

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16A001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Childserve Habilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5900 Pioneer Parkway 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>46873</p> <p>Based on clinical record review and staff interviews, the facility failed to notify the long term care ombudsman for resident transfer to an acute care hospital for 6 of 6 (Res #22, #26, #46, #54, #56, #70) residents reviewed for hospitalization .</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) of Resident # 22 documented a discharge, return anticipated, to an acute care hospital on 12/5/23 and 5/2/24.</p> <p>The MDS of Resident #26 documented a discharge, return anticipated, to an acute care hospital on 2/5/24, 3/31/24, 4/10/24 and 4/13/24.</p> <p>The MDS of Resident #46 documented a discharge, return anticipated, to an acute care hospital on 12/19/23 and 3/23/24.</p> <p>The MDS of Resident #54 documented a discharge, return anticipated, to an acute care hospital on 3/1/24, 4/13/24, 4/18/24 and 5/19/24.</p> <p>The MDS of Resident #56 documented a discharge, return anticipated, to an acute care hospital on 5/19/24.</p> <p>The MDS of Resident #70 documented a discharge, return anticipated, to an acute care hospital on 3/9/24 and 4/11/24.</p> <p>The document provided by the facility titled Monthly Discharge Template, Ombudsman Notify, failed to reflect any of the above hospital transfers.</p> <p>On 7/2/24 at 12:41 pm, the Administrator stated the facility had changed to a different electronic health record (EHR) in November of 2023. He stated all inpatient residents still have records in the prior EHR as both programs are still used for different things in the facility. He stated transfer outs were not being tracked correctly. He stated they have now added a different tracking log to remedy that.</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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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/2/24 at 4:17 pm, via email, the Administrator stated the facility did not have policy regarding ombudsman notifications.		

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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** 49698</p> <p>Based on observation, record review, policy review, and staff interview the facility failed to provide appropriate infection prevention practices when providing enteral tube feedings, nasal and tracheostomy suctioning for 2 of 7 residents observed (Resident #57 & #60). The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>1. Observation on 6/30/24 at 12:05 PM revealed Staff A, RN, was not wearing gloves, standing at Resident #57's bedside, setting up enteral tube feeding by pouring measured formula into feeding bag that runs into a pump, tubing from the pump connects to Resident #57's feeding tube (g-tube). Staff A rolled Resident #57 toward herself noticing mucus drainage from his nose. Staff A, not wearing gloves, used a nasal cannula attached to a suction machine and suctioned mucus from Resident #57's nose. Staff A, then used hand sanitizer, completed feeding set up and connected Resident #57's feeding tube port to the tubing from the pump and started the feeding.</p> <p>The Minimum Data Set (MDS) dated [DATE] revealed Resident #57's age as 10 months old, fully dependent for cares and mobility, diagnosis of chronic respiratory failure, feeding problems of newborn, has feeding tube, tracheostomy with oxygen and a mechanical ventilator.</p> <p>Resident #57's Care Plan dated 2/8/24, revealed Resident #57's interventions for infection control included: Following CDC guidelines for all precautions as needed, Follow facility's process for infection control, including hand washing, gown, mask and glove. Interventions for nutrition/fluid maintenance included: Administer feedings and water flushes as ordered to ensure adequate nutrition and hydration. Interventions for respiratory/ventilator included: suctioning as needed.</p> <p>Review of Resident #57's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for July 2024 revealed an order for enteral continuous feed administered by pump via G-tube (gastrostomy tube, feeding tube)</p> <p>2. Observation on 7/2/24 at 2:53 PM revealed Staff B, CNA, providing secretion suction for Resident #60's tracheostomy. Staff B used a closed suction catheter (protected catheter tube covered with a sterile plastic sleeve) without wearing gloves.</p> <p>The MDS dated [DATE] revealed Resident #60 as [AGE] years old, nonverbal, fully dependent for cares and mobility, diagnosis of diabetes mellitus, seizure disorder, chronic respiratory failure, anoxic brain damage, had feeding tube, tracheostomy with oxygen and a mechanical ventilator.</p> <p>Resident #60's Care Plan dated 6/25/24, revealed Resident #60's interventions for infection control included: Following CDC guidelines for all precautions as needed, Follow facility's process for infection control, including hand washing, gown, mask and glove. Interventions for respiratory/ventilator included: suctioning as needed. Interventions for tracheostomy included: Suction PRN (as needed) with catheter per Respiratory Therapy (RT) recommendations.</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>On 7/2/24 at 4:22 PM the Administrator stated his expectations are for all staff to wear gloves when providing care for tracheotomies, g-tube feedings, and g-tube cares. He said his expectations are for all staff to follow standard precautions.</p> <p>The facility Infection Prevention & Control Handbook, with revision date 1/31/24, revealed Standard Precautions are an approach to infection control that combines the major features of universal precautions and body substance isolation and applies them to all children regardless of their diagnosis or infections status. Standard precautions apply to: blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood. Non-intact skin, and mucous membranes.</p> <p>Review of Hand Hygiene Education Session, provided to staff by the facility stated, wear gloves according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.</p>		