

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Ramsey Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27th Street Des Moines, IA 50310	
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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, staff interview, facility policy review, and the Resident Assessment Instrument (RAI) Manual, and policy review, the facility failed to complete and transmit a resident Minimum Data Set assessment upon a resident's discharge within the required timeframe for one of sixteen residents reviewed (Resident #58). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment tool dated 5/12/24 revealed the Director of Nursing (DON) signed the assessment as completed on 5/15/24.</p> <p>The MDS assessment dated [DATE], revealed Resident #58 admitted to the facility on [DATE], and discharged from the facility on 5/22/24. The MDS assessment revealed the DON signed the assessment as completed on 6/2/24.</p> <p>The Electronic Health Record (EHR) software program revealed the 5-day MDS assessment completed on 5/15/24 but not submitted to CMS (Center for Medicare Services). The EHR also revealed the discharge return not anticipated MDS assessment dated [DATE] was completed on 6/2/24 but not submitted to CMS.</p> <p>During an interview 10/3/24 at 8:35 AM, Staff C, MDS Coordinator, reported she had worked at the facility in the MDS Coordinator role since 3/2024. Staff C reported the MDS assessments completed on each resident at least every 90 days. She obtained information from the resident's record, interviewed the resident and family, and also gathered information about the resident while she provided cares in order to completed the MDS assessments. Staff C reported she submitted the MDS assessment to CMS once all of the MDS sections were completed. Staff C reported Resident #58's discharge MDS not submitted when the discharge MDS assessment was completed because he had a private insurance plan. He did not have a Medicare Part A policy, so the MDS assessment did not need to be submitted. Staff C reported Resident #58's admission MDS assessment was submitted to CMS for tracking purposes only.</p> <p>A Resident Assessments policy revised 3/2022 revealed assessments completed at intervals designated by OBRA (Omnibus Budget Reconciliation Act) (the Nursing Home Reform Act) and PPS (Prospective Payment System) requirements. The resident assessment coordinator ensured resident assessments completed timely. OBRA required discharge assessment completed for all residents including discharge return anticipated and return not anticipated.</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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The RAI Manual Version 3.0 revealed the discharge return not anticipated MDS assessment must be completed when the resident discharged from the facility and the resident not expected to return to the facility within 30 days. The discharge return not anticipated MDS must be completed within 14 days after the discharge date , and submitted within 14 days after the MDS completion date.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, staff interview, and the Resident Assessment Instrument (RAI) Manual the facility failed to accurately complete a Minimum Data Set (MDS) assessment for one of sixteen residents reviewed (Resident #4). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment completed on 9/13/24 revealed Resident #4 readmitted to the facility on [DATE] from the hospital and had a diagnosis of coronary artery disease. The MDS documented the resident took an anticoagulant medication during the 7-day look-back period.</p> <p>The Care Plan initiated on 4/18/23 revealed the resident on anticoagulant therapy but the problem was resolved (removed) from the Care Plan on 4/30/23.</p> <p>The Order Summary revealed Eliquis (Apixaban) (an anticoagulant) 5 milligrams (mg) by mouth two times a day for DVT (deep vein thrombosis) (blood clot) for three months started on 3/22/24 and discontinued on 6/22/24.</p> <p>The Medication Administration Record (MAR) revealed Eliquis 5 mg by mouth two times a day related to coronary artery disease discontinued on 7/9/24 at 2:30 PM. The MAR dated 9/2024 revealed an order for aspirin 81 mg by mouth every morning.</p> <p>During an interview 10/3/24 at 8:35 AM, Staff C, MDS Coordinator, reported she obtained information from the resident's record, interviewed the resident and family, and also gathered information about the resident while she provided cares in order to complete and update the resident's Care Plans. Staff C reported Resident #4 no longer took Apixaban. The medication was discontinued on 7/9/24.</p> <p>The RAI Manual Version 3.0 revealed MDS assessment section N0410E marked when a resident took an anticoagulant such as warfarin, heparin, or a low- molecular weight heparin. Record the number of days the resident received an anticoagulant medication during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, observation, staff interview, and policy review the facility failed to develop and implement a comprehensive person-centered Care Plan for one of sixteen residents sampled (Residents #54). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #54 admitted to the facility on [DATE] and had diagnoses of cancer and a pleural effusion. The assessment documented the resident took an antibiotic during the 7-day assessment look-back period and received IV (intravenous) (into a vein) medications during the 14-day look-back period.