

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165268</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REHABILITATION CENTER OF DES MOINES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>701 RIVERVIEW DES MOINES, IA 50316</b>	
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)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, resident and staff interview, and facility policy review, the facility failed to ensure staff followed infection control practices for 2 of 4 residents observed. The facility identified a census of 68 residents. Findings include: 1. During observation on 6/8/20 at 8:15 a.m., Staff A, Certified Nursing Assistant (CNA), donned a green isolation gown and gloves, and entered a resident's room on the 400 hall. Staff A entered the resident's room, then returned to the hallway and disposed of styrofoam dishes into a large garbage can that sat outside the resident's room. Staff A removed the green gown and hung it on a hook on the door to the resident's room. Staff A removed her gloves and placed them into the same garbage can. Staff A then pushed the large black garbage can down the hall with her bare hands touching the plastic liner inside the garbage can. At 8:17 a.m., Staff A donned a yellow isolation gown which hung on the door of another resident's room in the 400 hall. After Staff A disposed of items into the large black garbage can, she removed her gloves, removed the gown, hung the gown on the back of the door, then walked to the nurse's station and sanitize her hands. In a facility's skills checklist for donning and doffing personal protective equipment (PPE) revealed the following procedural steps: Doffing PPE Note: the outside of glove and front of gown and sleeves are considered contaminated. a. Discard gloves b. Remove gown by turning gown inside out The Center for Disease Control How to safely remove PPE revealed steps to remove PPE without contaminating clothes, skin or mucous membranes with potentially infectious materials. a. Remove gloves b. Wash hands or use alcohol-based hand sanitizer c. Unfasten ties on gown, d. Pull gown away from neck and shoulders, touching the inside of the gown only. Turn the gown inside out and fold the gown into a bundle, then discard gown into a waste container e. Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. During an interview 6/8/20 at 4:00 p.m., the Administrator reported they posted CDC instructions on how to don or doff PPE in the clinical areas for staff to reference.</p> <p>2. On 5/27/2020 the Administrator sent an email to facility staff identifying the entire third floor (300 hall) on isolation. The facility housed all positive COVID cases on the 3rd floor. In an email to the Director of Nursing from the Administrator on the same date, the Administrator disclosed that, as of last night, the facility had 2 positive COVID residents expire. Both were on end of life care before the COVID diagnosis. Observations on third floor included: a. During observation on 6/8/20 at 8:30 a.m., Staff E, CNA, assisted Resident #2, who resided on the 300 hall, with cares. Staff E did not wear a face shield or goggles. Staff E removed her gloves after she changed the resident's brief and donned a new pair of gloves. Staff E did not wash or sanitize hands. Staff E assisted Resident #2 with oral cares, changed gloves, then transferred the resident into a chair. Staff E did not wash or sanitize her hands. During an interview on 6/9/20 at 10:40 a.m., the infection preventionist reported staff are required to wear a mask and face shield at all times when in the facility. b. During observation 6/8/20 at 10:00 a.m. Staff D, CNA, removed her gloves and did not wash or sanitize hands. She exited the resident's room on the 300 hall, then removed her gown and hung the gown on the outer door hook without washing or sanitizing hands immediately afterwards. Staff D reached up and touched her face under her face shield, then walked down the hall to the nurses station to wash her hands. c. During observation on 6/8/20 at 11:30 a.m. Staff F, maintenance, entered room [ROOM NUMBER] wearing only a mask and face shield. A gown hung on the resident's door and a box of gloves sat on the handrail by the resident's room. Staff F left the resident's room and did not wash his hands or use hand sanitizer. Staff F then entered room [ROOM NUMBER] without putting on a gown or gloves. A gown was not on outer doorway due to being in use already. Staff F did not wash his hands or use hand sanitizer when left the resident's room. d. During observation on 6/8/20 at 11:45 a.m., Staff D, CNA, gave Resident #3 a bed bath. Staff D did not wash her hands after removing her gloves and changing gloves to a new pair after she emptying the dirty water from the basin. During that time, boxes sat on the floor in the resident's room containing a red and a yellow bag. Both bags contained garbage. A disposable container with food, call light, bed control, foley tubing and bag also laid on the floor. During an interview on 6/9/20 at 10:40 a.m., the Nurse Infection Preventionist reported red bags are for trash and yellow bags are for laundry and soiled linens. The infection preventionist reported whenever items such as bed controls are found on the floor, the items need sanitization before resident for use. Policy Review: A facility policy for Infection Prevention and Control, revealed handwashing before and after resident contact, and after removing gloves is the single most effective infection control measure known to reduce the transmission of microorganisms. Hands washed with soap and water whenever visibly soiled and after contact with a resident with infectious organisms. The facility hand hygiene policy (no date) revealed staff should use an alcohol based hand rub containing 62% alcohol before and after direct resident contact, after removing gloves, before and after entering isolation precaution settings, and after handling contaminated equipment or after contact with objects (medical equipment) in the immediate vicinity of the resident. The policy identified hand hygiene as the final step after removing and disposing PPE. Staff should use gloves when in contact with the resident, or equipment of a resident on contact precautions. In the facility's policy on transmission based precautions and isolation revealed staff should implement infection control measures to control the spread of communicable diseases and conditions. Staff should wear gowns when entering the resident's room. Remove gowns prior to leaving the resident's room. During an interview 6/8/20 at 4:00 p.m., the Administrator reported they posted CDC instructions on how to don or doff PPE in the clinical areas for staff to reference.</p>		
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.