

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165435</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ACCURA HEALTHCARE OF SIOUX CITY, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on documents review, observations, and staff interviews, the facility failed to ensure infection control practices to prevent the spread of the Coronavirus Disease (COVID-19) by allowing air to blow from isolation rooms to the hallway and to opposing rooms for 2 of 2 observed residents (Resident # 2 and Resident # 3) who were on isolation, and the facility failed to disinfect all resident-care equipment following use for 1 of 1 resident (Resident # 8) observed during transfer with the use of an assistive device (EZ stand). The facility reported a census of 31 residents. Findings include: 1. Facility's policy titled, COVID-19 Infection Prevention Guidelines, updated 4/3/20 indicated the facility's primary responsibility is to protect the health and well-being of residents and employees. The policy defined COVID-19 as a global health concern that has particularly serious implications for the facility's residents. The policy also indicated that staff members had in-service education regarding the signs and symptoms of COVID-19, and the facility's admission guidance. The policy directed staff members to follow procedures during environmental cleaning, and to maintain precautions to minimize the risk of transmission of microorganisms to other residents and contamination of environmental surfaces or equipment. The facility's resident-matrix or Centers for Medicare and Medicaid Services (CMS) Form 802, which identified Resident # 2 and Resident # 3 to be on transmission-based precautions. Observations on 6/17/2020, include the following: a. At 9:10 AM, Staff B CNA (Certified Nursing Assistant) stated that there were 5 residents currently on isolation or quarantine for 15 days because these patients were going out from the facility for varied reasons. Staff B stated that the reasons for isolation placement for Resident # 3 is because of being a [MEDICAL TREATMENT] patient, and Resident # 2 had a doctor's appointment. b. At 9:30 AM, Staff B entered Resident # 3's room (Rm 108) and started sweeping the floor. The fan in Rm 108 was on and facing the wide-open door, whereby the air was blowing from the inside and can be felt in the hallway. The opposite room (Rm 109) was likewise wide open and Resident # 2 was observed in room, and sitting in wheelchair. c. At 9:35 AM, Staff B entered Rm 109 with a broom and dustpan. Staff B swept the floor without closing the door, even though the fan was blowing from behind Resident # 2's back, who was not wearing a mask, and through the door into the hallway. Staff interviews on 6/17/2020, showed the following: a. At 9:53 AM, Staff B verified that standing in the hallway between Rm 108 and Rm 109, one could feel the air coming out from the said rooms. Staff B acknowledged that the dirt or virus from each room could have possibly been blown out into the hallway and into the opposite room. Staff B also acknowledged that she should have been aware of that. b. At 11:12 AM, the Director of Nursing stated she expected staff to be cognizant of clean and dirty areas, so as not to defeat isolation purposes.</p> <p>2. Review of the manufacturer's instructions located on the container labeled germicidal cleaner, included in part, .DIRECTIONS FOR USE .Apply by holding can upright 6 to 8 from surface to be treated .Spray surface to be treated 3-4 seconds .Contact Time .contact treated surface for a minimum of ten minutes prior to wiping . Review of the facility policy titled COVID-19 INFECTION PREVENTION GUIDELINES, included in part, .Environmental Cleaning .No additional disinfection beyond routine cleaning is recommended at this time with the exception of routinely cleaning all frequently touched surfaces with chlorine wipes . Review of the facility policy titled STANDARD PRECAUTIONS, included in part, .Standard Precautions are indicated for all residents .Resident Care Equipment .Handle used resident-care equipment soiled with blood, body fluids, secretions or excretions to prevent skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other residents and environments. Clean reusable equipment and discard disposables . Observation and interview on 6/17/20 beginning at 9:24 AM showed Staff G (CNA) Certified Nurse Aide) standing in room [ROOM NUMBER] and Staff F (CNA) moving a piece of equipment identified by the staff as an EZ stand (a safety device used to assist in transferring residents) into room [ROOM NUMBER]. Observation showed Staff G removed a harness/belt located on the EZ stand and with the assistance of Staff F, placed the harness/belt around Resident 8's upper torso. Following use of the EZ stand, Staff F and Staff G removed the harness/belt from Resident 8's upper torso and draped the harness/belt across the EZ stand. Further observation showed Staff G disinfected the EZ stand. Observation revealed no cleaning or disinfection of the harness/belt prior to Staff F removing the EZ stand from room [ROOM NUMBER] and placing the EZ stand into a near-by storage room. Staff F reported staff stored the harness/belt on the EZ stand and thought the harness/belt was laundered 2-3 times a week. Staff F went on to report the EZ stand and harness/belt was used for all residents in the facility and did not clean the harness/belt following each use. During an interview on 6/17/20 at 9:35 AM, Staff O (Housekeeping/Laundry personnel) reported she was aware what the EZ stand harness/belt was and its use. Staff O went on to report the laundry department did not clean/wash the EZ stand harness/belt. During an interview on 6/17/20 beginning at 10:30 AM, Director of Nursing (DON) reported the EZ stand harness/belt was to be disinfected following each use by spraying the harness/belt with a disinfectant spray and allowing a 10 minute contact time before the next use. The DON was unable to provide a written policy addressing disinfection of the EZ stand and/or the EZ stand harness/belt. The DON reported the expectation was staff to disinfect the EZ stand harness/belt following each use.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.