

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PARK NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 233 UNIVERSITY AVENUE DES MOINES, IA 50314	
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 - Immediate jeopardy</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** Based on observations, staff interviews, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. The facility allowed staff to work and provide care to residents after reporting signs and symptoms of COVID-19, and subsequently tested positive for COVID-19. Furthermore, the facility failed to ensure staff that provided care to residents, and working in COVID-19 positive resident areas or presumed positive resident care areas wore appropriate personal protective equipment (PPE). The facility staff cared for residents which tested positive for COVID-19, and then assisted with the care of other residents in the facility. The facility reported they had an outbreak of COVID-19, a total of 55 residents that tested positive for COVID-19, and 10 residents that died of COVID-19. Additionally, the facility failed to ensure all staff were thoroughly screened before they began their scheduled shifts. These findings constituted an immediate jeopardy (IJ) to resident health and safety. The facility reported a census of 80 residents. Findings include: 1. Review of The American Health Care Association (AHCA) COVID-19: Screening Checklist dated [DATE], identified Staff A, Certified Nurses Aid (CNA), with a headache; on the Prevent COVID-19 screening logs dated [DATE] Staff A reported a new cough; [DATE] and [DATE] with shortness of breath; [DATE] with both a cough and shortness of breath, on [DATE] the form contained documentation that revealed Staff A had a cough and headache, and her last day of work on [DATE] listed symptoms of a cough, shortness of breath, and a headache. Staff A reported a positive COVID-19 test on [DATE]. Review of the Employee Time sheet documented Staff A worked 31.59 overtime hours during the pay period week [DATE] through [DATE], for a total of 71.59 hours. Staff A was allowed to work [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE] prior to receiving a positive COVID-19 test on [DATE] at 8:55 a.m. During an interview on [DATE] at 11:15 a.m., Staff B, Assistant Director of Nursing (ADON) reported the Director of Nursing (DON) checked the Prevent COVID-19 screening tool a couple times per shift and if staff answered yes to any questions she asked them about it but they explained it away. During an interview on [DATE] at 10:05 a.m., Staff A reported when she arrived on the floor during a typical work day she washed hands, and checked her own temperature, if she could find a thermometer. She reported she had signs and symptoms of shortness of breath, headache, and occasional diarrhea. She reported the charge nurse was aware of her symptoms as she was being checked up on due to working so many extra shifts, she was not sent home on any day she worked. During an interview on [DATE] at 2:05 p.m., the DON reported she tried to follow up with staff when they marked yes on the screening tool. When staff had a number of yes's she would ask them if it was a normal symptom for them. The AHCA (American Healthcare Association) COVID-19 Screening Checklist for Visitors and Staff directed all individuals entering the building must be asked the following questions: (1.) Has the individual washed their hands or used alcohol-based hand rub (ABHR) upon entry? (2.) Ask if they have any of the following respiratory symptoms: cough, shortness of breath, fever, headache, chills, muscle pain - if yes to any, restrict them from entering the building. (3.) (a.) Staff to check temperature and document results, if a fever present, restrict from entering the building. (b.) Ask if they have worked in a facilities or locations with recognized COVID-19? If yes, ask if they worked with a person with confirmed COVID-19? If yes, require them to wear PPE, including mask, gloves, gown before any contact with residents and proceed to step 4. (4.) Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Staff, when there are cases in the facility, implement universal use of facemask for all Health Care Providers (HCP) while in the facility. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or if not available, a facemask) for the care of all residents, regardless of presence of symptoms. 