

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on interview with staff and residents, record review, and policy review the facility failed to treat all residents with dignity and respect for 4 of 18 reviewed. Staff reported that Staff G, Licensed Practical Nurse (LPN) made disrespectful remarks to Residents #12, #25, and #29. Resident #81 reported that Staff J, Registered Nurse (RN) was disrespectful to her during cares. The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>1) According to the Minimum Data Set (MDS) dated [DATE], Resident #12 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability). The resident did not reject cares, and was totally dependent on staff for toileting hygiene and toilet transfers. Resident #12 had an indwelling urinary catheter and was frequently incontinent of bowel. His diagnoses included; renal insufficiency, diabetes mellitus, and multiple sclerosis (MS).</p> <p>The Care Plan updated on [DATE] showed that Resident #12 was unable to ambulate independently, required substantial assistance with the help of 2 staff for toileting. He displayed socially inappropriate behavior and comments and staff were directed to speak to him in a calm voice and not to argue with the resident.</p> <p>According to an incident report dated [DATE], Resident #182 reported that she overheard a Certified Nurse Aide (CNA) say to Staff G, LPN, that a resident had been incontinent of bowel and Staff G responded to the aide that she should let him sit in it, to teach him a lesson.</p> <p>On [DATE] at 6:53 AM, Staff H, CNA said that she needed help to change Resident #12 on [DATE], because he was a large man and incontinent of bowel and required two people to change him. She said that Staff G abruptly said well, he can just sit in it for a while. Staff H said that she was somewhat afraid of Staff G because she was loud and would often get upset.</p> <p>On [DATE] at 11:20 AM, Staff E said that she had many incidences where Staff G was disrespectful to residents. She heard the nurse tell Resident #12 that the staff didn't want to care for him because he was a dick.</p> <p>On [DATE] at 12:20 PM, Staff D said that she heard Staff G call Resident #12 a dick.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] at 9:43 AM, Staff K, CNA said that she heard Staff H mention that Resident #12 had been incontinent and she needed help to clean him up. Staff G responded to her that she should just let him sit in it, and maybe he would learn a lesson.</p> <p>On [DATE] at 11:54 AM, Resident #182 said that she was sitting in the dining room one morning and heard a CNA say that there was a resident that had a bowel movement in his pants on purpose and needed to be cleaned. Staff G then responded let him sit in it then he will learn. She said that it took them about .d+[DATE] minutes before they went and attended to the resident.</p> <p>On [DATE] at 1:20 PM, Resident #29 said that sometimes the nurses would say I have a problem and they continue to repeat it over and over.</p> <p>2) According to the MDS dated [DATE], Resident #25 had a BIMS score of 12 (moderate cognitive deficit). He had diagnoses that included: hypertension, pneumonia, vial hepatitis, anxiety disorder, and respiratory failure.</p> <p>The Care Plan updated on [DATE], showed that Resident #25 had diabetes and staff were to monitor and report increase in heart rate.</p> <p>According to the nursing note dated [DATE] at 8:51 AM, the ambulance was in route to take Resident #25 to the hospital and on [DATE] at 1:03 PM, he returned from the hospital with an antibiotic order for Bronchitis.</p> <p>On [DATE] at 11:20 AM, Staff E said that Resident #25 was having chest pain one morning and he wanted to be sent to the hospital. She said that Staff G loudly stated that the resident was only seeking medications.</p> <p>On [DATE] at 7:37 AM, Staff I said that she was working the morning that Resident #25 reported that he was having chest pains, so she went and told the nurse on duty; Staff G. The nurse then responded by saying loudly; I'll send him to the hospital, but he's not really having chest pains, he's attention seeking</p> <p>On [DATE] at 9:43 AM, Staff K said that she was working when Resident #25 reported that he was having chest pain, and was taken to the hospital. She said that Staff G loudly stated to the Emergency Medical Technicians that the resident had Hepatitis C and was just seeking medications.</p> <p>3) According to the MDS dated [DATE], Resident #29 had a BIMS score of 15 (intact cognitive ability). She required a wheel chair for mobility and substantial assistance with sit to stand and toilet transferring. Her diagnoses included coronary artery disease, renal insufficiency, renal failure, diabetes mellitus, anxiety, and depression.