

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

PRINTED: 05/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2021
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NAME OF PROVIDER OR SUPPLIER DEERFIELD RETIREMENT COMMUNITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13731 HICKMAN ROAD URBANDALE, IA 50323
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F 000	INITIAL COMMENTS Correction Date <u>6/2/21</u> The following relates to the investigation of Facility Reported Incidents #90414 and #93207 and Complaint # 91252 conducted May 4, 2021 to May 12, 2021. Facility Reported Incident #90414-I was not substantiated. Complaint #91252-C was not substantiated. Facility Reported Incident #93207-I was not substantiated. See Code of Federal Regulations (42CFR) Part 482, Subpart B-C.	F 000		
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,	F 880	F 880 Resident #2 will receive appropriate infection control techniques during incontinence care All residents will receive appropriate infection control techniques during incontinence care Staff D and Staff F will wear face masks according to CDC guidelines All Deerfield team members will wear face masks according to CDC guidelines	6-2-21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kimberly Mason</i>	TITLE Administrator	(X6) DATE 6-2-21
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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.

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F 880	Continued From page 1 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 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880	Nursing team members re-educated regarding proper techniques during incontinence care and proper wearing of face masks following CDC guidelines. Routine audits will be completed by the DON and/or designee on proper incontinence care and proper surgical mask wearing weekly x/s 3 months. The results will be communicated to the QA committee monthly x's 3. Date of Correction. 6-2-2021		

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</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 observations, interviews, and record reviews, the staff failed to follow appropriate infection control techniques during incontinence care for 1 of 1 sampled (Resident #2) and failed to follow Centers for Disease Control (CDC) guidelines related to the COVID-19 pandemic. The facility reported a census of 27.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 1/25/21 showed a Brief Interview for Mental Status score of 3, indicating severe cognitive impairment. The resident required extensive assistance of one staff with toilet use and personal hygiene. The resident was occasionally incontinent of urine. The resident had diagnoses of Alzheimer's disease, unspecified, pick's disease, and ischemic cardiomyopathy.</p> <p>During an observation on 5/10/21 at 12:03 PM, Staff D (Certified Nurse Aide) removed a wet brief from Resident #2. With the same gloved hands Staff D adjusted her mask. Staff C reentered Resident #2's room and sanitized her hands. Staff D handed Staff C a new brief and Staff C attempted to put the new brief on Resident #2. Staff D moved her hair off of her shoulder, then placed Resident #2's brief through the bottom of</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>Resident #2's pants. Staff D removed her gloves for the first time and started to don new gloves. Staff C stopped Staff D before she put new gloves on and handed her hand sanitizer. Staff D applied hand sanitizer and donned new gloves.</p> <p>The Care Plan problem dated 1/19/21 showed the resident has an activities of daily living (ADL) self-care performance deficit related to Alzheimer's, Confusion, and Dementia. The problem included the following interventions dated 1/19/21:</p> <p>a. Personal hygiene and oral care: The resident requires extensive assistance by one staff with personal hygiene and oral care.</p> <p>b. Toilet use: The resident requires extensive assistance by one staff for toilet use.</p> <p>The Care Plan problem dated 1/19/21 explained the resident was at risk for COVID-19 infection related to a congregate living environment. The problem included the following intervention dated 1/19/21 to have staff complete meticulous hand hygiene before and after each encounter with resident and others.</p> <p>During an interview on 5/11/21 at 11:00 AM, the Director of Nursing (DON) stated the staff shouldn't touch anything with dirty gloves.</p> <p>During an interview on 5/11/21 at 12:00 PM, the DON said that staff should wear their masks over their face. She said that she is constantly working on this with them.</p> <p>The Infection Control Program policy dated 9/9/20 said the staff members will integrate infection</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>prevention and control processes into direct care activities. The section labeled Prevention and Control said that staff members, clients, and caregivers will be informed of any infection prevention or control precautions to be taken. The prevention and/or control precautions include but are not limited to the following as appropriate:</p> <p>a. Personal hygiene including adequate adherence to universal blood and body fluid precautions</p> <p>b. Hand washing techniques and appropriate use of personal protective equipment (PPE) such as gloves, gowns, protective eyewear, and masks.</p> <p>c. Appropriate use of aseptic (clean) techniques.</p> <p>Centers for Disease Control and Prevention website titled, Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on 2/23/21, revealed Healthcare Personnel (HCP) should wear well-fitting source control (use of well-fitting face masks to cover a person ' s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing) at all times while they are in the healthcare facility. The website further revealed, if worn properly a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces.</p> <p>2. During an observation on 5/11/21 at 7:27 a.m., revealed Staff D (Certified Nurse Aide) sitting in the Dining Room at a table about 2 feet from a resident assisting them with their breakfast. Staff D had her mask down below her chin exposing her nose and mouth while talking to another staff</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>member that was standing about 3 feet from Staff D. After Staff D saw the surveyor in the dining room doorway, she pulled mask backup and continued to assist the resident with breakfast. Staff did not perform hand hygiene after pulling mask backup to cover her face.</p> <p>3. During an observation on 5/11/21 at 12:47 p.m., revealed Staff F (Registered Nurse) walked from the medication cart to the Nurses Station with her mask below her chin. Staff F had her nose and mouth exposed. Staff F pulled her mask backup to cover her face. Staff F failed to perform hand hygiene after pulling her mask back up.</p> <p>During an observation on 5/11/21 at 1:06 p.m., Staff F (Registered Nurse) outside of the Dining Room by the medication cart with her mask down below her chin revealing her nose and mouth. Staff F walked from the Dining Room doors to the medication cart, over to the Nurses Station and back to the medication cart before pulling her mask back up. Staff F completed a task on the medication cart and then did not perform hand hygiene after pulling her mask back to cover her face.</p>	F 880			