STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165590	A. BUILDING _____ B. WING _____	**10/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CLARENCE NURSING HOME	**402 2ND AVENUE CLARENCE, IA 52216**

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 -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the facility's COVID screen-in sheets, staff interviews, physician interview, public health interview and CDC COVID guidelines, the facility failed to follow CDC infection control guidelines to ensure no staff worked while presenting with signs or symptoms consistent with COVID 19 infection. The incident resulted in an immediate jeopardy situation. The facility abated the concern on 10/23/20. The facility reported a census of 44 residents. During an observation on 10/19/20 at 1:10 pm , the facility has established a screened-in process for staff to be checked for temperature and asked whether they exhibit signs or symptoms including: cough, sore throat, new shortness of breath, headache, new loss of taste or smell, fever or chills, or gastrointestinal symptoms such as vomiting or diarrhea. Each staff member must fill this out before entering the facility for each shift and at the end of each shift. Review of the facility's screened-in sheets for 10/15/20 revealed the Staff A, CNA, circled yes to the following symptoms: cough, new shortness of breath, headache, new loss of taste or smell, and chills. Staff A's temperature upon entering the facility was 97.7 degrees Fahrenheit (F). On 10/16/20, the screened sheet revealed Staff A circled yes to cough, sore throat, new shortness of breath, headache, and new loss of taste or smell. Staff A's temperature was 97.5 degrees F. On 10/17/20, Staff A circled yes to the following symptoms: cough, sore throat, new shortness of breath, headache, and new loss of taste or smell. During an interview on 10/22/20 at 11:12 am, Staff A, CNA, recalled working the following dates 10/15/20, 10/16/20/ and 10/17/20. Staff A commented she thought she should have stayed home those days and not worked. Staff A stated on 10/15/20 she had a runny nose, cough, sore throat, loss of smell and a headache. Staff A called into the facility on [DATE] and explained to the DON she was not feeling well. She stated the DON asked her to come in to be tested for COVID 19 and to have her temperature taken. Staff A recalled being told her test would come back in about 15 to 20 minutes and she would know whether she could work. Her [MEDICATION NAME] test showed she was negative for COVID 19 and had her temperature taken which showed she did not have a fever. Staff A recalled being screened in by Staff B, CNA, who asked her why Staff A was at the facility if she wasn't feeling well. Staff A replied she was cleared to work because her test came back negative for COVID 19 and she did not have a fever. During her shifts, staff were concerned she worked because she told staff she did not feel well. Staff A stated on Thursday she lost her sense of taste. Staff A reported she was tested on [DATE] and on 10/19/20, she found her PCR test showed she was positive with COVID 19. Staff A reported the facility was short staffed. Staff A recalled at least three staff members quitting in the last two to three months. During an interview on 10/27/20 at 11:02 am, Staff B, CNA, recalled screening Staff A, CNA, before her shift. She recalled asking Staff A, why she was there at the facility if she was not feeling well. Staff B reported Staff A had said she was cleared to work by the DON because she did not have a fever and her COVID 19 test came back negative. Staff B took Staff A at her word and did not report the screen to the DON. Staff B recalled Staff A did not look like she felt well. Staff B reported she worked evening shifts with Staff A. Staff B reported on 10/19/20. She did not feel well and went to the doctor. She tested for COVID 19 and received a letter from the physician to not work. Staff B reported she felt the facility would not take no for an answer, which is why she went to the physician to receive a doctor's note to not work. During an interview on 10/26/20 at 11:20 am, the DON reported she usually checked screen-in sheets daily but she did not check the screen-in sheets for 10/15/20. She reported Staff A, CNA, called her and reported runny nose and cough but Staff A had wondered if it was due to the mask. The DON reported Staff A's [MEDICATION NAME] test came back negative for COVID 19, so she allowed Staff A to work but only with residents who were positive and residents suspected of COVID 19. The DON reported residents who tested positive or showed symptoms of COVID 19 were quarantined down the North and North West halls. The DON stated Staff A did not work with any other residents other than those residents. The DON reported there was one resident and one staff member who were positive with COVID 19 on 10/14/20. On 10/15/20, one additional staff member tested positive with COVID 19, however, there were multiple residents suspected of having COVID 19 because of their symptoms. The DON reported everyone in the facility was tested on [DATE] and the results for 10/16/20 showed 31 residents were positive with COVID 19. During an additional interview on 10/27/20 at 12:15 pm, the DON reported during the week of 10/12/20 through 10/16/20, she did not feel the facility was short staffed. She reported it was the weekend and week after the facility was short. She reported the administrator reached out to resources around but could not get staffing. During an interview on 10/22/20 at 12:50 pm, the administrator explained he tried to get additional staff by contracting with Grapetree Agency staffing on 10/16/20. He reported he reached out to the Iowa Department of Public Health (IDPH) awaiting for COVID testing results and was told to use his best judgement for staffing and reach out to the Department of Inspections and Appeals (DIA). He reported discussing utilizing the facility's own staff who were positive for COVID 19 but asymptomatic. The administrator reported on 10/19/20 he reached out to the Iowa Health Care Association (IHCA) for clarification about having asymptomatic staff work at the facility with positive residents. The administrator reported by 10/17/20, the facility reported 33 residents positive for COVID 19 and by 10/20/20 all 44 were positive with COVID 19. During a follow-up interview on 10/26/20 at 11:00 am, the administrator reported he utilized a website called IServe for local area nursing staff and had reached out to a staffing consultant. He reported the staffing consultant told him to contact DIA to see what other resources he could use. He reported most of the staffing shortage was on the evening shift and day shift staff helped by staying an extra shift. The administrator reported he was unaware with Staff A working while exhibiting signs of symptoms and commented he didn't check the screen in logs. During an interview on 10/21/20 at 3:46 pm, the physician reported having multiple discussions with the facility in regards to staffing. She explained the facility were in crisis mode and attempted to get staffing. The physician stated she hoped the facility wouldn't allow a staff member exhibiting symptoms of COVID 19 to work, but instead to turn them away. During an interview on 10/21/20 at 3:24 pm, a consultant with the health department stated the facility should not have allowed staff to work who were symptomatic. Review of the facility's undated Epidemic Policy and Procedure showed the facilty should not allow employees with respiratory symptoms to report to work. Employees with ongoing respiratory stymptoms should be evaluated by occupational health to determine appropriateness of contact with residents. Review of the facility's undated emergency preparedness staffing showed and addition from the CDC for strategies to mitigate healthcare personnel staffing shortages, which was dated July 17, 2020 but was made effective by the facility on 10/18/20. The policy showed if there were a shortage, the facility could have a COVID positive or suspected COVID positive asymptomatic staff member work who are well enough and willing to work. However, the staff member can either perform job duties where they don't interact with others, or provide care only for residents with or suspected of COVID 19. The facility was found to in an immediate jeopardy on 10/22/20 with the abatement date of 10/23/20. The facility was found to be in abatement when they did the following items: A. Made sure no staff worked who were symptomatic with COVID 19 B. Education for staffing on new policy C. Audit screen-in forms

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE