| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16A001 | A. Building<br>B. Wing | 04/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Childserve Habilitation Center | 5900 Pioneer Parkway<br>Johnston, IA 50131 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, staff interview and policy review, and guidance from the Centers for Disease Control and Prevention (CDC), the facility failed to implement Enhanced Barrier Precautions (EBP) to prevent cross contamination during routine cares for 3 of 4 residents reviewed for indwelling medical devices (Residents #2, #3 and #4). The facility reported a census of 70.Findings include:1. The Minimum Data Set (MDS) dated [DATE] revealed that Resident #2 had diagnoses of Multidrug-Resistant Organism (MDRO), cerebral palsy and severe hypoxic ischemic encephalopathy (a critical neonatal brain injury caused by severe oxygen deprivation and restricted blood flow (asphyxia) around the time of birth). It also indicated he received tracheostomy care (a surgically created opening in the neck leading into the trachea (windpipe) to assist with breathing) and had a gastrostomy (a medical procedure to insert a feeding tube (G-tube) through the abdomen directly into the stomach, allowing for nutrition, fluids, or medication to bypass the mouth/esophagus).The Care Plan initiated 10/27/23 directed staff to follow EBP for MDRO: Pseudomonas aeruginosa.2. The MDS dated [DATE] revealed that Resident #3 had diagnoses of MDRO and respiratory failure. It also indicated that she had a feeding tube, received tracheostomy care and required an invasive mechanical ventilator (a machine that moves air into and out of the lungs to assist or replace spontaneous breathing).The Care Plan initiated 10/27/23 indicated that Resident #3 had MDRO: Pseudomonas aeruginosa and lacked documentation of EBP use.The Electronic Health Record listed Resident #3's date of birth as 11/2/2002 indicating she was [AGE] years of age.3. The MDS dated [DATE] revealed that Resident #4 had diagnoses of MDRO and cerebral palsy. It also indicated that he required a feeding tube.The Care Plan initiated 2/5/24 indicated that Resident #4 had MDRO: Pseudomonas aeruginosa and directed staff that EBP would be indicated. During observation on 4/2/26 at 1:25 PM, Staff A, Respiratory Therapist, wore a surgical mask. Staff A sanitized her hands and donned a pair of gloves. Resident #3 was lying in bed with head of bed (HOB) up and had a ventilator connected to her trach. Staff A applied a vest around the resident's chest and back, then connected the hose to a machine to provide chest percussion for 10 minutes. At 1:40 PM, Staff A removed the hose connecting the ventilator to the trach tube, attached a PDI adaptor (device used to connect an inhaler directly to a ventilator circuit) and an albuterol inhaler, then administered 2 puffs of the inhaler through the trach. Staff A removed the adapter and inhaler and reattached the hose from the ventilator to the resident's trach. Staff A then suctioned the resident's trach. Staff A disconnected the suction from the trach suction tube and reconnected the ventilator to the resident's trach. Staff A removed her gloves and sanitized her hands.During an observation on 4/2/26 at 3:09 PM Staff B, RT put on gown and gloves to enter Resident #2's room to do suction and chest percussion. Upon entering, Staff C, Certified Nursing Assistant (CNA) was finishing cares on Resident #2. She was not wearing a gown.During an observation on 4/2/26 at 3:10 PM Staff B, RT began suctioning Resident #2. Staff E, RN entered the room and gave Resident #2 what appeared to be liquid medication through the residents gastrostomy tube. The bed was elevated so she had to lean against the covers to get to the residents gastrostomy tube. Staff B did not wear a gown. In an interview on 4/2/26 at 3:05 PM Staff B, Respiratory Therapy (RT) stated that Resident #2 (continued on next page) |

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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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | had an MDRO, and that is why the resident had a shield added to his standard precautions sign. Not sure about EBP, she just knew the shield meant MDRO.During an observation on 4/2/26 at 3:10 PM Staff B, RT began suctioning Resident #2. Staff D, CNA entered the room with Resident #4, Resident #2's roommate, and began providing cares including peri care and transfer to his bed with a mechanical lift. He had a gastrostomy tube with feeding attached to his wheel chair. She did not wear a gown.In an interview on 4/2/26 at 3:25 PM Staff B, RT stated that the 2 other staff that assisted Resident #2 were not taking care of the tracheostomy that could be aerosolized or dealing with urine so they did not need gowns.In an interview on 4/2/26 at 3:34 PM Staff D, Certified Nurses Aide (CNA) stated that Resident #4 was in standard precautions and not EBP. EBP has a separate sign.In an interview on 4/6/26 at 8:40 AM with Staff F, Registered Nurse (RN), Staff G, RN, and Staff F, RN stated that if a resident had an MDRO, their standard precautions sign would have a gold shield on it as well. If they did not have an MDRO, they would just have a standard precautions sign on the door. Did not think that wound, tracheostomies or gastrostomy tubes counted for EBP. Staff G stated that she agreed with everything Staff F had stated.In an interview on 4/6/26 at 10:00 AM Staff H, Infection Preventionist (IP) stated that they follow EBP but also follow modified EBP for pediatric residents. This is based on the CDC question and answer page under question number 6 located at https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html on the CDC website.<br>When specifically questioned on Resident #2 and Resident #4 she stated that they should both be in EBP and not modified EBP due to MDROs. She then stated that #3 would be on modified EBP. When the surveyor questioned about Resident #3 having an MDRO and not being a pediatric resident as she was 26, she stated she should be in regular EBP and staff should be wearing gowns for cares.In a document titled EBP risk assessment, it indicated that EBP would be indicated for residents with a colonized Centers for Disease Control and Prevention (CDC) or ChildServe-Targeted MDRO and modified EBP would be indicated for residents with no targeted MDRO colonization and/or indwelling device.The Centers for Disease Control and Prevention (CDC) indicated document dated June 2021 titled Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities that skilled nursing facilities should consider EBP for residents with wounds or indwelling medical devices, regardless of Multi Drug Resistant Organisms (MDRO) colonization status or infection or colonization with an MDRO. Consistent with 2019-2020 CDC EBP interim guidance, examples of indwelling medical devices include central line, urinary catheter, feeding tube, and tracheostomy/ventilator; examples of high contact resident care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care. The link can be found at:<br>https://www.cdc.gov/infection-control/media/pdfs/EnhancedBarrierPrecautions-508.pdf |