</p> <p>The Care Plan initiated on 9/3/24 and revised on 9/30/24 revealed Resident #54 on IV antibiotic therapy. The Care Plan directed staff to administer antibiotic medications as ordered by the physician, and monitor for the effectiveness and side effects of the medication. The Care Plan lacked information about the resident's PICC (peripherally inserted central catheter) line or Mediport (port) (an implanted device that provides access to a vein for delivering medications and fluids), as well as the interventions to monitor and manage these devices.</p> <p>The Order Summary Report revealed PICC and port dressing change every 7 days and PRN (as needed) started on 9/3/24.</p> <p>Resident #54's Medication Administration Record (MAR) for October 2024 documented orders for cefazolin 15 milligrams (mg) IV in the morning, for a port infection, had a start date 9/4/24 at 6:00 AM. The MAR also instructed to administer cefazolin 2 grams (gm) IV twice a day for MSSA (methicillin-susceptible staphylococcus aureus) (a bacterial infection) started on 9/3/24 at 9:00 PM.</p> <p>The Skilled Nursing assessment dated [DATE] revealed the resident had a diagnosis of multiple myeloma and took chemotherapy. The assessment documented the resident received IV antibiotic medications, and had a PICC line and an implanted port.</p> <p>The Progress Notes dated 9/7/24 at 9:36 AM revealed the resident had a chest port to the right chest and a PICC line to his left upper arm.</p> <p>During observation on 9/30/24 at 2:11 PM, Resident # 54 had a PICC line in his left arm and a port to his right chest.</p> <p>During an interview 10/3/24 at 8:35 AM, Staff C, MDS Coordinator, reported she obtained information from the resident's record, interviewed the resident and the family member(s), and also gathered information about the resident while she provided cares in order to complete and update the resident Care Plans. Staff C reported the resident's Care Plan developed at admission and updated any time a resident had a change in status. Staff C reported the PICC line and Mediport should be listed on the Care Plan if a resident had these medical devices.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 10/3/24 at 9:02 AM, the Director of Nursing (DON) reported the resident's Care Plan updated whenever needed, and Care Plans reviewed during the resident's care conferences. An interdisciplinary team reviewed the Care Plans.</p> <p>A Comprehensive Person-Centered Care Plan policy revised 3/2022 revealed a comprehensive care plan developed for each resident. The care plan interventions are derived from a thorough analysis of information gathered as part of the comprehensive assessment. The care plan included measurable objectives and time-frames and described the services furnished to attain or maintain the resident's highest practicable physical and psychosocial well-being.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34817</p> <p>Based on clinical record review, observations, staff interview, and policy review the facility failed to check and verify placement of a gastrostomy tube (g-tube) before medications and enteral feeding administered through the gastrostomy tube for one of one residents reviewed with a gastrostomy tube (Resident #117). Facility staff also failed to flush the gastrostomy tube with water after each medication administered. The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #117 had diagnoses of sepsis due to e-coli (bacteria), gastroesophageal reflux disease (GERD), diabetes, and dysphagia. The MDS revealed the resident had coughing and choking during meals or when she swallowed medications, and had a tube feeding.</p> <p>The Care Plan initiated 9/19/24 revealed the resident required tube feedings. The Care Plan directed staff to check tube placement, check gastric contents/residual volume before each feeding started and hold the feeding per the physician's orders depending upon the amount of aspirate.</p> <p>The Order Summary Report dated 10/2024 revealed an order to crush medications as needed unless contraindicated but lacked directives for checking g-tube placement or residual.</p> <p>During observation on 10/2/24 at 7:25 AM, Staff A, Licensed Practical Nurse (LPN) prepared medications for Resident #117.</p> <p>Staff A crushed each medication in a clear plastic envelope then took the medications to the resident's room.</p> <p>The medications included the following:</p> <ol style="list-style-type: none"> 1. Diltiazem 60 milligrams (mg) 2. Aspirin 81 mg 3. Levothyroxine 100 micrograms (mcg) 4. Vitamin D3 5000 units 5. Vitamin B12 1000 mcg 6. Pregabalin 200 mg 7. Metformin 500 mg 8. Biotin 10000 mcg <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>9. Azithromycin 250 mg</p> <p>10. Culturelle 1 package</p> <p>Staff A donned gloves, obtained a glass of tap water and placed the glass on an over-bed table.</p> <p>Staff A poured 300 milliliters (ml) of Glucerna 1.2 calories into a graduate container and placed the container on an over-bed table.</p> <p>Staff A connected a syringe to the resident's g-tube and administered 60 ml of water. Staff A poured an envelope of crushed medication into a small plastic cup, added 10 ml water, and used the tip of the syringe to stir the medication and water. Staff A drew the medication solution into the syringe, attached the syringe to the g-tube, and administered the medication. Staff A continued to repeat the process of placing crushed medication into a plastic cup, adding water to the cup, stirring the medication, and administered each medication individually until all medications were administered.