2. Review of The Prevent COVID-19 screening logs and AHCA COVID-19: Screening Checklists dated [DATE] through [DATE], revealed the facility lacked documentation from Staff E, Admissions. Staff E worked in the facility during this time. Review of the Employee Time sheet documented Staff E worked [DATE], [DATE], [DATE], and [DATE]. The Employee Time Sheet recorded Staff E clocked-out on [DATE] at 1 p.m. During an interview on [DATE] at 9:24 a.m., Staff E reported he became ill on [DATE] with fever, chills, dizziness, and body aches. He was off the weekend and returned after the Memorial Day holiday on [DATE] upon which he was tested for COVID-19 after work. Staff E stated he received notification that he was COVID-19 positive on [DATE] at 10:02 a.m. 3. Review of the Healthcare Services Group Employee Work Schedule from [DATE] through [DATE], the Prevent COVID-19 screening logs, and the AHCA COVID-19: Screening Checklist dated [DATE] through [DATE], identified the following Staff G, H, I, J, K, L, M, and N, employees from the housekeeping department, failed to adequately complete the Prevent COVID-19 screening logs from [DATE] through [DATE] (378 shifts), 17 screening tools were completed accurately by Staff G, H, I, J, K, L, M, and N, throughout this time period. Staff G, H, I, J, K, L, M, and N were allowed to work in the facility from [DATE] through [DATE]. 4. Review of the Employee Time sheet revealed Staff T, CNA, worked 32.67 hours of overtime during pay periods pay periods [DATE] through [DATE]. Further review of her time sheet revealed from [DATE] through [DATE] she worked 14 hours of overtime. Staff T worked the following days: [DATE], and [DATE]. During an interview on [DATE] at 8:33 a.m., Staff T reported that pay periods [DATE] through [DATE], and [DATE] through [DATE], she would bring gowns from home because there was not enough in the facility. She also revealed that she would put plastic bags on her feet as shoe covers, sometimes there were not any gloves. Staff T reported she was notified by the DON on [DATE] at 4:43 p.m. that she tested positive for COVID-19. 5. Observations revealed the following: a. On [DATE] at 8:55 a.m., Staff H, Housekeeper, wore only a mask as PPE; she reported that she knew she needed either a face shield or goggles but the facility did not have any available. b. On [DATE] at 8:55 a.m., Staff I, Housekeeper, worked in the staff designated Clean Room on the 4th floor wearing mask and face shield PPE but failed to wear gown, hair covering, gloves and foot covers. During an interview on [DATE] at 9:55 a.m., Staff H reported she enters the facility through the back entrance and does not don any PPE until she arrives on 2nd floor where her PPE is stored. Staff H reported that she has been wearing the same mask for over 3 months and face shield over 1 month. She reported that she had not had her temperature checked or had not completed The Prevent COVID-19 screening log or AHCA COVID-19: Screening Checklist in approximately 2 months. She reported that no one on the 3rd floor is in isolation. During an interview on [DATE] at 9:15 a.m., Staff L, Housekeeping Manager, reported that she enters the back entrance with her mask and goggles on, walks to the main entrance of the building and completes The Prevent COVID-19 screening tool or AHCA COVID-19: Screening Checklist. Staff L reported she had followed the honor system and had not audited staff completion of the tool but stated they had been told to do so, so she believed they had. Review of The American Health Care Association (AHCA), COVID-19 Screening Checklist for Visitors and Staff revealed all individuals entering the building must be asked the following questions: (1.) Has the individual washed their hands or used alcohol-based hand rub (ABHR) on entry? (2.) Do they have any of the following respiratory symptoms: cough, shortness of breath, fever, headache, chills, muscle pain-if yes, to any restrict them from entering the building. (3.) (a.) Staff to check temperature and document results, if a fever present, restrict from entering the building. (b.) Ask if they have worked in a facilities or locations with recognized COVID-19? If yes, ask if they worked with a person with confirmed COVID-19? If yes, require them to wear</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>PPE, including mask, gloves, gown before any contact with residents and proceed to step 4. (4.) Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Staff, when there are cases in the facility, implement universal use of facemask for all Health Care Providers (HCP) while in the facility. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or if not available, a facemask) for the care of all residents, regardless of presence of symptoms. 6. Observation revealed on [DATE] at 9:06 a.m. Staff O (CNA) wore only a face mask for PPE. She reported that she did not have her face shield with her today. 