

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER CENTERVILLE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP 1208 EAST CROSS STREET CENTERVILLE, IA 52544	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and staff interviews, the facility failed to implement CMS and CDC recommended infection control practices in order to control the spread of COVID-19, failed to implement an effective screening process, failed to complete proper hand hygiene, and failed to utilize proper Personal Protective Equipment (PPE) for 50 of 50 sampled. The facility reported a census of 50. Findings include: 1. According to guidance from the Center for Disease Control and Prevention (CDC) there was an emphasis on keeping COVID-19 out of the facility. As a part of that effort, the CDC recommended restricting visitors and implementing a screening process for anyone entering the facility, including all staff. Upon entering the facility on 6/15/20 at 11:45 a.m., Staff A (Nurse Aide) allowed the Surveyor to enter the facility. Staff A checked the Surveyor's temperature and recorded it on a log. Staff A failed to ask any questions related to respiratory illness and failed to instruct the Surveyor to sanitize his hands prior to allowing entrance into the facility. At 1:27 p.m., an unidentified staff entered the facility without any screening. At 2:07 p.m., the Surveyor entered the facility after returning from lunch. The staff failed to screen the Surveyor prior to entering the facility. During an interview on 6/15/20 at 2:26 p.m., the Director of Nursing (DON) stated all staff are screened upon entering the building, which includes a temperature check and answering the questions related to respiratory illness and exposure to COVID-19. If responses are all no, entrance is permitted. However, a face mask and face shield are required. The DON stated staff should be sanitizing their hands prior to entering the facility, but notes the screening tool doesn't request this. The DON stated once screened, staff are not required to re-screen when leaving the building for lunch or breaks. The DON stated if a staff member had signs or symptoms of an illness entrance is not permitted. The staff would also be required to isolate at home for 10 days and be symptom free 72 hours before returning to work. According to the Centers for Disease Control and Prevention (CDC) recommendations, facilities should screen everyone entering a healthcare facility for symptoms consistent with COVID 19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either >100.0 F or subjective fever. Take steps to ensure everyone adheres to source control practices (e.g. facemask, proper and frequent hand hygiene) and provide supplies for respiratory hygiene and cough etiquette, including alcohol based hand sanitizers with 60-95% alcohol, tissues and no-touch receptacles for disposal at healthcare facility entrances. Healthcare providers (HCP) with symptoms of COVID-19 should return home and notify their healthcare provider for further evaluation. 2. During observations on 6/15/20 at 12:45 p.m., residents were observed walking in the hallway and being propelled in their wheelchairs following lunch. Residents were not wearing masks or maintaining social distancing. Staff B (Nurse Aide) assisted multiple residents with removing their clothing protectors and provided assistance with transfers without sanitizing her hands in between resident contact. On 6/15/20 at 2:25 p.m., a staff member entered several resident rooms, removed their ice pitchers and filled them with fresh ice and water, then returned them to the room, all without sanitizing or washing her hands in between resident contact. On 6/16/20 at 2:40 p.m., Staff C (Nurse Aide) passed snacks to residents and at times making physical contact with residents. Staff C failed to perform hand hygiene between resident rooms. On 6/16/20 at 2:45 p.m., Staff D (Nurse Aide) passed ice water. Staff D entered rooms and handled containers without hand hygiene between resident rooms. During an interview on 6/16/20 at 10:45 a.m. the Director of Nursing (DON) stated all staff in the facility including dietary, housekeeping, maintenance, social services, aides, nurses and administrative staff have been educated on hand hygiene and infection control. Facility Handwashing protocols included recommendations for handwashing per CDC guidelines. Those guidelines include hand hygiene following contact with a patient's intact skin (e.g., taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed), contact with environmental surfaces in the immediate vicinity of patients and after glove removal. 3. During an interview on 6/15/20 at 2:10 p.m. Staff E (Nurse Aide) stated the blocked off area on the East hall contained the designated isolation wing. Residents on the designated wing were new admissions or residents who had left the facility for an appointment. These residents were required to stay on isolation for 14 days before being allowed back onto the other wings of the facility. Staff E stated the residents on the designated isolation wing required transmission based precautions and remain in their rooms at all times. The residents ate their meals in their rooms. Staff E stated when entering the isolation hall they had to change their shoes. A sign posted on each isolation room stated: OBSERVATION ISOLATION, GLOVES, FACE MASK, FACE SHIELDS/OR GOGGLES REQUIRED. The signage refers to the Iowa Department of Public Health (IDPH) guidelines for contact with asymptomatic residents. According to the IDPH Personal Protective Equipment COVID 19, anyone who enters a transmission based isolation room (contact, droplet) shall wear full PPE including: Surgical/N95 mask, gloves, gowns, goggles or face shield. According to the facilities Infection Control Monitoring policy and definitions, the facility stated task is to Prevent and control outbreaks and cross contamination using transmission-based precautions in addition to standard precautions. Transmission-based precautions (a.k.a. Isolation Precautions refers to the precautions implemented, in addition to standard precautions, that are based on the means of transmission (airborne, contact and droplet) in order to prevent or control infections. During observations on 6/16/20, Staff were observed entering resident rooms on the designated isolation wing without wearing a gown or gloves. During an interview on 6/16/20 at 3:30 p.m. the Director of Nursing (DON) stated residents on the designated isolation wing required observation isolation and are asymptomatic and only require staff to wear gloves, face mask and face shield. The DON stated the Iowa Department of Public Health's (IDPH) guidelines state asymptomatic residents do not require the use of a gown. During an observation on 6/17/20 at 9:48 a.m. Staff F (Nurse Aide) exited an isolation room wearing a mask, face shield, gown and gloves. While removing his gloves, Staff F grabbed the exterior parts of the gloves with his bare hands prior to disposing of the gloves. On 6/17/20 at 9:52 a.m., Staff G (Licensed Practical Nurse) exited an isolation room wearing a mask, face shield and gown, but no gloves. Staff G exchanged her shoes and removed her gown and placed it with her supplies for re-use. Staff G failed to perform hand hygiene prior to leaving the hall and noted she had no sanitizer and sanitizer was not readily available on that hall. During an interview on 6/17/20 at 10:00 a.m., Staff H (Nurse Aide) reported she worked on the isolation wing but also assisted on other halls and answered call lights. Staff H stated they are now required to use full PPE, including a gown with residents in isolation. 4. During an interview on 6/17/20 at 9:45 a.m., Staff I (Licensed Practical Nurse) stated every resident in the facility had their temperature checked daily. Residents in isolation had a respiratory assessment twice a day along with a full skilled assessment on overnight shift. Staff I stated they do not screen residents outside of those in isolation for signs and symptoms of COVID-19 or respiratory illness. According to the facilities Infection Control Monitoring policy April 2018 edition, the facility stated task is to Perform surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection. Surveillance refers to the on-going, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and improve resident health status. According to the Centers for Medicare and Medicaid Services (CMS) guidance, facilities are required to establish/implement a surveillance plan, based on facility assessment, for identifying (i.e.</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>screening), tracking, monitoring and/or reporting of fever (at a minimum, temperature is checked each shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic.</p>		