</p> <p>The Care Plan revised on [DATE], showed that Resident #25 had a pacemaker, and an impaired thought process. She was at risk for infection related to dialysis, was on antianxiety and antidepressant medications and often felt down. Staff were to allow the resident to verbalize feelings and listen in a non-judgmental manner. She had chronic pain related to end stage renal disease (ESRD) with hemodialysis every Monday, Wednesday, and Friday. Staff were to encourage her to go to her dialysis appointments.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 11:20 AM, Staff E said that there was an incident one day when Resident #25 had a lot of pain and she refused to go to dialysis. Staff G then loudly said that the resident was attention seeking and she asked the resident if she wanted to end up like another resident that had died . The resident was upset and depressed.</p> <p>On [DATE] at 9:43 AM, Staff K said she was present when Staff G told Resident #25 that she was attention seeking and the resident was upset by these comments.</p> <p>On [DATE] at 7:48 AM, the Director of Nursing (DON) said that she spoke with Staff G about this incident with Resident #25 and that the nurse was often very loud and demanding with residents and staff.</p> <p>4) According to the MDS dated [DATE], Resident #81 had a BIMS score of 15 (intact cognitive ability) The resident required partial assistance with toileting hygiene and dressing. Her diagnoses included peripheral vascular disease, paraplegia, depression, pressure ulcers stage 2 and stage 3. She had frequent pain.</p> <p>The Care Plan revised on [DATE] showed that Resident #81 had pressure sores to both of her legs and required monitoring and repositioning. She was unable to ambulate on her own due to paraplegia and she was on an antibiotic medication due to infections.</p> <p>On [DATE] at 12:18 PM Resident #81 said that she had filed a grievance related to Registered Nurse (RN) Staff J, who had treated her very rudely. She said that he also treated her friend, Resident #29 very rudely called had her worthless. She said that the nurse would embarrass her in front of other resident and had ordered her to go to her room. He also blamed her for letting her wounds get so bad and not taking care of herself.</p> <p>On [DATE] at 2:53 PM, a family member for Resident #81 said that she witnessed Staff J being rude and ordering her around. She had said to him; you don't have to be rude but he just rolled his eyes.</p> <p>On [DATE] at 6:51 AM Staff F CNA, said that she was working when Resident #81 reported to her that Staff J was rude to her and didn't do her wound care properly. The resident told her that she filed a grievance.</p> <p>On [DATE] at 7:48 AM, the DON explained the grievance process and said that when a staff member or resident came to her with a concern, she would address it to the appropriate department. She acknowledged that Staff G had a rough approach and that many of the residents had mental health issues, and tended to be sensitive to a loud approach.</p> <p>According to the facility policy titled: Abuse, Neglect, Exploitation and Misappropriation Prevention Program dated [DATE], Residents have the right to be free from abuse, neglect, misappropriation of resident property exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal mental sexual or physical abuse, and physical or chemical restraints. The facility would establish and maintain a culture of compassion and caring for all residents and particularly those with behavioral, cognitive or emotional problems.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>44420</p> <p>Based on resident and staff interviews, and policy review, the facility failed to have ready and reasonable access to personal funds upon request for 1 of 18 residents reviewed (Resident #8). The facility reported a census of 26 residents.</p> <p>Findings Included:</p> <p>In an interview on 7/1/24 at 12:51 PM, Resident #8 stated, We rely on the business office person if we want money. We can only get money when she is here.</p> <p>In an interview on 7/2/24 at 3:10 PM, Staff C, Registered Nurse (RN) reported no personal funds are available to residents after normal business hours.</p> <p>In an interview on 7/2/24 at 3:13 PM, the Business Office Manager (BOM) stated, I ask residents if they need money before I leave. When asked if personal funds are available to residents after business hours, without giving her prior notice, the BOM replied, no. When asked about a policy related to personal funds, the BOM reported the facility lacked a policy related to personal funds.</p> <p>In an interview on 7/2/24 at 3:16 PM, the Director of Nursing (DON) reported that about \$20 is kept at the nurse's station if residents should request personal funds. When informed the BOM reported funds are not available after hours, the DON reported, I was mistaken then. When asked if the DON was aware of resident's rights to have access to personal funds, the DON stated, Yes we will have to set something up.