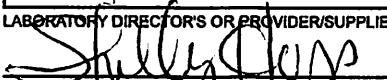


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CENTERS FOR MEDICARE & MEDICAID SERVICES

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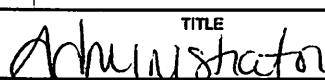
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER DAVENPORT LUTHERAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W 53RD STREET DAVENPORT, IA 52806		
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F 000	<p>INITIAL COMMENTS</p> <p>OK ✓ Correction date: <u>4/16/2021</u></p> <p>TABY</p> <p>The following deficiencies relate to the Recertification Survey and investigation of Complaint #90384 and a Facility Self- Reported Incident #95996 completed 3/22-25/2020. Both Intakes were unsubstantiated (See Code Federal Regulations (42CFR) Part 483, Subpart B-C).</p> <p>F 582 SS=B</p> <p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must– (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of– (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the</p>	F 000		
F 582		F 582	<p>F 582</p> <p>Admission staff was educated on 3/26/21 regarding the policy titled discharge of a resident.</p> <p>Admission staff was provided a copy of the said policy on 4/15/21 for reference.</p> <p>Random QA monitors will be conducted by the Administrator /designee to ensure compliance.</p>	

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

 Shirley D. Dorn

TITLE

(X6) DATE

 Administration

4/16/2021

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 582	<p>Continued From page 1</p> <p>Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff interviews the facility failed to provide the required Center for Medicare and Medicaid Services (CMS) 10055 Form for 2 out of 2 residents reviewed (Resident # 6, and Resident #168) at the completion of their Skilled Services stay. The facility reported a census of 66 residents.</p> <p>Findings included:</p> <p>During the Advanced Beneficiary Notice (ABN) record review, the facility failed to provide the required documentation for Resident # 6 and</p>	F 582		

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F 582	<p>Continued From page 2</p> <p>Resident # 168 when their Skilled Care Services ended.</p> <p>During an interview on 3/23/21 at 3:51 p.m., the Administrator acknowledged the facility failed to provide the required CMS form 10055 to the both residents at the end of their Skilled Services stay.</p>	F 582		
F 623 SS=B	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; 	F 623	<p>F 623</p> <p>Admission staff was educated on 3/23/2021 regarding the notification requirement to the Ombudsman's office in a timely manner for all discharges.</p> <p>On 3/24/2021 the Administrator notified the Ombudsman of all discharges that occurred from August 2020 to present.</p> <p>A copy of the Ombudsman notice is now filed in the resident's business file.</p> <p>Random QA monitors will be conducted by the Administrator/designee to ensure compliance.</p>	

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F 623	<p>Continued From page 3</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and 	F 623		

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F 623	<p>Continued From page 4</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to report resident discharges to the Ombudsman's office in a timely manner for 4 out of 4 residents reviewed (Resident #14, #18, #57 and #63). The facility reported a census of 66 residents.</p> <p>Findings Include:</p> <p>During an interview on 3/23/21 at 3:07 p.m., the</p>	F 623		

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F 623	<p>Continued From page 5</p> <p>Surveyor asked the Administrator for the documentation of the Ombudsman Notification of discharges for Residents # 14, # 18, # 57, and # 63.</p> <p>Review of the Minimum Data Set (MDS) Assessments page revealed Resident #14 discharged to the hospital on 3/7/21.</p> <p>Review of the MDS Assessments page reflected Resident #18 discharged to the hospital on 11/30/21.</p> <p>Review of the MDS Assessments page reflected Resident #57 discharged to the hospital on 3/08/21.</p> <p>Review of the MDS Assessments page reflected Resident # 63 discharged to the hospital on 2/30/20.</p> <p>During an interview on 3/23/21 at 3:51 p.m., the Administrator confirmed the facility failed notify the Ombudsman's office of discharges for Resident #14, #18, #57, and #63.</p> <p>During an interview the 3/25/21 8:22 a.m., the Director of Nursing (DON) reported she expected the Ombudsman to be notified when residents are discharged per the requirement.</p> <p>The Facility provided a policy titled Discharge of a Resident dated 8/15/18, directing at point 3.n- A copy of the appropriate Notice of Transfer/Discharge will be transmitted to; The office of the State Long Term Care Ombudsman per Centers for Medicare and Medicaid services (CMS) guidelines.</p>	F 623		

