

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 03/27/2025
NAME OF PROVIDER OR SUPPLIER Deerfield Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13731 Hickman Road Urbandale, IA 50323	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, clinical record review, staff interview and facility policy review, the facility failed to follow the recommended infection control precautions during catheter care for one of two (Resident #13) residents reviewed. The facility reported a census of 22 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) of Resident #13, dated 1/9/25, documented the presence of an indwelling catheter. The MDS documented diagnoses that included renal insufficiency and obstructive uropathy (a condition where urine flow is blocked, leading to a buildup of urine in the urinary tract).</p> <p>On 3/24/25 at 2:35 pm, an Enhanced Barrier Precautions sign was observed on the door of Resident #13's private room.</p> <p>On 3/26/25 at 11:15 am, Staff A, Certified Nurse Aide (CNA) was observed emptying the urinary bag of Resident's #13's supra pubic catheter (a medical device that drains urine from the bladder directly through an incision in the lower abdomen, above the pubic bone).</p> <p>Staff A, CNA performed hand hygiene and donned gloves as Resident #13 self propelled himself in his wheelchair from his bedroom into his bathroom. Resident #13 wheeled himself to the handicap bar near the toilet and Staff A placed a gait belt on the resident. She assisted the resident to a standing position, and assisted the resident to lower his pants and brief and sit on the toilet. Staff A placed a paper towel on the floor and placed a graduated cylinder on the towel. Using an alcohol swab, Staff A cleansed the drain of the urine leg bag. She opened the drain and emptied the leg bag of urine into the graduated cylinder. Staff A obtained a new alcohol swab and cleansed the drain again before locking the drain. Staff A lifted the graduated cylinder and the paper towel and moved it further away from the toilet. Staff A removed her gloves, performed hand hygiene and placed new gloves on then assisted the resident to stand again. The resident self propelled out of the restroom. Staff A then emptied the urine into the toilet, rinsed the graduated cylinder, dumped the water also in the toilet and placed the graduated cylinder behind the toilet. Staff A removed her gloves and washed her hands prior to exiting the room.</p> <p>An isolation cart containing Personal Protective Equipment was observed in the resident room near the entrance to the bathroom.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 11:23 am, Staff A was asked about the signage on the door for Enhanced Barrier Precautions. She stated the sign means she was supposed to wear an isolation gown and that she had forgotten about that. She further stated she thought the sign had been removed for Resident #13. The State Surveyor asked what Staff A was aware of regarding Enhanced Barrier Precautions. She stated for any resident in the building who has a catheter or a feeding tube or a wound or other things, staff are to wear a gown and gloves when performing resident care.</p> <p>On 3/27/25 at 11:39 am, the Director of Nursing (DON) stated her expectation is for an isolation gown and gloves to be worn for any resident with a catheter, a chronic wound, etc. She stated all staff had received education regarding enhanced barrier precautions.</p> <p>The undated facility policy Transmission-based precautions guidelines documented the following on Page 5 of the policy:</p> <p>Enhanced Barrier Precautions:</p> <p>All residents with any of the following: Infection or colonization with an MDRO when Contact Precautions do not otherwise apply. Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status.</p> <p>Apply gloves prior to high-contact resident care activities such as but not limited to: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, and wound care: any skin opening requiring a dressing. Change PPE and perform hand hygiene.</p> <p>Apply gown prior to high-contact resident care activities such as but not limited to: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, and wound care: any skin opening requiring a dressing. Change PPE and perform hand hygiene.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, guidance from the Centers for Disease Control (CDC) and facility policy review, the facility failed to offer the recommended pneumococcal vaccine to eligible residents for 2 of 5 residents reviewed for vaccines (Resident #11 and Resident #13). The facility reported a census of 22 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The vaccine record of Resident #11 failed to reflect the resident having had any history of receiving a pneumococcal vaccine. The Minimum Data Set (MDS) of Resident #11 dated 1/23/25 documented an admission date to the facility of 3/1/22 and a date of birth of [DATE]. The electronic health record of the resident failed to reflect a declination form of refusing the vaccine. 2. The vaccine record of Resident #13 documented he had received the Prevnar 13 pneumococcal vaccine in 2018 and no further pneumococcal vaccines since that time. The MDS of Resident #13 documented an admission date to the facility of 10/17/22 and a date of birth of [DATE]. The electronic health record of the resident failed to reflect a declination form of refusing the vaccine. <p>On 3/25/25 at 2:58 pm, the Administrator stated the facility was unable to locate further vaccine information or declinations of choosing to not receive pneumonia vaccinations for either resident.</p> <p>On 3/25/25 at 3:59 pm, The Director of Nursing (DON) stated the process for monitoring vaccine status of the residents is to fill out a form at the time of the resident admission to the facility. If the resident is eligible for a vaccine, and they indicate they wish to receive it, the facility will obtain the vaccine from the pharmacy or it may be done during an upcoming vaccine clinic. If the resident declines receiving the vaccine, the resident or resident representative signs a declination form indicating refusal of the vaccine. She stated staff went through the paper charts of both Resident #11 and Resident #13 and were unable to locate information on either of the residents of having received further vaccines or declining the vaccines.</p> <p>The CDC document titled Adult Immunization Schedule Notes, dated 11/21/24 documented the following:</p> <p>Age 50 years or older who have:</p> <p>Not previously received a dose of PCV13, PCV15, PCV20, or PCV21 or whose previous vaccination history is unknown: 1 dose PCV15 or 1 dose PCV20 or 1 dose PCV21.</p> <p>If PCV15 is used, administer 1 dose PPSV23 at least 1 year after the PCV15 dose.</p> <p>Previously received only PCV13: 1 dose PCV20 or 1 dose PCV21 at least 1 year after the last PCV13 dose.</p> <p>The facility policy titled Infection Prevention Immunization: Pneumococcal, review date 8/1/23, documented the following:</p> <p>Policy Statement:</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[Facility] will offer the recommended pneumococcal vaccine as per Center for Disease Control (CDC), and provider ' s orders to residents unless contraindicated.</p> <p>Procedure:</p> <p>A. Upon admission, history related to immunizations is obtained from the medical information furnished by the transferring facility and from the resident and/or resident's legal representative.</p> <p>B. admission Routine Orders/Clarification includes an order for Pneumococcal Vaccine per protocol.</p> <p>C. On admission, education is provided using the CDC Vaccination Information Statements (VIS) as reference.</p> <p>D. At the time of the first quarterly MDS and care plan meeting, the resident and/or resident's legal representative:</p> <ol style="list-style-type: none"> 1. Receives re-education, as needed, regarding the benefits and potential side effects of the immunizations. 2. Is informed what portion of the cost for the pneumococcal vaccine the resident might be held accountable for based on his/her insurance coverage. 3. Is provided the opportunity to accept or decline the immunizations. <ol style="list-style-type: none"> a. The Immunization Consent form is signed by resident or resident's legal representative if he/she agrees to the immunization(s). <p>The facility policy failed to reveal a procedure in place for monitoring the vaccination status of residents beyond the first quarterly MDS and care plan meeting.</p>