

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165503	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Good Neighbor Home		STREET ADDRESS, CITY, STATE, ZIP CODE 105 McCarren Drive Manchester, IA 52057	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133</p> <p>Based on observation, Center for Disease Control and Prevention (CDC) COVID 19 Guidelines, and staff interview, the facility failed to ensure housekeeping staff wore appropriate personnel protective equipment (PPE) to prevent the spread of COVID 19 infection during a COVID 19 outbreak within the facility. The facility reported a census of 98 residents.</p> <p>Findings include:</p> <p>During entrance to the facility on [DATE] at approximately 9:00 AM the facility posted a Visitor/Team Stop Sign on the main entrance door directing to please postpone entry to the facility if you have any of the following symptoms that are new or worsening: fever, cough, congestion, chills, headache, body aches, sore throat, runny nose, fatigue, diarrhea, nausea/vomiting, new loss of taste or smell. Please do not visit if you have had a positive COVID test or have had close contact with someone with confirmed COVID 19 infection in the last 14 days.</p> <p>On 8/12/24 at approximately 9:00 AM the Administrator reported the facility was in a COVID 19 outbreak and most of the residents were isolated in the South hallway. The Administrator provided a resident list identifying 12 residents positive for COVID 19 and 3 resident recovered from COVID 19. The list identified Resident #45 as positive for COVID 19 and on isolation precautions.</p> <p>On 8/13/24 the Director of Nursing (DON) notified the surveyors the facility had COVID 19 on the North hallway in addition to the South hallway.</p> <p>Observation on 8/14/24 at 2:12 PM revealed a CDC Contact Precaution and Droplet Precaution sign hanging on the right side of Resident #45 door frame. The Droplet Precaution sign directed the staff to make sure their eyes, nose, and mouth were fully covered before room entry. A three-drawer plastic bin with PPE sat to the right side of Resident #45 doorway and a bedside table with two packages of face shields was positioned to the left side of the doorway.</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 - Some</p>	<p>During an observation on 8/14/24 at 2:12 PM Staff A, Housekeeping/Laundry, observed cleaning in Resident #45 room wearing only a gown, gloves and a medical mask that was falling below her nose. Staff A observed coming in and out of the room to the housekeeping cart several times, then went back in the room within three feet of Resident #45 who sat in the room recliner. At 2:14 PM the Surveyor prompted the DON to address the situation. The DON asked Staff A what PPE was required to wear in the isolation room for cleaning. Staff A, wearing a gown, gloves, and a surgical mask falling below her nose, motioned with her hands toward her gown and stated she was wearing the correct PPE. The DON pointed to the CDC signs on the door frame and verbalized the resident was on contact and droplet precautions which required a NIOSH (National Institute for Occupational Safety and Health) N95 mask, face shield, gown and gloves. The DON instructed Staff A at the entrance of the door way to take off her gown. Staff A started to pull her gown off with her right gloved hand over her head. The DON instructed Staff A to roll the gown down away from her to remove the gown with gloves on, then remove the gloves, remove her medical mask and perform hand hygiene. The DON instructed to put on a new gown, N95 mask, and a face shield. Staff A had to ask the DON how to use the face shield. The DON instructed her how to peel the protective layer off the face shield and put on the face shield. The DON then instructed her how to take off the PPE before coming out of the room.</p> <p>On 8/15/24 at 7:48 AM Staff B, Housekeeping and Laundry Aide reported she had worked at the facility 9-10 months. She verbalized she had received education this morning on the proper PPE to wear into the room which included a gown, gloves, N95 mask, and face shield. She stated prior to the morning (8/15/24) education her understanding was they only needed to wear a surgical mask and face shield in the room. Staff B reiterated the facility had been in a COVID outbreak when she had been hired back September/October 2023.</p> <p>During an interview on 8/15/24 at 8:55 AM the Plant Operations Director reported he expects the housekeeping staff to wear a gown, gloves, N95 mask, and face shield when cleaning COVID 19 isolation rooms. He reported all the staff have had extensive training by the staff educator on PPE as well as they utilized CE solutions (a computer- based training system). He reported ultimately it is his responsibility to monitor that staff are following the isolation precautions. He stated the facility does not have a documented audit system that they use, but he has gone out periodically and observed to ensure staff are using the correct PPE.</p> <p>During an interview on 8/15/24 at 9:19 AM the DON reported all the department leaders know the PPE protocols. Leaders are to be watching when they are out on the floor and correcting any issues they see right away.</p> <p>On 8/15/24 at 9:21 AM the Infection Preventionist verbalized they have reviewed the PPE with the charge nurses. She expects the charge nurses to be responsible for daily monitoring of the staff using PPE. The charge nurses are to do immediate education if they observe staff not utilizing the correct PPE.</p> <p>During an interview on 8/15/24 at 9:22 AM the DON reported all staff are to hold each other accountable and address if they notice staff are not doing something right. She reported she expects the housekeepers to utilize a gown, gloves, N95 mask, and face shield for cleaning the COVID isolation rooms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The CDC Infection Control Guidance: SARS-CoV-2 Recommended Routine Infection Prevention and Control (IPC) Practices when caring for a Patient with Suspected or Confirmed SARS-CoV-2 Infection directs health care personnel who enter the room of a patient with suspected or confirmed SARS CoV-2 infection to adhere to Standard Precautions and use a NIOSH approved particulate respirator with N95 filters or higher, gown, glove and eye protection (i.e. goggles, or a face shield that covers the front and sides of the face).</p> <p>The updated 3/18/24 CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic under what PPE should be worn by environmental services (EVS) personnel who clean and disinfect rooms of patients who have SARS COVID 19 infection directed the following: minimize the number of personnel entering the room of patients who have SARS-CoV-2 infection. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.</p>		