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observations, record review, staff interviews, and policy reviews the facility failed to change and label oxygen tubing for 1 of 1 residents reviewed (Resident #15). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 documented diagnoses of heart failure, Chronic obstructive pulmonary disease (COPD), and respiratory failure. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment.</p> <p>The Physician Order dated 5/21/24 for Resident #15 showed oxygen 1-4 liters per nasal cannula to keep oxygen saturation above 90%.</p> <p>The Physician Order dated 4/7/24 for Resident #15 showed an order to change oxygen tubing every Sunday night and as needed. The order also directed staff to ensure to date new tubing.</p> <p>The Care Plan on 6/12/24 showed Resident #15 received oxygen 1-4 liters per nasal cannula to keep oxygen saturation above 90%. The Care Plan failed to identify when to change oxygen tubing.</p> <p>Observation on 7/1/24 at 10:56 AM revealed Resident #15's oxygen concentrator tubing showed the tubing last changed and labeled on 6/12/24.</p> <p>In an interview on 7/1/24 at 10:57 AM, Resident #15 could not recall when the oxygen tubing change last occurred.</p> <p>Observation on 7/1/24 at 3:07 PM showed Resident #15's oxygen tubing changed, and newly labeled with a date of 7/2/24.</p> <p>In an interview on 7/1/24 at 3:08 PM, the Activity Coordinator reported she changed and labeled the oxygen tubing that day. When asked if replacing oxygen tubing was normally her responsibility, the Activity Coordinator stated, no.</p> <p>The Departmental (Respiratory Therapy) - Prevention of Infection policy last revised November 2011 identified oxygen tubing is changed weekly and as needed.</p> <p>In an interview on 7/3/23 at 9:12 AM, the Director of Nursing (DON), reported she expected oxygen tubing for all residents should be changed every Sunday.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44420</p> <p>Based on observations, staff interviews, and facility policy review the facility failed to ensure sanitary conditions where staff prepared food, and failed to perform hand hygiene during meal service. The facility identified a census of 26 residents.</p> <p>Findings included:</p> <p>The initial kitchen walk-through on 07/01/24 10:10 AM revealed the following:</p> <ul style="list-style-type: none"> a. The stove top showed a thick layer of grease with food splatter and a variety of food debris. b. A clean dish cart contained a variety of scattered food debris. c. The floor contained an accumulation of food debris and a variety of dried liquid. d. All refrigerator and freezer systems with dried liquid and debris on the bottom of the unit. e. Ice build-up in freezers and milk cooler. f. Microwave splattered with food and dried liquid inside and out. g. Toaster covered in grime. h. Dead gnats found along window sills. <p>During the kitchen walk-through the Dietary Manager (DM) reported that she expected the refrigeration and freezer units, carts, equipment, and floor to be clean and free of food, dried liquid, and debris. The DM stated, there is a problem with someone that worked this past weekend. I'll follow up.</p> <p>Observation of lunch service on 7/2/24 at 12:40 PM showed the following:</p> <ul style="list-style-type: none"> a. The DM entered the dining room, served a plate of food to a resident, filled the resident's cup with ice, then returned to the kitchen without performing hand hygiene. b. The DM removed a slice of bread from the bread bag, placed the slice directly on top of the bread bag, then placed a piece of cheese on the slice in preparation of making a grilled cheese sandwich. c. The DM placed a spatula directly on the counter then used the spatula to make a grilled cheese sandwich. d. Staff B, [NAME] failed to complete hand hygiene as she entered and exited the kitchen while serving lunch to the residents. During this time Staff B also accessed the refrigerator several times to retrieve drinks and food items. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>After Meal service the Dietician reported she observed that staff failed to use hand hygiene appropriately during meal service, and expected staff to place food and utensils on sanitized surfaces. The Dietician also reported that carts, refrigeration and freezer units, floors, and equipment should be clean and free of grime and debris.</p> <p>The Sanitation policy last revised October 2008 identified:</p> <ul style="list-style-type: none"> a. The food service area shall be maintained in a clean and sanitary manner. b. All kitchens, kitchen areas, and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. c. All equipment, food contact surfaces, and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and/or chemical sanitizing solutions. d. Food preparation equipment and utensils that are manually washed will be allowed to air dry whenever practical. