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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165260 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/09/2020 |
| NAME OF PROVIDER OF SUPPLIER DONNELSON HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 901 STATE STREET DONNELSON, IA 52625 | |
| 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 - Immediate jeopardy Residents Affected - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and staff interviews, the facility failed to implement a comprehensive infection prevention and control program and an effective screening process for staff and visitors in accordance with CMS and CDC guidance. The facility knowingly allowed Staff A to work with symptoms of COVID-19. Staff A tested positive for COVID-19. The facility reported a census of 49. Findings include: The CDC's Preparing for COVID-19 in Nursing Homes Infection Control for Nursing Homes Guidance dates June 25, 2020, directed the facility to Evaluate and Manage Healthcare Personnel by: Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that support HCP to stay home when ill. Create an inventory of all volunteers and personnel who provide care in the facility. Use that inventory to determine which personnel are non-essential and whose services can be delayed if such restrictions are necessary to prevent or control transmission. As part of routine practice, ask HCP (including consultant personnel and ancillary staff such as environmental and dietary services) to regularly monitor themselves for fever and symptoms consistent with COVID-19. - Remind HCP to stay home when they are ill. - If HCP develop fever (T greater to or less than 100.0 F) or symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace. Have a plan for how to respond to HCP with COVID-19 who worked while ill (e.g., identifying and performing a risk assessment for exposed residents and co-workers). - HCP with suspected COVID-19 should be prioritized for testing. Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. - Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. - Fever is either measured temperature >100.0 F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations. - HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID-19 cases. According to the Centers for Disease Control Symptoms of Coronavirus document dated May 13, 2020 people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with the following symptoms may have COVID-19: - Fever or chills. - Cough. - Shortness of breath or difficulty breathing. - Fatigue, Muscle or body aches. - Headache. - New loss of taste or smell. - Sore throat. - Congestion or runny nose. - Nausea or vomiting. - Diarrhea. During an interview on 8/26/20 at 10:15 a.m., Staff A (Nurse Aide) reported on 8/18/19 she had body aches from head to toe and low grade temperature. Staff A called the facility to report her low grade temperature which was unusual for her. Staff A reported a baseline temperature 97.6 degrees Fahrenheit (F). The next day (8/20/20) she called the facility and reported she had a low grade temperature all morning. She talked to the Administrator who directed her to talk to the Director of Nurses (DON). Staff A explained to the DON the symptoms she had. The DON directed her to report to work. Upon arrival to work she had her temperature taken 3 times. She had a fourth temperature obtained on her neck of 98.9 degrees F. She was not told to avoid the residents. Around 9:00 p.m. she felt worse and had body aches and sweating. Staff B (Agency Licensed Practical Nurse) took her temperature and it was 100.1 degrees F. Staff B told her she did not have the authority to send her home. Staff A text the Administrator and informed her of her symptoms. The Administrator told her to finish her shift and then go home. Staff A believed they had her work because they did not have enough staff. Staff A attempted to find someone else to work. Staff A had a COVID test on 8/20/20 and the results returned on 8/24/20. The RPID Report revealed Staff A had a COVID-19 tested collected on 8/20/20. The Final Report on 8/24/20 at 6:44 p.m. revealed Staff A had COVID-19. Review of the time clock questions revealed the following: 1) Have you left the country within the last 45 days? 2) Do you have cold symptoms? 3) Have you been exposed to anyone with Covid-19? If yes, leave now and call your supervisor. Review of the Time Card dated 8/19/20 revealed Staff A clocked in at 2:27 p.m. and clocked out at 10:03 p.m. Review of the Employee sign in tracking sheet log directed staff to document Employee Name, Date, Shift, Temperature upon clock in, Temperature upon clock out, Symptoms of cough, cold, sore throat, shortness of breath, Hands hygiene per facility protocol, Observer for hand washing, and PPE utilized. The bottom of the log directed to attach copy to daily schedule sheet for tracking purposes. The Employee sign in tracking sheet log dated 8/19/20 revealed Staff A indicated she did not have symptoms of cough, cold, sore throat, or shortness of breath. Staff A had a temperature of 98.8 degrees Fahrenheit upon clock in and 100.1 degrees Fahrenheit upon clock out. Review of Staff A's cell phone log revealed the following calls to Donnellson Heath Center at: three outgoing calls and one incoming call to on August 18, 20, two outgoing calls on August 19, 2020, and two outgoing calls on August 20, 20. Cell phone records reveal text messages between Staff A and the DON's cell phone number from August 19, 20 at 12:17 p.m. and August 20, 2020 at 4:55 p.m. August 19, 20 