STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165395	A. BUILDING _____ B. WING _____	**09/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DANVILLE CARE CENTER	**401 S BIRCH STREET DANVILLE, IA 52623**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0730 **Level of harm -** Potential for minimal harm **Residents Affected -** Many	**Observe each nurse aide's job performance and give regular training.** Based on record review the facility failed to complete annual Nurse Aide performance evaluations for 3 of 3 sampled. Findings include: Staff M's personnel file revealed a hire date of 10/16/17. Staff M's file contained one performance evaluation completed July 2018. Staff P's personnel file revealed a hire date of 9/15/09. Staff P's file contained one performance evaluation completed August 2016. Staff Q's personnel file revealed a hire date of 11/6/14. Staff Q's file contained no performance evaluations.
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 observations, record review, and staff interviews, the facility failed to develop and implement a comprehensive infection control program, failed to implement an effective screening process, failed to utilize proper hand hygiene practices, and failed to utilize transmission based precautions in accordance with CDC recommendations in order to control and prevent the spread of COVID-19. The facility had an active COVID-19 outbreak affecting 14 of 25 residents with two deaths. The facility reported a census of 25. Findings include: According to Centers for Disease Control and Prevention (CDC) Interim Infection and Control Recommendations for Healthcare Personnel during Coronavirus Disease 2019 (COVID 19) Pandemic Infection Control Guidance dated [DATE] facilities should: 1) Screen and triage everyone entering a healthcare facility for signs and symptoms of COVID-19. a. Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. *Post visual alerts, signs, posters at the entrance and at strategic places to provide instructions about wearing a face covering or facemask for source control and how and when to perform hand hygiene. *Provide supplies for respiratory hygiene and cough etiquette including alcohol based hand sanitizer (ABHS), tissues and no touch receptacles at entrances. b. Limit and monitor points of entry to the facility. c. Consider establishing screening stations outside the facility to screen individuals before they enter. d. Screen everyone (Healthcare professionals, visitors) entering the 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 measured temperature > 100.0' F or subjective fever. *Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection. e. Properly manage anyone with symptoms of COVID 19 or who has been advised to self-quarantine: *HCP should return home and should notify occupational health services to arrange further services. *Visitors should be restricted from entering the facility. *Residents should be isolated. 2) Implement Universal Source Control Measures. Source control refers to the use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when talking, sneezing or coughing. a. HCP should wear a facemask at all times while they are in the healthcare facility, including breakrooms or other spaces where they might encounter co-workers. 3) Implement Universal Use of Personal Protective Equipment (PPE) for Healthcare Personnel. a. Hand hygiene *HCP should perform hand hygiene before and after all resident contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. *HCP should perform hand hygiene by using ABHS alcohol or washing hands with soap and water for at least 20 seconds. *Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. b. Personal Protective Equipment for Suspected or Confirmed COVID 19. *Facilities should select appropriate PPE and provide it to HCP and provide training and demonstrate an understanding of its use. Donning, doffing, disposal of, maintenance and reuse. *PPE includes the use of a respirator or facemask, eye protection, gloves and gown. Observations during the initial tour on [DATE] at 1:25 p.m. revealed the front door locked. The staff allowed the surveyor entry to the facility. This surveyor sanitized his hands and donned a mask and face shield, then approached the screening table. A second staff member, Staff A, checked this surveyor's temperature and recorded it. The screening form only required a temperature. The screening form lacked questions related to whether a staff or visitor had signs and symptoms common with COVID 19, exposure to COVID 19 or whether the staff or visitor sanitized their hands and donned appropriate personal