

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>40905</p> <p>Based on observations, clinical record review, staff interviews, and policy review, the facility failed to develop and implement a comprehensive person-centered care plan for 1 (Resident #28) of 12 residents reviewed for care plans. The facility reported a census of 29 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #28, dated 8/21/24, included diagnoses of Non-Alzheimer's Dementia and malnutrition. A Brief Interview for Mental Status score of 99, indicated the resident was unable to complete the assessment indicating severe cognitive impairment for decision-making. The MDS further documented the resident wore a wander guard (bracelet on resident to activate an alarm if the resident goes out the facility door) daily.</p> <p>The Care Plan revised on 8/16/24 documented Resident #28 has impaired cognitive function related to dementia. The Care Plan does not include any wandering risk or use of a wander guard.</p> <p>Observation on 9/17/24 at 2:00 PM, Resident #28 resting on bed with wander guard on right ankle.</p> <p>The Electronic Health Record review for the resident revealed a wandering evaluation completed 8/20/24, with a score of 10 (high risk).</p> <p>Interview on 9/18/24 at 1:21 PM, Staff B, Licensed Practical Nurse stated the resident does have a wander guard as she is unpredictable.</p> <p>Facility policy, Care Plans, Comprehensive Person-Centered revised December 2016, documented care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment and the comprehensive, person centered care plan will incorporate risk factors associated with identified problems.</p> <p>Interview on 9/18/24 at 2:54 PM, the Director of Nursing stated the wander guard should have been included in the comprehensive care plan.</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:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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** 47673</b></p> <p>Based on observation, clinical record review, policy review, and staff interviews the facility failed to provide appropriate infection prevention practices by contaminating clean surfaces with contaminated gloves and not completing hand hygiene in accordance with standards of practice for 2 of 5 residents (Resident #25 and #28) reviewed. The facility reported a census of 29 residents.</p> <p>Findings included:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] documented Resident #25 entered the facility on 7/20/24. The MDS also documented a Brief Interview for Mental Status (BIMS) of 99 indicating Resident #25 was unable to complete the interview. The MDS revealed indwelling catheter utilized by Resident #25.</p> <p>On 9/18/24 at 7:31 AM Staff A, Certified Nursing Assistant / Certified Medication Assistant (CNA/CMA) and Staff C, Registered Nurse (RN) entered Resident #25's room, completed hand hygiene, applied gloves, and applied gowns. Staff A cleansed Resident #25's penis with peri wipes. Staff A cleansed Resident #25's groin with the assistance of Staff C. Staff A cleansed Resident #25's catheter tubing about 6 inches down the tubing. Resident #25 assisted with turning with the help of Staff C. Resident #25 had a bowel movement. Staff A and Staff C completed cares on Residents 25's buttocks. Staff C removed right glove that had bowel movement on the glove and applied a new glove. Staff C completed no hand hygiene. Staff C returned to Resident #25 and helped apply brief to the front of the resident. Staff C removed gloves and went to sink area and looked for catheter securing device. Staff C reapplied gloves and completed no hand hygiene. Staff C applied catheter securing device to Resident #25's right leg. Staff A changed gloves, no hand hygiene completed, and returned to Resident #25. Staff A and Staff C applied pants to Resident #25. Staff A and Staff C applied mechanical lift sling. Resident #25 assisted with turning. Staff A removed gloves, obtained the mechanical lift, reapplied gloves, and completed no hand hygiene. Staff A and Staff C removed lift cloth from under Resident #25. Staff C applied a shirt to Resident #25. Gowns removed by both staff. Gloves removed by both staff. Gloves reapplied by Staff C. Staff C utilized a wash cloth to cleanse Resident #25's face. Hand hygiene completed by Staff A. Bed stripped by Staff C. Staff C left room and threw garbage and laundry in barrels. Staff C removed gloves and completed hand hygiene.</p> <p>On 9/18/24 at 1:29 PM the DON stated the facility's expectation was hand hygiene would be completed with all glove changes and gloves would be changed when moving from dirty / contaminated areas to clean uncontaminated areas and hand hygiene would be completed at that time as well.</p> <p>Review of a policy titled, Handwashing / Hand Hygiene revised 8/19 documented hand hygiene was to be completed before moving from a contaminated body site to a clean body site during resident cares, after removing gloves, and before handling clean or soiled dressings, gauze pads, etc. The use of gloves did not replace hand washing / hand hygiene. Integration of glove use along with routine hand hygiene was recognized as the best practice for preventing healthcare-associated infections.</p> <p>40905</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Bedford Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 West Pearl Bedford, IA 50833	
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>2. An MDS assessment for Resident #28, dated 8/21/24, included diagnoses of Non-Alzheimer's Dementia and malnutrition and revealed the resident had a colostomy (opening in the stomach to attach a bag for the stool to drain in). A Brief Interview for Mental Status score of 99, indicated the resident was unable to complete the assessment indicating severe cognitive impairment for decision-making.</p> <p>Observation on 9/18/24 at 9:10 AM, Staff A, Certified Nurse Aide washed her hands, applied gloves and a gown. Staff A removed Resident #28's colostomy bag, then removed a cleansing wipe from the package and wiped stool from the colostomy opening. Staff A proceeded with the same gloved hands and continued to repeatedly remove more cleansing wipes from the package, wiping stool from the colostomy opening, and touching the opening of the package with the same gloved hands. Staff A removed the gloves and without completing hand hygiene, applied new gloves, applied a new colostomy bag and then removed the gloves and washed her hands.</p> <p>Interview on 9/18/24 at 2:57 PM, the Director of Nursing stated her expectation to not use dirty gloves to remove wipes from the package and perform hand hygiene after removing the dirty gloves and before applying new gloves.</p>		