

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IAALP395 HFD	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2020
NAME OF PROVIDER OR SUPPLIER BRIO OF JOHNSTON ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 6901 PECKHAM STREET JOHNSTON, IA 50131		
(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) COMPLETE DATE	
A 000	Initial Comments Assisted living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 35 Number of tenants with cognitive disorder: 2 TOTAL census of Assisted Living Program: 37 During the investigation of complaint 91046-C and an on-site infection control survey no regulatory insufficiencies cited. While no regulatory insufficiencies were cited related to the on-site Infection Control Survey; it is recommended the Program address the following concerns noted: Observations of the kitchen area on 12/9/20 at 11:50 a.m. revealed Staff A and B (cooks) placed food on to plates for the noon meal. While both staff had face shields on, they were not properly in place and did not cover the staff's face. At 11:55 a.m. the Director of Food and Beverages entered the kitchen with only a face mask on. While talking to this surveyor she failed to observe social distancing. The Program's Infection Control COVID 19 protocols included the following information under the heading/category Preventing the Spread of COVID-19 Within our Campus: Prevention methods include following Standard Precautions* for all residents. During the investigation and infection control	A 000			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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A 000	Continued From Page 1 survey the Executive Director (ED) said cooks should wear shields and masks while cooking and plating food. During interviews staff expressed concern about consistent/appropriate use of Personal Protective Equipment (PPE), availability of sanitizer and people practicing social distancing while in the break room. Observations could not confirm these concerns. *Standard precautions are infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infection agents.	A 000			

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