STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165384	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheffield Care Center	100 Bennett Drive Sheffield, IA 50475

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 49698 Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (Fiscal Year Quarters 1, 2, and 3, 2024) review, facility staffing review, policy review, and staff interviews, the facility failed to submit staff reports for the PBJ Staffing Data Report. The facility reported a census of 56 residents. Findings include: The PBJ Staffing Data Reports for Fiscal Year 2024, Quarters 1, 2, and 3 all triggered for the following: a. Failed to Submit Data for the Quarter b. One Star Staffing Rating c. Excessively Low Weekend Staffing d. No RN hours d. Failed to have Licensed Nursing Coverage 24 Hours/Day Review of nursing staffing schedules for August and September 2024 revealed appropriate nursing staffing, 8-hour daily RN coverage, and 24 hours/day Licensed Nursing coverage. Interview on 9/26/24 at 11:51 AM, the Administrative Assistant/Office Manager acknowledged the facility didn't successfully submit the staffing data for quarters 1, 2, and 3 as they had changes to the facility's time clock system that she didn't know about. The submitted reports ran with the new time clock system had an incorrect format for the PBJ reporting. As a result, the facility didn't successfully submit the data. Once the Administrative Assistant/Office Manager knew of the formatting problem, she learned CMS's application for submitting the data had changed. Since then, she has no access for this program and had worked with CMS to try to correct this. Review of facility provided Staffing policy, revised October 2017 revealed the following: (continued on next page)

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

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation a. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services. b. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. c. Other support services (e.g., dietary, activities/recreational, social, therapy, environmental, etc.) are also staffed to ensure that resident needs are met. d. Direct care staffing information per day (including agency and contract staff) is submitted to the CMS payroll based journal system on the schedule specified by CMS, but no less than once a quarter.

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NAME OF PROVIDER OR SUPPLIER Sheffield Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Bennett Drive Sheffield, IA 50475	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40907 Based on interviews, observations, and record review, the facility failed to initiate Enhanced Barrier Precautions (EBP) and they facility didn't know what they were. At the time of the survey 1 resident had a catheter (Resident #23) and didn't have EBP set up in his room. In addition, the facility failed to handle laundry from isolation rooms while wearing the appropriate Personal Protective Equipment (PPE). The facility reported a census of 35 residents. Findings include: Resident #23's Minimum Data Set assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. Resident #23 had an indwelling catheter. The MDS included a diagnosis of retention of urine. On 9/23/24 at 11:50 AM, Resident #23 stated he had a catheter and it drained into a leg bag inside of his pant leg. His room didn't have an EBP sign or cart with PPE set up. An email from the Administrator dated 9/26/24 at 1:26 PM documented the facility would initiate EBP for Resident #23 due to his catheter. An additional email from the Administrator dated 9/26/24 at 1:32, documented that the facility didn't have any residents with chronic wounds. On 9/26/24 at 10:37 AM, when questioned about EBP, the Director of Nursing (DON) and the Administrator responded they didn't hear or know about it, nor did they remember getting information about it. They looked over EBP information off the website. They stated they would initiate EBP right then. On 9/26/24 at 11:01 AM during a walk-through the laundry room, Staff C, Laundry Aide, stated she didn't wear a gown nor has she ever worn a gown when handling isolation laundry in red bags. She stated she put on a mask, gloves, and face shield before, but never put on a gown. She stated she washed the isolation red bags last and she sits the bag on the ground. Then she grabbed the bag at the bottom after opening it up at the top, then tipped and shake the contents out of the red bag into the washing machine. Afterwards, she disposed of the red bag into a biohazard container. On 9/26/24 at 12:50 PM, the Administrator stated they understood the concerns with the staff not wearing a gown when handling isolation laundry bags and the facility not having EBP in place. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Reference: QSO 24 08 NH dated 3/20/24, documented the following: Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug resistant Organisms (MDROs) Background: Multidrug resistant organism (MDRO) transmission is common in long term care (LTC) facilities (i.e., nursing homes), contributing to substantial resident morbidity and mortality and increased healthcare costs. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs. In 2019, CDC (Center for Disease Control) introduced a new approach to the use of personal protective equipment (PPE) called Enhanced Barrier Precautions (EBP) as a strategy in nursing homes to decrease transmission of CDC targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high contact resident care activities associated with MDRO transmission and did not involve resident room restriction. As described in the Healthcare Infection Control Practices Advisory Committee (HICPAC) white paper, Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities dated June 2021, more than 50% of nursing home residents may be colonized with an MDRO. This report noted that the use of contact precautions to prevent MDRO transmission involves restricting residents to their rooms, which may negatively impact a resident's quality of life and psychosocial well being. As a result, many nursing homes only implemented contact precautions when residents are infected with an MDRO. Memorandum Summary In July 2022, the CDC released updated EBP recommendations for Implementation of PPE Use in nursing homes to prevent spread of MDROs, and therefore, CMS is updating its infection prevention and control guidance accordingly. The recommendations now include the use of EBP during high contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC targeted or other epidemiologically important MDRO when contact precautions do not apply. This new guidance related to EBP is being incorporated in F880 Infection Prevention and Control to assist LTC surveyors when evaluating the use of enhanced barrier precautions in nursing homes. We note that facilities have some discretion when implementing EBP and balancing the need to maintain a homelike environment for residents. Memorandum Summary of CMS is issuing new guidance for State Survey Agencies and long-term care (LTC) facilities on the use of enhanced barrier precautions (EBP) to align with nationally accepted standards. o EBP recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high contact resident care activities regardless of their multidrug resistant organism status. o The new guidance related to EBP is being incorporated into F880 Infection Prevention and Control. An undated Linen, laundry, textile handling policy, directed the following: The facility staff should handle all used laundry as potentially contaminated and use standard precautions (e.g., gloves, gowns when sorting and rinsing). The facility should use the following practices: Policy Interpretation and Implementation a. Staff should handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces and persons. b. Employees should perform hand hygiene and wear appropriate PPE for sorting and handling contaminated laundry.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. 49698 Based on employee's file review, facility policy, and staff interview, the facility failed to assure 2 of 5 employees met the requirements for Mandatory Adult Abuse Training (Staff A and Staff B). The facility reported a census of 35 residents. Findings include: A review of Staff A's, Dietary Aide, employee file listed a hire date of 1/29/24. The file listed a due date of the two-hour Dependent Adult Abuse Mandatory Reporter Training as 7/29/24. The file lacked a certification of completion. A review of Staff B's, Dietary Aide, employee file listed a hire date of 2/2/24. The file indicated a due date of the two-hour Dependent Adult Abuse Mandatory Reporter Training as 8/29/24. The file lacked a certification of completion. Review of facility Abuse Prevention Policy, revised December 2016, stated: As part of the resident abuse prevention, the administration will: require staff training/orientation programs that include such topics as abuse prevention, identification and reporting of abuse, stress management, and handling verbally or physically aggressive resident behavior. In an interview on 9/26/24 at 11:50 AM, the Administrator acknowledged the employees should have completed the Dependent Adult Abuse Mandatory Reporter Training within six months of their hire date. In an interview on 9/26/24 at 12:06 PM, the facilities Administrative Assistant/Office Manager acknowledged the employees didn't complete the required Dependent Adult Abuse Mandatory Reporter Training.