

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165231	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Regency Park Nursing & Rehab Center of Carroll		STREET ADDRESS, CITY, STATE, ZIP CODE  500 East Valley Drive Carroll, IA 51401	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056</b></p> <p>Based on clinical record review, observations, staff interviews, CDC recommendations and policy review, the facility staff failed to follow transmission based precautions for 1 of 1 resident reviewed (Resident #34) The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment had not been completed due to Resident #34 was admitted on [DATE].</p> <p>Review of facility fax dated 10/25/24 revealed Resident #34 had a productive cough with thick yellow sputum. Lung sounds diminished with rub noted on expiratory in the lower lobe. New orders from the physician included lab work and swab for influenza and Covid.</p> <p>Review of lab slip with a collected date of 10/25/24 revealed Resident #34 tested positive for rhinovirus enterovirus (the most common cause of the common cold).</p> <p>Review of progress notes dated 10/25/24 at 5:26 PM revealed Resident #34 did test positive for rhinovirus enterovirus. Orders from the Physician revealed to monitor vital signs every shift times five days, report difficulty breathing or any new concerns. Resident #34 will be in contact isolation.</p> <p>Review of progress notes dated 10/25/24 at 10:27 PM revealed Resident #34 remains in contact isolation due to testing positive for rhinovirus.</p> <p>Review of progress notes dated 10/26/24 at 5:44 PM revealed Resident #34 has an active infection at this time, to the respiratory system. Resident #34 currently not on antibiotic therapy for the infection Rhinovirus. Contact isolation is being observed with care.</p> <p>Review of progress notes dated 10/27/24 at 3:44 PM revealed Resident #34 has an active infection at this time, to the respiratory system. Resident #34 currently not on antibiotic therapy for the infection Rhinovirus. Contact isolation is being observed with care.</p> <p>Review of facility daily skilled note dated 10/28/24 at 8:11 AM revealed Resident #34's lung sounds were diminished in all fields with a non productive cough. Resident #34 has an active infection at this time. Infection noted to the respiratory system. Resident #34 currently not on antibiotic therapy for an infection. Resident #34 in isolation due to droplet/airborne pathogens.</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>Isolation precautions are for an active infection/disease and droplet/airborne precautions are continued.</p> <p>Observation completed on 10/28/24 at 9:30 AM revealed the DON removing the transmission based precautions from outside Resident #34's room. Observations throughout the day revealed Resident #34's harsh non productive cough coming from her room. Observations observed throughout the day Resident #34 coming out of the room and eating in the lunch area with other residents.</p> <p>Review of facility daily skilled note dated 10/28/24 at 9:48 PM revealed Resident #34's lung sounds were diminished in all fields and a non productive cough noted.</p> <p>Review of facility daily skilled note dated 10/29/24 at 10:38 PM revealed Resident #34 has frequent non productive cough.</p> <p>Review of facility daily skilled note dated 10/30/24 at 11:28 PM revealed Resident #34 has frequent non productive cough.</p> <p>Review of the Centers for Disease Control (CDC) Infection Control Appendix A revealed that Rhinovirus the type of precautions to be used are Droplet plus Standard precautions until the duration of the illness.</p> <p>Interview on 10/31/24 at 11:15 AM with the DON revealed that Resident #34 was in contact precautions. DON stated that she didn't officially require precautions for a cold, that she was put in precautions to be safe because of her symptoms. DON reported that she was taken out of precautions on 10/28/24 due to the fact that she was under the understanding that her symptoms had improved. DON stated that she follows the CDC recommendations.</p> <p>Interview on 10/31/24 at 12:19 PM with the Physician revealed that she was not contacted when Resident #34 was removed from the precautions. The Physician stated that she would have expected the facility to keep the Resident #34 in precautions until the symptoms have resolved.</p> <p>The facility policy named Infection Prevention and Control Program dated 9/21/21 revealed is a program established and maintained to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>The facility policy named Infection Control Isolation Precautions dated 9/21/21 revealed the purpose is to assure proper precautions are followed as part of infection control guidelines. Standard/Universal precautions are utilities for all residents when there could be potential contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, and contaminated items. This would include gloves, hand washing, and mask/eye protection as indicated. This precaution would be utilized for all Residents for prevention regardless of the presence of organisms. Droplet precautions will be utilized when the resident has an active organism that would be transmitted by droplet such as sneezing, coughing, and talking. This precaution includes gloves, gowns, masks, and goggles prior to entering the room. This may include influenza, pertussis and respiratory syncytial virus (RSV). These residents are on strict isolation.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49056</b></p> <p>Based on facility policy review, staff interviews and clinical record review the facility failed to follow an antibiotic stewardship program that included antibiotic use protocols and a system to monitor antibiotic use for 1 resident (Resident #3). The facility failed to follow up on a urine culture. The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #3 documented diagnosis of urinary tract infection, renal insufficiency, diabetes mellitus, and depression. The MDS showed the Brief Interview for Mental Status (BIMS) score of 9, indicating moderately impaired cognition. The MDS indicated that Resident #3 was coded substantial/maximal assistance (helper does more than half the effort) for toileting hygiene and occasionally continent.</p> <p>Review of the Care Plan with a date initiated of 9/6/24 revealed Resident #3 is an assist of one person with transfers, toileting and mobility.</p> <p>Review of facility fax dated 10/11/24 showed Resident #3 stated she has a hard time starting to urinate. Review of facility fax dated 10/12/24 revealed new orders for urinalysis (UA) with culture and sensitivity (C&amp;S) if indicated one time only for burning and urgency with urination. Review of UA results dated 10/12/24 showed the urinalysis lab indicated a urinary tract infection and waiting for culture and sensitivity report. On 10/12/24 the UA results showed the Physician ordered an antibiotic Macrobid 100 milligrams (mg) twice daily for five days.</p> <p>Review of Resident #3's medical record revealed the facility failed to follow up on the culture and sensitivity lab report as of 10/29/24. Review of the culture and sensitivity report revealed the culture grew out Proteus Mirabilis (a bacteria) which showed the antibiotic Macrobid was resistant to the microorganism that grew out. The progress notes lacked documentation that the facility notified the physician the antibiotic was resistant.</p> <p>Interview on 10/30/24 at 3:43 PM with the Assistant Director of Nursing, ADON, reported the lab usually puts a note on the lab result sheet, this will automatically fax the results back to the facility. The ADON reported this note did not get put on the lab result. The ADON verified that the facility should have followed up with the culture and sensitivity report. The ADON verified that she had sent a fax to the physician to report the results of the culture and sensitivity results.</p> <p>Interview on 10/31/24 at 1:19 PM with the Infection Preventionist (IP) stated her expectation would be to follow up on the culture and sensitivity report.</p> <p>The facility policy name Antibiotic Stewardship dated 9/21/21 revealed antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. When a culture and sensitivity is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified or discontinued.</p>		