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44420</p> <p>Based on observations, record review, staff interviews and policy reviews, the facility failed to accurately document the changing of oxygen tubing for 1 of 1 residents reviewed (Resident #15). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 documented diagnosis of heart failure, Chronic obstructive pulmonary disease (COPD), and respiratory failure. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15 which indicated no cognitive impairment.</p> <p>The Physician Order dated 5/21/24 for Resident #15 showed oxygen 1-4 liters per nasal cannula to keep oxygen saturation above 90%.</p> <p>The Physician Order dated 4/7/24 for Resident #15 showed an order to change oxygen tubing every Sunday night and as needed. The order also directed staff to ensure to date new tubing.</p> <p>The Care Plan on 6/12/24 showed Resident #15 received oxygen 1-4 liters per nasal cannula to keep oxygen saturation above 90%. The Care Plan failed to identify when to change oxygen tubing.</p> <p>Observation on 7/1/24 at 10:56 AM revealed Resident #15's oxygen concentrator tubing showed the tubing last changed and labeled on 6/12/24.</p> <p>Review of the June 2024 Medication Administration Record for Resident #15 showed staff inaccurately documented oxygen tubing as changed on the following dates:</p> <ol style="list-style-type: none"> a. 6/16/24 b. 6/23/24 c. 6/30/24 <p>The Departmental (Respiratory Therapy) - Prevention of Infection policy last revised November 2011 identified oxygen tubing is changed weekly and as needed. The policy also identified the following information should be recorded in the resident's medical record:</p> <ol style="list-style-type: none"> a. The date and time the respiratory therapy was performed. b. The type of respiratory therapy performed. c. The name and title of the individual(s) who performed the respiratory therapy. <p>In an interview on 7/3/23 at 9:12 AM, the Director of Nursing (DON), reported she expected staff to accurately document when an oxygen tubing change occurred.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, observation, staff interview, and infection control policy the facility failed to use universal infection control measures and Enhanced Barrier Precautions (EBP) during catheter care for 1 of 1 residents reviewed for infection control (Resident #12). The facility reported a census of 26 residents.</p> <p>Findings include:</p> <p>Review of Resident #12's Minimum Data Set (MDS) dated [DATE] revealed diagnoses of renal insufficiency, neurogenic bladder, and multiple sclerosis. The MDS further revealed Resident #12 utilized an indwelling catheter.</p> <p>Review of Resident #12's Physicians Orders revealed the following information:</p> <p>a. Enhanced barrier precautions related to suprapubic catheter and history of MRSA. Every shift.</p> <p>Observation 7/2/24 at 9:14 AM Staff A Certified Nursing Assistant (CNA) completed hand hygiene and donned gloves. Staff A then placed a barrier under the urinary drainage collection container. Catheter drainage port was cleansed with an alcohol swab and drained. After draining the urinary drainage bag Staff A then cleansed the port again with a new alcohol swab and returned the port. Gloves were then doffed and hand hygiene was completed. During the procedure Staff D failed to wear a gown as required per Enhanced Barrier Precautions (EBP).</p> <p>In an interview 7/02/24 at 9:19 AM with Staff A revealed she should have worn a gown related to enhanced barrier precautions.</p> <p>In an interview 7/02/24 at 9:21 AM with the Director of Nursing (DON) revealed her expectation would be for gowns and proper personal protective equipment (PPE) to be worn while draining catheter bags.</p> <p>Review of the facility provided policy titled: Enhanced Barrier Precautions dated 3/28/24 documented:</p> <p>a. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities.</p> <p>b. High-contact resident care activities include:</p> <p>Device care or use: urinary catheters.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Dunlap Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1403 Harrison Road Dunlap, IA 51529	
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>Centers for Disease Control and Prevention website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), visited 7/2/24 and updated 7/12/22 revealed recent changes included, additional rationale for the use of Enhanced Barrier Precautions (EBP) in nursing homes, including the high prevalence of Multidrug-resistant Organism (MDRO) colonization among residents in this setting. Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status). Expanded MDROs for which EBP applies. Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status and Infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.</p>		