

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER MERCYONE NORTH IOWA MEDICAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP 910 NORTH EISENHOWER AVENUE MASON CITY, IA 50401	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews, and facility policy review the facility failed to properly screen a visitor that entered the North Entrance of the building. Hospital staff obtained the visitor's temperature then was escorted to the Skilled Nursing Facility by the Nurse Manager without completing proper screening or offering hand sanitizer. The facility also failed to properly wear their Personal Protective Equipment (PPE) appropriately while working out on floor. Staff sat the nurse's stations with their masks under their chin on their neck, leaving their mouth and nose exposed. The facility reported a census of 20 residents. Findings include: During an observation on 7/21/2020 at 11:20 AM the clinic staff at the front desk of the North Entrance obtained the temperature of surveyor then went back behind her desk. The clinic staff member failed to ask any screening questions or offer hand sanitizer before being escorted to the Skilled Nursing Facility by the Nurse Manager. To enter the facility, a staff member had to scan their work badge to open the double doors. During observation on 7/21/2020 at 1:36 PM, the North Entrance of the Hospital (where the surveyor entered) lacked observable screening signage for whom could/should be screened at that entrance. The entrance lacked direction for staff, visitors, and vendors on steps to take to enter the facility. During a staff interview on 7/21/2020 at 11:16 AM, the Nurse Manager stated to enter the facility a mask and face shield would need to be worn. When asked which entrance to come through, she stated either the North or South Entrance was fine. She stated she would meet staff/visitors at the North Entrance. During a staff interview on 7/21/2020 at 11:37 AM, Staff A, Housekeeper, was asked to describe the screening process before she worked. Staff A stated when she entered through the North or South Entrance they take her temperature and ask her questions related to signs and symptoms of COVID-19. During a staff interview on 7/21/2020 at 11:45 AM, Staff B, License Practical Nurse (LPN) and Staff C, Certified Nursing Assistant (CNA), were asked to describe the screening process before they come to work. They stated they are to put on a mask before entering the building. Once in the building they perform hand hygiene, get their temperature taken, and put their face shield on. They are then asked questions at the entrance desk. The double doors by the North Entrance is the only way they can enter the nursing unit and a staff badge is needed to open the doors. They stated the other doors on the nursing unit are locked. Observation on 7/21/2020 at 11:50 AM, Staff D, Registered Nurse (RN), was sitting at the nurse's station with her face shield on but her mask was under her chin around her neck. Once she saw the surveyor she then pulled the mask up to cover her nose and mouth. Observation on 7/21/2020 at 12:16 PM revealed Staff E, CNA, was sitting at the nurse's station with her mask under her chin around her neck, with her face shield on. Observation on 7/21/2020 at 12:18 PM revealed Staff F, CNA, was sitting at the nurse's station had her mask at her chin talking to another staff member. During a staff interview on 7/21/2020 at 12:47 PM, the Nurse Manager, and also the facility Infection Preventionist, stated staff enter the facility and their temperature is obtained and asked if they are experiencing signs and symptoms of COVID-19. When asked why the surveyor was not screened she stated the screener probably did not screen because she was with the surveyor. She then stated there is a staff member at the South Entrance that screens every person that walks in the door. She stated the North Entrance is used for clinic patients and only staff members come through the South Entrance. When asked about when staff are to wear their masks, she stated they are to worn at all times in the facility unless they are on their break. Review of the facility's General Guidelines and Instructions for Temperature Screeners print-out reviewed that in addition to taking temperatures, the process also involved asking and acting on the following screening questions, in the order outlined on the Decision Tree: -are you currently experiencing any symptoms including fever, cough, shortness of breath, shaking or chills, muscle pain, headache, sore throat or loss of taste and smell? -have you traveled to an area with a high incidence of COVID patients in the last 14 days? -have you had contact with a person suspected or confirmed with COVID-19? The print-out also stated by the Governor's Current Mandate, everyone is required to have their temperature taken and screened at the entrance point for this building. Review of the facility's Reuse Disinfecting Instructions print-out revealed isolation mask protected with full face shield must be worn continuously throughout the shift.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.