protective equipment (PPE) before being allowed into the facility. Observations on [DATE] at 2:05 p.m. revealed a staff member entered the facility with a mask and checked her own temperature, but failed to sanitize her hands or have someone verify her temperature. During an interview on [DATE] at 3:00 p.m. Staff F (Social Worker) stated his office space is close to the front door, so when he works he is usually the one that checks the staff's temperatures in and out. Staff F stated the screening process is to check temperatures. There is no requirement to ask questions related to signs and symptoms or exposure to COVID 19. Staff F stated temperatures greater than 100.0 F is reported to the nurse to determine whether the employee can stay or be sent home. During an interview on [DATE] at 5:00 p.m., Staff D (Nurse Aide) stated she works for an agency and wasn't given much orientation prior to starting. Screening includes getting a temperature at the beginning and end of each shift. Staff are not required to answer questions related to COVID 19 symptoms or exposure outside of the facility. During an interview on [DATE] at 5:05 p.m., Staff G (Nurse Aide) stated she has worked at the facility about a month. Staff G stated screening is a temperature check before and after your shift. Screening does not involve answering questions related to signs and symptoms or exposure to COVID 19 outside of the facility. During an interview on [DATE] at 4:00 p.m., the Administrator indicated she was developing a new screening tool which would include questions related to COVID 19 symptoms and exposure. The form will require a staff member to verify the questions and temperature before allowing someone to work. Review of the new screening tool on [DATE], revealed on [DATE] Staff N (Nurse Aide) entered the facility and completed the form without a verifying initial. Staff N was afebrile, but answered affirmative to having a headache, sore throat and diarrhea. Despite answering questions related to signs and symptoms which would have restricted her from working for 10 days, Staff N not only worked her shift on [DATE], but also on ,[DATE], ,[DATE] and ,[DATE]. During an observation on [DATE] at 1:25 p.m. a staff member is standing by the front entrance with her face mask pulled down below her chin and as this surveyor proceeded into the facility, Staff B (Dietary Aide) exited the kitchen into the dining room without wearing a mask, goggles or face shield. At 1:36 p.m., a Dietary Aide entered the facility without a mask or sanitizing her hands, had her temperature checked and proceeded to the kitchen. Observation on [DATE] at 2:00 p.m., revealed East South Hall had a partition and Personal Protective Equipment in the hallway. The floor contained several brown bags with staff names. The bags contained used PPE. room [ROOM NUMBER] unoccupied. room [ROOM NUMBER] occupied by Resident #1. room [ROOM NUMBER] occupied by Resident #2 and #3. room [ROOM NUMBER] occupied by Resident #4 and #5. During an interview on [DATE] at 2:15 p.m., the Administrator stated they had a designated isolation hall on East South for newly admitted residents, returning from hospital or emergency room or who have appointments outside of the facility. The unit contained 4 rooms (room [ROOM NUMBER], 3, 4, & 5) with a total of 8 beds. Residents are placed on a 14 day isolation status and staff are to wear full PPE (mask, goggles, gown, gloves) when caring for these residents. The Administrator stated to preserve PPE supply, staff are permitted to re-use PPE (gowns, masks, goggles) without changing from room to room. Staff are to keep their gowns, masks and goggles in a paper sack. The Administrator stated the facility

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** - Many	(continued... from page 1) currently has no residents with COVID 19, although mentioned a therapy staff who had recently tested positive for COVID 19. Observation on [DATE] at 2:45 p.m. Staff C (Licensed Practical Nurse) exited room [ROOM NUMBER] on the isolation hall without wearing a gown or goggles and not sanitizing her hands. At 2:50 p.m., Staff D (Nurse Aide) entered room [ROOM NUMBER] on the isolation hall without wearing a gown. And at 5:00 p.m., a Dietary Aide prepared plates of food at the steam table with her face mask pulled below her chin. Later the Dietary Aide delivered the plated food to the residents. During an interview on [DATE] at 4:00 p.m., the Administrator indicated the Director of Nurses was out ill and she was functioning as the facilities Infection Preventionist. The Administrator was asked to provide the