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F 645 F 645 SS=D	<p>Continued From page 6</p> <p>PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3)</p> <p>§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.</p> <p>§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission,</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services; or</p> <p>(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <p>(i) The preadmission screening program under paragraph(k)(1) of this section need not provide</p>	F 645 F 645	<p>F 645</p> <p>On 4/9/2021 an audit was conducted on all resident charts to ensure a PASARR was located in the chart.</p> <p>All PASARRs were placed in a protective sleeve and put behind the Admission Section of the chart</p> <p>Random QA monitors will be conducted by the DON/ designee to ensure compliance.</p>	

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F 645	<p>Continued From page 7</p> <p>for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.</p> <p>(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-</p> <p>(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,</p> <p>(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and</p> <p>(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, and record review the facility failed to complete a Pre-Admission Screening and Resident Review (PASARR) for 1 of 1 residents reviewed (Resident # 55). The facility reported a census of 66 residents.</p> <p>Findings Include:</p>	F 645		

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F 645	<p>Continued From page 8</p> <p>The Admission Record for Resident # 55 dated 3/25/21, listed an initial Admission date of 8/28/21.</p> <p>The Minimum Data Set (MDS) for Resident # 55 dated 12/1/2020, listed a diagnosis of Schizophrenia.</p> <p>Medical Record Review for Resident # 55, lacked documentation of a PASARR completed.</p> <p>During an interview on 3/24/21 at 10:40 a.m., the Director of Nursing (DON) reported an inability to locate a PASARR in Resident # 55's medical record.</p> <p>During an interview on 3/24/21 at 2:28 p.m., Staff B, Unit Manager confirmed unable to locate the admission PASARR for resident #55</p>	F 645		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§483.80(a)(1) A system for preventing, identifying,</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>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 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</p>	F 880	<p>F 880</p> <p>Resident 14 was moved to a private room on 4/9/2021.</p> <p>All nursing staff were educated during the monthly staff meeting on 4/15/2021 regarding the process for changing PPE per CDC guidelines for residents under quarantine.</p> <p>Random QA monitors will be conducted by the DON/ designee to ensure compliance.</p> <p>Housekeeping supervisor reviewed fact sheets for Clostridium Difficile with her staff and administered quizzes On 4/6/21, 4/7/21 and 4/8/21.</p> <p>Random QA monitors will be conducted by the Housekeeping Supervisor to ensure compliance.</p>	

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F 880	<p>Continued From page 10 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> <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, record review, and staff interview, the facility failed to follow infection control practice recommendations according to the Centers for Disease Control and Prevention (CDC) titled Responding to Coronavirus (COVID-19) in Nursing Homes dated 4/30/20 by having a resident back from the hospital share a room with another resident. The facility also failed to follow CDC guidelines for Preparing for COVID-19 in Nursing Homes dated 11/20/20 when staff failed to change personal protective equipment per the recommendation. The facility reported a census of 66.</p> <p>Findings included:</p> <p>1. The Minimum Data Set (MDS) assessment for Resident # 14 dated 3/10/21, reflected the resident returning from a hospital stay.</p> <p>Review of the Resident list with room numbers untitled and undated provided on 3/22/21, listed Resident # 14 and Resident # 7 in the the same room.</p> <p>During an observation on 03/22/21 at 11:47 a.m.,</p>	F 880	<p>F880</p> <p>Directed Plan of Correction of PPE lessons video, Sparkling Surfaces video, Clean Hands video and Keep COVID OUT video were completed by all staff by 4/15/2021 except three. Those three employees were removed from the schedule until videos are completed.</p> <p>Root cause analysis was completed by the Administrator, IP, Housekeeping Supervisor and Staff A on 4/14/2021. See attached.</p>	