</p> <p>On 10/2/24 at 7:52 AM, Staff A rinsed the syringe and plastic cup with water in the bathroom. Staff A changed her gloves, then connected the syringe to the resident's g-tube, poured 60 ml of water into the syringe, then poured Glucerna formula into the syringe. Staff A allowed the contents to gravity flow until all of formula instilled. Staff A then poured 60 ml of water into the syringe, removed the syringe, and plugged the g-tube port. Staff A removed her gloves and washed her hands.</p> <p>Staff A did not check placement of the g-tube prior to administering medications, water flushes, and tube feeding through the g-tube. Staff A also did not administer a water flush between each medication administered.</p> <p>During an interview 10/3/24 at 8:35 AM, Staff C, MDS Coordinator, reported placement of a g-tube checked prior to administration of medication and tube feedings. Staff C reported a stethoscope used to listen over the gastric area to hear air as it is pushed through the syringe to verify g-tube placement. Staff C stated a syringe attached to the g-tube and the handle of the syringe pulled back to check for residual or gastric contents. Staff C reported the g-tube should be flushed with 15 ml of water between each medication administered through a g-tube.</p> <p>During an interview 10/3/24 at 9:02 AM, the Director of Nursing (DON) reported he expected a g-tube be checked for placement by listening with a stethoscope prior to administration of medications or tube feedings. The g-tube residual checked per physician's orders. The DON reported he expected g-tube medications be administered separately unless they had a physician's order to mix (cocktail) the medications. The DON stated a 15 ml water flush should be administered between each g-tube medication.</p> <p>An Administering Medications through an Enteral Tube policy dated 2001 revealed guidelines for safe administration of medications through an enteral tube. Each medication administered separately and g-tube flushed between medications. Use warm, purified water for diluting medications and for flushing the g-tube. The procedural steps included:</p> <ol style="list-style-type: none"> a. Wash hands b. Prepare the medications <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Verify placement of feeding tube</p> <p>d. Flush tubing with at least 15 ml warm water</p> <p>e. Dilute the medication with at least 30 ml of water</p> <p>f. Administer each medication separately</p> <p>g. Flush with 15 ml warm water between medications if administering more than one medication.</p> <p>h. Flush the g-tube with 15 ml of water after the last medication administered</p> <p>i. Clamp the g-tube</p> <p>j. Administer the feeding.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49990</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on direct observation, clinical record review, staff interview, and facility policy review, the facility failed to provide assessments and timely intervention regarding skin conditions and wounds for one of sixteen residents observed (Resident #15). The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>The quarterly Minimum Data Sample (MDS) for Resident #15, dated 09/06/2024, which documented relevant diagnoses of cancer, heart failure, diabetes mellitus (diabetes), cerebrovascular event, Non-Alzheimer's dementia, traumatic brain injury, anxiety disorder, and depression. It documented her brief interview for mental status (BIMS) score as 12, indicating moderate cognitive impairment.</p> <p>The Care Plan, last revised 06/17/2024, revealed staff were to check all of the body for breaks in skin and treat promptly as ordered by doctor. It also revealed staff were to monitor and document any signs and symptoms of hyperglycemia, such as dry skin.</p> <p>A direct observation on 09/30/2024 at 03:09 PM revealed Resident #15 had a red lesion with a dark colored scab in the center on her right cheek bone. Resident #15 was observed picking at the wound at this time.</p> <p>A direct observation on 10/01/2024 at 12:11 PM revealed the wound had gotten visibly darker.</p> <p>In an interview on 10/01/2024 at 02:51 PM with Staff D, Registered Nurse, stated she had been aware of the wound for a little over a week. She believed it had been documented either through a nursing Progress Note or placed on a skin assessment sheet in the skin assessment chart, located on the unit. Staff brought the book to this surveyor and could not find a skin assessment had been performed. Staff then stated she must have forgotten. She stated the medical director had not been made aware of this wound yet.</p> <p>Review of nursing Progress Notes failed to document a skin assessment for this wound.</p> <p>In an interview on 10/02/2024 at 09:33 AM with Staff E, Unit Manager, stated the skin issue was a recurrent patch of dry skin on Resident #15's face. She acknowledged the skin assessment had not been performed, and stated her expectation is for staff to fill out a skin assessment sheet when they notice a new or reopened wound and to place a note in the electronic health record (EHR) for tracking.</p> <p>Review of a facility provided document titled Resident Assessments, last revised in March of 2022, documented all staff members are to participate in resident assessment.</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50500</p> <p>Based on observations, staff interviews, clinical record review, and policy review, the facility failed to follow enhanced barrier precautions (EBP) practices for residents with indwelling medical devices for two of three residents reviewed for infection control (Resident #54 and Resident #117). The facility also failed to ensure infection control policy & procedure manual updated on an annual basis. The facility reported a census of 62 residents.