facilities, infection control policies related to their surveillance plan, source control protocols, screening process, isolation protocols and emergency staffing plan. The Administrator stated she had gathered multiple documents from the CDC and public health departments but has not formally put the information into policy form. During an interview on [DATE] at 5:00 p.m., Staff D (Nurse Aide) stated she worked for an agency and did not receive much orientation prior to working. Staff D stated on the isolation hall, she changes her gown after each resident contact. Staff D stated other aides re-use their gowns indefinitely with all residents on isolation. During an interview on [DATE] at 5:05 p.m., Staff G (Nurse Aide) stated she worked at the facility about a month. Staff G stated on the isolation hall they wear full PPE. Gowns are re-used and placed in a brown paper sack with the staffs name on the sack. One gown is used for all of the residents in isolation and not exchanged after each contact. During an interview on [DATE] at 11:55 a.m., the Administrator stated the facility had a status of COVID-19 outbreak and explained the progression of events to date. Four residents on the isolation hall had confirmed positive for COVID-19 and one died from COVID-19. Five other residents developed symptoms and moved to the designated Symptomatic Hall (East North). Initially three staff had confirmed positive COVID 19, and several others are now having symptoms. Staff J reported to work on [DATE] not feeling well with body aches and a cough, but no temperature. She was allowed to work, but went home ill at 12:00 p.m. The Administrator stated all residents and staff are tested if having symptoms and they have initiated twice a week testing for all staff and once a week for all residents. The Administrator stated staff are now wearing full PPE, gowns, face shield, N95 masks, shoe coverings and gloves on the now designated COVID hall (East South) and symptomatic hall (East North). During an interview on [DATE] at 5:31 p.m., Staff H (Occupational Therapist Assistant) stated she first started feeling ill late on [DATE]. She had been in contact with Residents #1, #2 and #4 that day. Staff H stated she had a temperature the next day and did not report to work. She is tested on [DATE] and had confirmed positive for COVID-19 on [DATE]. During an observation on [DATE] at 6:00 p.m., on the COVID hall revealed no supply of N95 masks, but instead dust masks. The floor of the COVID Hall and the Symptomatic Hall contained several brown bags containing gowns, surgical masks and hair coverings. The COVID Hall and the Symptomatic Hall failed to contain signage on entry doors identifying precaution status, PPE requirements, donning and doffing protocols, etc. Observation on [DATE] at 6:20 p.m. Staff L (Nurse Aide) entered a resident room on the COVID Hall wearing full PPE. Staff L exited the room and removed her gown, gloves and shoe coverings, Staff L failed to perform hand hygiene. Staff L entered the Symptomatic Hall and removed a used gown from a paper sack and put on gloves and entered a resident's room without hand hygiene. Staff L exited the room and removed her gloves, but again did not complete hand hygiene. During an interview on [DATE] at 6:20 p.m., Staff L (Nurse Aide) stated her assignment included the COVID Hall and the Symptomatic Hall. Staff L stated the brown bags contained PPE for re-use. Each staff had a bag. Staff L stated she worked for an agency and is uncomfortable with the way the facility uses PPE. During an observation on [DATE] at 12:07 p.m., Staff K (Maintenance) entered the COVID Hall with gown and mask, had no contact with residents, and then left the hall without doffing PPE or hand hygiene. Staff K returned to the COVID Hall minutes later in a gown and surgical mask and proceeded to place screws in the wall to allow face shields to be hung. Staff K again left the COVID hall without doffing PPE or performing hand hygiene. During an observation on [DATE] at 2:12 p.m. Staff M (Nurse Aide) removed her PPE while on the COVID Hall and carried trash to the dumpster outside through the back door. The facility failed to utilize biohazard bags. Staff M stated she is told to dispose of trash in this manner. During an observation on [DATE] at 2:14 p.m., Staff L (Nurse Aide) exited the COVID Hall and entered the Symptomatic Hall without removing PPE and performing hand hygiene. Staff L stated she was told she could wear the same gown for residents on the Symptomatic Hall, but is uncertain about the COVID Hall. During an observation on [DATE] at 3:15 p.m. Staff L (Nurse