

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Park View Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Park Avenue Sac City, IA 50583	

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>50500</p> <p>Based on observations, staff interview, and infection control policy review, the facility failed to complete hand hygiene when assisting residents to eat, at the same time, in an effort to reduce the risk of spreading infection for 3 out of 3 residents during meal service (Residents #6, #28, # 32). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>Observed noon meal service on 4/24/24 at 11:30 AM:</p> <p>Staff A Certified Nursing Assistant (CNA) assisted two residents to eat at the same time (Resident #28 & #32). Staff A sat between the residents and used same hand to feed both residents. No hand hygiene observed when alternating between residents. Staff A wiped Resident #32's mouth with his napkin; no hand hygiene observed afterwards. Staff A wiped Resident #28's mouth with her napkin; no hand hygiene observed afterwards. Staff A walked over to 3rd resident at table (Resident #6) and helped with drink and straw; no hand hygiene observed before or after task. Staff A returned to her seat and continued to assist Resident #28 and #32. During lunch service, Staff A held Resident #28's hand (3 different occasions) with same hand feeding Resident #32 with; no hand hygiene observed before assisting with Resident #32.</p> <p>On 4/24/24 at 1:05 PM, the Assistance Director of Nursing (ADON)/infection preventionist reported an expectation of hand hygiene after wiping resident's mouth or if touching straws. Hand hygiene not expected if touching resident's hand, unless visible soiled. At 3 PM, follow-up interview with ADON revealed no staff expectation to use two different hands when feeding two different residents. Staff is expected to use different silverware (resident specific).</p> <p>On 4/24/24 at 1:36 PM, the Exposure Control/Hand hygiene policy (page 8 of 26; Rev 09/22) reviewed and indicated the following:</p> <p>40.Hand hygiene should be performed:</p> <p>a.Before & after direct resident contact.</p> <p>b.Before & after assistance a resident with meals.</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>c. Upon and after coming in contact with a resident's intact skin (i.e. taking a pulse or blood pressure or assisting a resident with transferring/ambulation).</p> <p>d. After contact with a resident's mucous membranes and bodily fluids or excretions.</p> <p>e. After handling soiled or used linens, dressings, bedpans, catheters, and urinals.</p>