</p> <p>Findings include:</p> <p>1. Infection control manual review completed on 10/3/24 at 8:30 AM. The manual did not include a cover page to indicate the enclosed policies and procedures had been reviewed and approved annually.</p> <p>An interview on 10/3/24 at 8:45 AM, the Director of Nursing (DON) reported policies and procedures are approved annually during the facility's January Quality Assurance and Performance Improvement (QAPI) meeting. The DON provided a copy of January's QAPI sign-in sheet as well as a copy of a Record of Adoption form, which was not completely filled out. The form provided no information as to what policies or procedures were approved, did not have the medical director signature, nor did it indicate a date of approval. The DON reported that January 2024 QAPI meeting minutes did not reflect approval of the infection control manual. All that was attached to the meeting minutes was the incomplete Record of Adoption form.</p> <p>The undated policy Facility Policies and Procedures-Annual Review stated policies and procedures are reviewed and revised by the Quality Assurance and Assessment Committee:</p> <ul style="list-style-type: none"> a. When changes in regulations or professional standards of practice necessitate revisions. b. When additional procedures are needed according to the facility assessment and/or individual resident needs. c. At least annually. <p>The policy further stated administrators, the medical director, and department leaders are sent draft revisions with an opportunity to review and respond to changes. Final revisions are posted for staff with a summary of changes and effective date.</p> <p>34817</p> <p>2. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #117 had a diagnosis of sepsis due to e-coli (bacteria). The MDS revealed the resident had a tube feeding.</p> <p>The Care Plan initiated 9/19/24 revealed the resident required tube feedings. The Care Plan lacked directives for staff to use enhanced barrier precautions (EBP).</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 - Few</p>	<p>During observation on 10/2/24 at 7:25 AM, Staff A, Licensed Practical Nurse (LPN) prepared and administered medications and enteral feeding through Resident #117's gastrostomy tube (g-tube) (a tube in the stomach). Staff donned gloves and placed supplies and medications on an over-bed table without a barrier. Staff A did not wear a gown during the procedure when she handled the g-tube and when she administered medications and tube feeding through the g-tube.</p> <p>During an interview 10/3/24 at 8:35 AM, Staff C, MDS Coordinator, reported EBP's still a new process. EBP's entailed wearing a gown and gloves whenever she touched or worked with a resident with a catheter, g-tube, or open wounds.</p> <p>During an interview 10/3/24 at 9:02 AM, the Director of Nursing (DON) reported the facility didn't have a policy for EBP's, he expected staff to follow the CDC guidelines. EBP's should be used whenever a resident had a wound, catheter, and any medical devices such as a catheter, g-tube, or PICC line.</p> <p>A Personal Protective Equipment (PPE) policy revised 10/2018 revealed PPE provided for personnel who perform tasks that may involve exposure to blood or body fluids. PPE included wearing a gown and gloves. The type of PPE required for a task was based on the risk of an exposure.</p> <p>The Center for Disease Control (CDC) guidelines for Enhanced Barrier Precautions in Nursing Homes (https://www.cdc.gov/long-term-care-facilities/media/pdfs/Letter-Nursing-Home-Staff-508.pdf) revealed the CDC recommends EBP to prevent the spread of multi-drug-resistant organisms (MDROs) in healthcare settings. EBP guidelines include a gown and gloves worn during high-contact care activities with residents who are at higher risk of acquiring or spreading an MDRO. EBP used when cared for a resident with an indwelling medical device.</p> <p>3. The MDS assessment dated [DATE] revealed Resident #54 had a diagnosis of cancer. The MDS indicated the resident took an antibiotic and had an IV access.</p> <p>The Care Plan initiated 9/3/24 and revised on 9/30/24 revealed the resident on antibiotic therapy. The Care Plan directed staff to administer medication and monitor the IV site for signs of redness, warmth, drainage or swelling. The Care Plan lacked information about the resident's peripherally inserted central catheter (PICC) line and Mediport (port), and the need to use EBP.</p> <p>During observations on 10/1/24 at 8:08 AM, Staff B, LPN, accessed and flushed Resident #54's PICC line with normal saline, and initiated an IV cefazolin (antibiotic) infusion through the resident's PICC line. At 8:20 AM, Staff B, flushed the resident's port with normal saline, then administered cefazolin into the port. At 8:53 AM, Staff B checked the IV cefazolin infusion and pump and reported the infusion completed. Staff B donned a pair of gloves, removed the IV tubing from the PICC line, cleansed the end of the PICC line with an alcohol swab, and flushed the PICC line with normal saline. Staff B cleansed the PICC line with an alcohol swab, and attached a new cap on the PICC line. Staff B removed her gloves and washed her hands. Staff B did not wear a gown during the procedure while she handled and cared for the PICC line and port.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Ramsey Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1611 27th Street Des Moines, IA 50310	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview 10/3/24 at 9:02 AM, the Director of Nursing (DON) reported the facility didn't have a policy for EBP's, he expected staff to follow the CDC guidelines. EBP's should be used whenever a resident had a wound, catheter, and any medical devices such as a catheter, g-tube, or PICC line.		