

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165562	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MONROE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 NORTH THIRTEENTH STREET ALBIA, IA 52531	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents maintained a social distance of at least 6 feet while dining for 8 residents (Residents #1, #2, #3, #4, #5, #6, #7, #8) observed in the dining room in accordance with CMS and Iowa Department of Public Health guidance. The facility reported a census of 46. Findings: During a breakfast observation on 6/23/20 at 8:45 a.m., Resident #1 sat next to Resident #2 with an approximate distance of 25 inches between them. Residents #3, #4, #5, and #6 sat on the other side of the table with an approximate distance of 25 inches between them. The seating placement of the above residents did not maintain a social distance of at least 6 feet. During an observation prior to lunch on 6/23/20 at 11:37 a.m., Residents #7 sat next to Resident #8 with an approximate distance of 25 inches between them. The seating placement of the above residents did not maintain a social distance of at least 6 feet. Resident's #1's 5/20/20 Minimum Data Set (MDS) assessment tool listed the resident's Brief Interview for Mental Status (BIMS) score as 6 out of 15, indicating severely impaired cognition. Resident's #2's 5/13/20 MDS assessment tool listed the resident's BIMS score as 1 out of 15, indicating severely impaired cognition. Resident's #3's 4/29/20 MDS assessment tool listed the resident's BIMS score as 0 out of 15, indicating severely impaired cognition. Resident's #4's 5/27/20 MDS assessment tool listed the resident's cognition as severely impaired. Resident's #5's 4/29/20 MDS assessment tool listed the resident's BIMS score as 4 out of 15, indicating severely impaired cognition. Resident's #6's 5/6/20 MDS assessment tool listed the resident's BIMS score as 4 out of 15, indicating severely impaired cognition. Resident's #7's 6/3/20 MDS assessment tool listed the resident's cognition as severely impaired. Resident's #8's 5/6/20 MDS assessment tool listed the resident's BIMS score as 2 out of 15, indicating severely impaired cognition. The facility failed to maintain the residents at a distance of 6 feet apart for social distancing requirements as referenced in the CMS Memo dated 4/24/20 which contained Frequently Asked Questions (FAQ's). The FAQ's addressed residents eating in a dining room area who are without signs or symptoms of a respiratory infection and without a confirmed [DIAGNOSES REDACTED]. The facility policy Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities, dated 6/9/20, provided to the surveyor by the Administrator on 6/23/20 at 11:15 a.m., stated residents may eat in the same room with social distancing spaced by at least 6 feet. During an interview on 6/23/20 at 10:35 a.m., the Director of Nursing stated it was her understanding the facility did not have to maintain a social distance of 6 feet for residents who required dining assistance. During an interview on 6/23/20 at 11:15 a.m., the Administrator stated they did their best to space the residents apart in the dining room. She stated the facility had to get all of the residents fed and stated staffing would be an issue.</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.