at 12:17 p.m., Staff A stated in a text message, Staff C said no. I messaged Staff D and she won't answer me. Still waiting on the call to get my truck August 19, 20 at 12:45 p.m., Staff A stated in a text message, Hope is just as sick as I am. So nope she is not coming in either August 19, 20 at 1:10 p.m., Staff A stated in a text message, So my truck is done. So I will be a little late. August 19, 20 at 1:16 p.m., text message sent from DON's cell phone stated, Okay great. How late are you talking. August 19, 20 at 1:16 p.m., Staff A stated in a text message, Hopefully only 30 minutes but will be there by 3 PM for sure August 19, 20 at 1:16 p.m., text message sent from DON's cell phone stated, Okay, I'll hold you to it. August 19, 20 at 1:16 p.m., Staff A stated in a text message, Lol, okay. I promise I am on my way to get my truck. Sick or not I am coming in August 19, 20 at 1:26 p.m., text message sent from DON's cell phone stated, We are all sick. August 20, 20 at 3:55 p.m. Staff A stated in a text message, DON it's Staff A and I need a covid test done Can you meet me at the nursing home and give me the test August 20, 20 at 3:55 p.m. text message sent from DON's cell phone stated, How far out are you August 20, 20 at 4:29 p.m. text message sent from DON's cell phone stated, It is protocol. August 20, 20 at 4:29 p.m. Staff A stated in a text message, LOL makes sense I just know that I still feel like death today and still getting fevers And the guy I am seeing is sick the same way and he has several people at his work place out with positive covid. So they made him get tested today. August 20, 20 at 4:55 p.m. Staff A stated in a text message, I am here Cell phone records reveal text messages between Staff A and the Administrator's cell phone number on 8/20/20. On 8/20/20 at 9:50 p.m. Staff A stated in a text message, Okay so I have been open and honest about running elevated temperature all week long and with them going up to 100. Now as I took my temper at 9pm because I stopped sweating and got cold again with body aches again it is back up to 100.1. August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, I'm sorry who is this? August 20, 20 at 9:50 p.m. Staff A stated in a text message, Sorry this is Staff A August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, What was your temp when the nurse temped you today at start of shift? August 20, 20 at 9:50 p.m. Staff A stated in a text message, 99 August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, ok. Are you done at 10 tonight? August 20, 20 at 9:50 p.m. Staff A stated in a text message, yes August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, ok. Go home and rest and we'll check in with you tomorrow August 20, 20 at 9:50 p.m. Staff A stated in a text message, Okay and I am planning on going to doctor to make</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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| F 0880 Level of harm - Immediate jeopardy Residents Affected - Some | <p>(continued... from page 1)</p> <p>sure this is just a bad sinus infection August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, ok keep us updated. During an interview on 8/27/20 at 10:38 a.m. the Director of Nursing (DON) stated the staff screening process included taking the staff's temperature inside the service door and if they had symptoms, they must leave. The DON stated that she thought 99.0 degrees Fahrenheit is the temperature that required a staff to go home. The DON stated that a nurse usually takes the temperature upon entry and exit. The DON stated the maximum time a temperature is taken is twice because the staff are overheated from the sun. The DON stated the temperature is taken on the forehead and around the ear. The DON stated the employees write their temperature in the screening log, but a nurse is observing. The DON stated she was not exactly sure what symptoms are asked on the time clock or the screening tool. The DON stated that had not heard from Staff A via phone call or text message prior to her shift on August 19, 2020. The DON stated that she only heard from Staff A when she showed up for a COVID-19 test the following day at 5 p.m. The DON stated that she did not know if the facility had done contact tracing for the positive COVID-19 employee. During an interview on 8/26/20 at 4:15 p.m. Staff B (Agency Licensed Practical Nurse) stated if an employee was not feeling well, I would take their temperature and assess their symptoms. Staff B stated Staff A's symptoms were fever, exhaustion, and achy. Staff B stated that she was not sure if she could make the decision, but stated she told Staff A to leave. Staff B stated that Staff A finished her shift on August 19, 2020. Review of the screening sign in sheets from August 11 - 26, 20 revealed several incomplete entries. According to Covid-19 in Iowa Dashboard at www.coronavirus.iowa.gov, (NAME) County had 18.1% positivity rate (past 14 day average) on September 1, 2020. Review of the policy titled Emergency Preparedness Plan under the subtitle Pandemic Emergency Procedure dated 9/23/19 stated employees should be instructed to self-report symptoms and exposure. On 9/1/20 at 3:00 p.m., the State Agency notified the facility of the Immediate Jeopardy. On 9/2/20, the facility abated the Immediate Jeopardy. The facility revised their screening tool and time clock to include the current COVID-19 symptoms and educated staff on the new screening process before entering the facility. After corrective actions the scope lowered from K to E.</p> | | |