

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165344</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PEARL VALLEY REHABILITATION AND NURSING AT GOWRIE,</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1808 MAIN STREET GOWRIE, IA 50543</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, staff interviews and facility policy review the facility failed to screen visitors before entering the facility in a manner to reduce exposure to residents and staff members. The facility also failed to ensure visitors that entered the facility after screening sanitized their hands before proceeding throughout the facility. The facility failed to offer hand sanitizer to residents that entered the facility after smoking outside. The facility failed to wear the appropriate Personal Protective Equipment (PPEs) while delivering meals to residents on the COVID hall due to a positive COVID test. The facility also failed to wear their PPE appropriately during the facility exit interview. The facility reported a census of 27 residents. Findings include: On 7/14/2020 at 10:15 AM the Assistant Director of Nursing (ADON) greeted the surveyors at the front entrance with the required PPE to enter the facility. The ADON led the survey team to the nurse's station while wearing an N95 and face shield. While walking from the front entrance to the nurse's station, the survey team walked by 5-7 residents. Those residents did wear face masks properly and others did not wear a mask. The distance from the front entrance to the nurse's station measured approximately 27 feet. After the ADON completed the screening process and obtained the surveyor's temperature she moved them to an office. The nurses station did not have hand sanitizer available (where screening took place) and staff did not offer hand sanitizer. During the screening process there was no question or prompt to ensure visitors performed hand hygiene before entering the facility. During the entrance conference with the ADON, Director of Nursing (DON) on 7/14/2020 at 10:26 AM they stated they had 3 positive cases of the Coronavirus with 2 positive cases in the facility. One resident passed way. During observations on 7/14/2020 at 10:40 AM a resident entered the building through the main entrance after smoking without any PPE on. The front entrance did not have hand sanitizer available for him to use. Observations on 7/14/2020 at 10:45 AM revealed signage posted on the outside doors leading in the North hall or COVID hallway. The signage stated do not enter, see the charge nurse, and identified the hallway as quarantined and only authorized staff may enter. Signage revealed the hall on Droplet Isolation and anyone entering needed to wear a gown, N95 mask, gloves, hairnet, booties, and face shield. Two large windows on the doors made it clear to see the length of the hall. Observation showed no staff visible during at this time. During observations on 7/14/2020 at 10:50 AM staff assisted 4 residents in from smoking through the front entrance. Once the residents were inside, they dispersed; staff did not offer hand sanitizer to them before going throughout the facility. During observations on 7/14/2020 at 10:50 AM a staff member assisted residents outside East entrance to smoke. The exit led to a patio containing numerous chairs where both staff and residents smoked. The East entrance contained pegs along wall and observation revealed Staff E, Maintenance Worker, remove his goggles and face mask, place on pegs and exit the building. The surveyor inquired if Staff E underwent screening to enter or exit through these doors and Staff E stated, no. This same East exit led to the staff breakroom. During observation on 7/14/2020 at 11:00 AM four residents entered the east entrance with masks on and went to the nurse's station common area. One resident went to their bedroom. The residents were not assisted to sanitize or screen. At 11:05 AM staff came to the residents with a bottle of hand sanitizer. Observation of North COVID hall on 7/14/2020 at 11:55 am, revealed Staff A, Registered Nurse, passed lunch trays. Staff A wore goggles, N95, and face shield. She applied gloves and entered the first room to deliver a lunch tray. Staff A came back out of the room and removed gloves. She reentered the room five times without gloves. Upon leaving the last time she did sanitize her hands. She did not change her PPE, did not wipe down her face shield or goggles before entering the remaining two resident rooms to deliver the lunch trays. Staff A did not have the appropriate PPE on per the signage required for Droplet Isolation. Staff A failed to wear gloves, hair net or booties before entering the isolation rooms. Observation showed on 7/14/2020 at 12:05 PM a resident in a wheelchair with cloth mask on his chin, not appropriately covering his nose or mouth. Observations revealed on 7/14/2020 at 12:45 PM a bottle of hand sanitizer sitting on the nurse's station counter. During the exit interview in the Administrators office with the facility on 7/14/2020 at 12:30 PM, the Administrator took his goggles off and kept his mask below his nose throughout the interview. On 7/14/2020 at 10:54 AM Staff B, Manager of Dietary, Housekeeping, and Laundry led the survey team to the breakroom where staff stored their PPEs bagged and marked. Observation showed the bagged items left sitting on counter. Staff B stated staff enter through the East door and then enter the breakroom to don their PPE. She stated after they don their PPEs, staff walk through the dining room doors to the nurse's station to be observed washing their hands and to complete the screening tool. Staff then go back through the nurse's station and dining room to clock in. Observation showed no hand sanitizer at the entrance into building or any screening completed at the rear door entrance until staff walk approximately 50 feet into the building to the nurse's station. On 7/14/2020 at 11:33 AM Staff C, Housekeeper, stated upon arrival to work she enters through the East entrance, dons her PPE in the breakroom, walks through to the nurse's station to wash her hands and get screened by the off-going night nurse. She stated she takes her own temperature and completes the screening tool herself while the offgoing nurse oversees. She then goes back through the dining room to clock in. On 7/14/2020 at 11:49 AM with Staff D, Certified Nurse Assistant (CNA), stated upon arriving to work she enters through the East entrance, clocks in, enters staff breakroom to don her PPE, walks through to nurse's station to wash her hands, she then checks her own temperature and the oncoming day nurse screens her. On 7/14/2020 at 12:12 PM the ADON stated once visitors step foot in the front entrance they are given PPEs then brought to the computer at the nurse's station for the screening process such as a questionnaire, temperature check, hand hygiene, and educated on the need to keep their PPEs on at all times. The ADON stated there is hand sanitizer at the nurse's station for use and visitors should have been asked to use it. The DON stated staff are to ensure there is hand sanitizer bottles at the nurse's station. The DON also stated staff should have assisted the residents that came in from smoking, to sanitize their hands before going about in the facility. During staff interview on 7/14/2020 at 12:15 PM, the DON stated her expectations for staff coming to work are to enter through the East entrance, enter the break room to don PPE, use time clock where they are initially screened on the time clock (it will shut down if they answer yes), then they are to walk through dining room to nurse's station to wash their hands, check their temperature, and complete screening tool by an oncoming nurse. If staff answer yes to any screening questions then the DON is alerted and follows up with staff within 20 minutes. The DON also stated that all PPE is to be worn when working the North hall including hair net, gloves, booties, N95 mask, face shield, gown. During the exit interview on 7/14/2020 at 12:30 PM corporate office was on speaker phone and instructed staff to move the computer and screening supplies to the front entrance of the facility. Review of the facility's screening questions revealed no questions or prompting to ensure visitors sanitized their hands prior to entering the facility. Review of the facility's COVID 19 Visitor Screening Policy with a created date of 4/30/2020 revealed all visitors entering the facility will be screened via the in house facility screening process. Visitors will be asked a number of screening questions on the facility designated tracking tool/computer and will have a temperature assessment upon arrival to facility. Visitors will sanitize their hands upon entering the facility and will utilize PPE as per the recommendations of state health department and CDC (this will be determined by the COVID activity status of each facility).</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.