Aide assigned to the COVID Hall and Symptomatic Halls) commingled with staff in close proximity, less than 6 feet, who worked on the Asymptomatic Halls. Staff L then entered a room on the Symptomatic Hall in full PPE. Staff L exited the room, changed her gloves and entered another room without hand hygiene. During observations on [DATE] at 7:45 p.m. revealed Staff N (Nurse Aide) and Staff O (Nurse Aide) standing in the lobby area near the designated entrance to the facility. The surveyor entered and waited momentarily, then proceeded with answering the screening questions and checking his temperature. The surveyor again waited momentarily to see if staff offered to verify answers or the temperature check. The surveyor entered the facility. Staff N and Staff O indicated they worked for an agency and were assigned to work the Asymptomatic Halls. Staff N indicated the nurse and another aide working up front on the COVID and Symptomatic halls. Both staff are asked if they have watched the PPE video prior to their shifts. Staff O stated she has and Staff N stated she has not. This surveyor entered the COVID Hall and Symptomatic Hall. The DON exited the COVID hall wearing full PPE, doffing gloves and hand sanitizing before approaching the medication cart. The DON stated 11 residents currently had confirmed COVID-19. The COVID Hall had a census of 10. The Symptomatic Hall had a census of 1. The DON continued to work at the medication cart, then entered the COVID Hall in full PPE. Moments later the DON exited the COVID Hall doffing all PPE, then sanitizing her hands and donning PPE before proceeding to the Symptomatic Hall. The Facility Matrix Identified the facility had 14 residents positive for COVID, 10 residents with COVID symptoms and 2 residents positive for COIVD who passed away on [DATE] and [DATE]. During an observation on [DATE] at 8:14 p.m. Staff L (Nurse Aide) the COVID hall. Staff L removed her gloves, mask and gown and performed hand hygiene. Staff L donned a new gown, mask and face shield and entered the Symptomatic Hall in which one resident had a positive COVID status. Staff L answered the call light of the positive resident, exited the room and removed the trash. Staff L removed PPE and sanitized her hands before exiting the hall. Staff L stated she has not watched the PPE training video prior to her shift and was planned to do so afterwards. On [DATE] at 3:00 p.m. the State Agency notified the facility of the Immediate Jeopardy. On [DATE] the facility abated the Immediate Jeopardy by implementing a new staff and visitor surveillance form, implemented a designated staff to screen, educated staff on proper utilization of Personal Protective Equipment, designated staff to the symptomatic unit and the COVID unit, educated staff on how to properly handle contaminated laundry, implemented red tape to alert staff of the isolation wing, educated staff on proper hand hygiene, and educated staff on the expectations and policies related to the spread of COVID-19. After the corrective actions the scope and severity lowered from L to F.
F 0885 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	Based on record review and family interview, the facility failed to inform a resident's Responsible Party of a positive COVID-19 test result for 1 of 5 sampled (Resident #3). The facility reported census of 25. Findings include: According to the Analytical Final Report dated 8/24/20 at 1:23 p.m. Resident #3 had positive COVID-19 test. The Clinical Record failed to reflect the facility notify Resident #3's Responsible Party of the positive COVID-19 test result. During an interview on 8/25/20 at 3:43 p.m., Resident #3's Daughter indicated that her mother reported she was positive with COVID, but no one from the facility had notified her.
F 0947 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	**Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.** Based on staff interview and record review, the facility failed to ensure Nurse Aides received 12 hours of continuing competency for 2 of 7 Nurse Aide (Staff P and Staff Q) records reviewed. The facility reported a census of 25. Findings include: During an interview on 9/1/20 at 11:15 a.m., the Administrator stated the facility provides periodic inservices and monthly on-line training, but notes since COVID training has been more sporadic and not closely monitored. The Administrator provided on-line (Relias) and inservice documentation and sign in sheets. Review of 7 Nurse Aide training records, noted 2 aides, with over a year of service, failed to receive the the minimum 12 hours of in-service training required per year.