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

PRINTED: 04/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER DAVENPORT LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1130 W 53RD STREET DAVENPORT, IA 52806	
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F 880	<p>Continued From page 11</p> <p>2 staff exited room # 28 with yellow cloth gowns on. One staff took a face mask into the room for Resident # 7 and pushed Resident # 7 out of room shared with Resident # 14. Staff failed to change their gowns after leaving the Isolation room.</p> <p>Observation on 03/23/21 at 01:59 p.m., the sign on the room door for Resident # read: Hand Hygiene before entering and leaving the room. N 95 Respirator, keep door shut, dietary do not enter, airborne isolation.</p> <p>During an interview on 03/24/21 at 07:05 a.m., Staff C nursing reported Resident # 14 is in isolation for 14 days due to being in the hospital.</p> <p>During an interview on 03/24/21 at 02:19 p.m., the Infection Preventionist (IP) reported any resident back from an overnight hospital stay needs quarantine. The IP revealed not knowing why Resident # 14 went back into the room she previous; was in before hospitalization. The IP stated the expectation is gowns are changed when going in or out of the Isolation rooms per direction.</p> <p>2. During an observation on 3/23/21 at 1:35 p.m., Staff A, Housekeeper, noted cleaning the room of a resident with an infectious process that needed isolation precautions in place while in the room (Resident # 61). Staff A placed trash and contaminated linens in the hall. She exited the room, removed her gloves and gown. She placed the gown on top of the cleaning cart and used hand sanitizer to clean her hands. She replaced one glove and used the gloved hand to take the gown off of the cart and carried the gown to the hamper down the hall. Staff A placed the glove on</p>	F 880		

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F 880	<p>Continued From page 12</p> <p>ungloved hand and donned a new cloth gown. Staff A took the laundry and trash from the hall by the doorway of the resident's room to larger hampers down the hall and returned to the cleaning cart. She took the mop head off the handle and put the mop handle on the side of the cart and the mop head on the side of the cart by the mop bucket. Staff A then pushed the cart into housekeeping closet without sanitizing the cleaning cart or mop head after use.</p> <p>During an interview on 3/25/21 at 8:21 a.m., the Housekeeping Supervisor stated she did all the Personal Protection Equipment (PPE) training for her staff. She stated she would expect housekeepers to use a disposable gown when cleaning a room with Clostridium Difficile (C-Diff). She stated she would expect hand hygiene with soap and water, not hand sanitizer, and would expect gloves to be changed anytime they touch anything. She would not expect the used gown to be placed on the cart and she would not expect laundry and trash bags to be placed in the hall.</p> <p>The facility provided a policy titled Infection Control dated 1/28/21, Directed Airborne Precautions- prevent transmission of infectious agents that remain over long distances when suspended in the air, i.e., measles, chicken pox. The policy directed the following precautions:</p> <ul style="list-style-type: none"> a. The resident should be isolated in a closed room. b. Masks to be donned prior to room entry by staff, and; Non-Immune/Pregnant employee shall not care for the resident. <p>The facility provided a policy with the subject titled of Infectious Disease Outbreak Protocol dated</p>	F 880		

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F 880	<p>Continued From page 13</p> <p>8/19/20, directed the following:</p> <p>a. The facility shall follow the recommendations from the CDC.</p> <p>The facility provided a policy with a subject titled of COVID-19 Isolation Precaution dated 1/28/21, directed the following:</p> <p>a. At point # 2 of the policy - Isolate. Those resident suspected to have or with unknown COVID-19 shall be immediately placed in isolation.</p> <p>b. If the facility is unable to have the resident reside in a private room, then the privacy curtains shall remain pulled at all times between roommates. Both resident will be placed in isolation. If rooms are shared, it will only be with another resident in their cohort classification.</p>	F 880		