

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Clarence Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 402 2nd Avenue Clarence, IA 52216	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>34821</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on staff interviews, facility record review and facility policy review the facility failed to have the required Infection Preventionist (IP) at 2 of 2 Quality Assessment and Assurance/Quality Assurance and Performance Improvement (QAPI) meetings. The facility reported a census of 45 residents.</p> <p>Findings included:</p> <p>The QAPI sign-in sheet dated 3/21/24 and 6/6/24 failed to reflect the signature of the Infection Preventionist. The sign-in sheet reflected Staff A, Licensed Practical Nurse, Facilitator of the QAPI.</p> <p>The facility provided a QAPI Members list undated, that identified Staff A as the QAPI Coordinator and included the Infection Preventionist name which was not listed on the QAPI sign-in sheet as referenced above.</p> <p>On 8/22/24 at 11:10 AM, Staff A, reported the IP is required at the QAA/QAPI meetings</p> <p>On 8/22/24 12:30 PM, Staff A and the Director of Nursing (DON) reported the QAA and QAPI meeting are the same meeting.</p> <p>The facility provided a policy titled QAPI Plan Guidelines dated 5/21/18, included direction under Guidelines for Governance and Leadership that the CEO has responsibility and is accountable to the Board of Directors for ensuring that QAPI is implemented throughout our organization.</p> <p>QAPI will contain the following resources:</p> <p>The administrator will be responsible for QAPI and designating assignments.</p> <p>The administrator will educate or assign a designee to provide training.</p> <p>The QAPI committee will provide adequate resources for the PIP.</p> <p>The QAPI committee will assess the plan to provide the resources.</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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff will be utilized in the development and execution of our QAPI process. Through training and evaluation we will monitor their proficiency.</p> <p>QAPI Leadership:</p> <p>The QAPI committee will be comprised of Department Heads and volunteers from direct care staff, our facility Medical Director and a member from the Board of Directors.</p> <p>The QAPI committee will meet monthly with the Medical Director quarterly.</p>		

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(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>42134</p> <p>Based on observation, policy review and staff interview the facility failed to wear appropriate Personal Protective Equipment (PPE) to follow Enhanced Barrier Precautions (EBP) while administering a tube feeding for 1 of 1 residents (Resident #38) reviewed for EBP. The facility reported a census of 45 residents.</p> <p>Findings include:</p> <p>Physician's orders for Resident #38 include an order dated 6/28/24 for Jevity 1.2 calorie/fiber oral liquid, give 300 milliliters (ml) via g tube.</p> <p>The Care Plan intervention dated 8/19/24 for Resident #38 directed staff to use EBP with high contact care.</p> <p>The undated facility policy titled Enhanced Barrier Precautions directed staff to use gown and gloves as the minimum level of PPE for high contact activities. The policy defines feeding tube as a high contact activity.</p> <p>During an observation on 8/21/24 at 12:57 PM Staff A, Licensed Practical Nurse (LPN) entered Resident #38's room to administer her tube feeding. Staff A performed hand hygiene and applied gloves. She failed to don a gown. She administered the tube feeding and water flushes through the tube.</p> <p>During a interview on 8/21/24 at 1:07 PM Staff A approached the surveyor and explained she forgot to don a gown while administering the tube feeding.</p> <p>During an interview on 8/21/24 at 1:46 PM the Director of Nursing (DON) explained she would expect gown and gloves to be worn and they (the staff) all know that.</p>