applied new gloves, and completed the treatment to the right heel wound. Staff D then disposed of trash and placed the soiled scissors into her pocket. Staff D then removed gloves and washed her hands.</p> <p>The facility policy titled Infection Prevention, Handwashing, dated 3/15, instructed that hands must be washed after the following, including, but not limited to: contact with wounds, initiating a clean procedure and/or removal of gloves</p> <p>b. During an observation on 10/5/21 at 8:43 AM, Staff E, Certified Nurse Aide (CNA) and Staff C, CNA transferred Resident #33, with a lift, from the wheelchair to the toilet for a bowel movement. Staff C washed her hands, applied gloves, and provided cares, folding the wipe and using a new side for each swipe. Staff C removed her gloves, performed no hand hygiene, and then assisted to transfer Resident #33 to the recliner, touching the resident, lift and lift straps.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>c. During an observation on 10/6/21 at 8:07 AM, Staff F, CNA entered Resident #33's room, washed her hands and applied gloves. Staff F placed a urine graduate on a paper towel on the floor. Staff F cleaned the tip of the catheter bag outlet valve with an alcohol swap and drained the urine from the catheter bag into the graduate, touching the tip of the catheter outlet valve to the inside of the graduate 3 times during the process. Staff F cleaned the tip with an alcohol swab and placed the catheter bag in the dignity bag. Staff F emptied and rinsed the graduate, removed gloves, and washed her hands.</p> <p>Review of undated facility policy titled Catheter Drainage Bags- Drain and Clean instructed not to touch the tip of the valve or let it touch the container.</p> <p>During an interview on 10/7/21 at 12:52 PM, the Director of Nursing (DON) stated the expectation to cleanse scissors with an alcohol wipe and change gloves/perform hand hygiene when going from dirty to clean tasks. The DON also stated the expectation of hand hygiene after cares and before touching other items and a catheter valve tip should not touch the inside of the graduate when emptying.</p>	F 880			