7. Observation on [DATE] at 9:10 a.m., on the 3rd floor in the hallway outside room [ROOM NUMBER] revealed soiled trash stacked on floor consisting of boxes, dirty gloves, an old basin, emitting a foul odor. 8. Observation on [DATE] at 9:12 a.m., revealed Staff P, Registered Nurse (RN), in hallway of the 3rd floor outside room [ROOM NUMBER] wearing a mask for PPE with her eye goggles sitting on top of her head. During an interview on [DATE] at 10:40 a.m., Resident #7 reported nursing staff educated her to stay in her room, wash her hands, and wear a mask when in hallway. The resident reported the facility did not provide hand sanitizer but sometimes staff wash their hands upon entering my room. 9. Review of the notification to families by the facility titled, University Park Nursing and Rehabilitation Family Update, completed via telephone logs indicate communication was done between [DATE] through [DATE], on [DATE], [DATE], [DATE] and [DATE] with the facility unable to provide documentation of telephone notification logs on [DATE], [DATE], [DATE], [DATE] and [DATE]. Notification to Families by the facility completed in the form of a letter were completed on [DATE], [DATE], [DATE], and [DATE] with the facility unable to provide documentation of notification in the form of letter on [DATE], [DATE], and [DATE]. During an interview [DATE] at 3 p.m., Staff Q, reported that Family Notification of COVID-19 updates are done weekly by telephone and bi-weekly by letter, as of [DATE] all updates will be available to families on Face Book. Staff Q verbalized that the facility follows Iowa Department of Public Health (IDPH) policy for admissions. 10. Observation [DATE] at 12:40 p.m., revealed of one yellow isolation gown with face shield hanging on wall of 3rd floor between room of 305 and 307. During an interview on the 3rd floor on [DATE] at 11:15 a.m., with Staff B, reported there was not any residents with isolation precautions on the 3rd floor and all isolation patients were on the 4th floor as they all are positive for COVID-19. Staff B, said everyone is quarantined in a private room for 14 days, and not placed in isolation as there is no reason to be in isolation because all residents have a negative COVID-19 test result. Staff B stated the facility does not accept positive COVID-19 admissions.</p> <p>During an interview [DATE] at 12:00 pm with Staff B, and observation of resident rooms, Staff B reported the following residents were not in isolation or quarantine and no one on 3rd floor is in isolation: residents #3 with a readmission date of [DATE], #7 with admission date of [DATE], #8 with admission date of [DATE], #9 with admission date of [DATE], and #10 with admission date of [DATE]. During an interview [DATE] at 9:35 a.m. with Staff AA, CNA, reported she does not know what type of isolation residents are in, they wear whatever PPE is outside of the residents room. She added they would know they type of isolation the residents require only if they were told. During an interview on [DATE] at 9:15 a.m., Staff AA, reported every new admit has to be quarantined for 14 days. During an interview on [DATE] at 9:35 a.m., Staff X, CNA, reported that they never know who is in isolation and they wear whatever PPE is outside the resident door. Staff X said they do not know what precautions to use, stating you don't know if a resident is in isolation or quarantined unless you are told, so you put on everything. When asked, Staff X reported that nobody reviewed the screening tools and staff did not notify anyone if they marked yes. During an interview on [DATE] at 12:40 p.m., Staff DD, CNA, reported she did not know what happened if she answered yes to a question on the Prevent COVID-19 screening log. She stated she knew when a resident is in isolation because there will be gowns and bins outside their door, but no signage indicating what PPE is required. During an interview on [DATE], Staff FF, Medical Records, reported there would usually be a cart or magnet on door if the resident was in isolation, but she would usually ask staff. Staff FF reported she had not had her skills validated on the donning and doffing checklist. During an interview on [DATE] at 2:25 p.m., Staff EE, CNA, reported she usually worked on the 4th floor and upon arrival to the facility she clocked-in, put on her mask and gloves, and checked her temperature by herself or with a nurse. Staff EE said the PPE she used was gloves and mask as that is all she was provided. She stated she was not provided gowns, shoe covers, or a face shield. Staff EE reported she was not checked off on donning and doffing PPE. Upon review of IDPH Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities, IDPH recommends that all new admissions or returning residents, no matter the source, test result, or COVID-19 status, be isolated for a minimum of the first 14 days of their stay. Upon review of Personal Protective Equipment (PPE) Competency Validation Donning and Doffing Standard Precautions and Transmission Based Precautions, the facility provided documentation for both Staff EE and Staff FF that the employees were both deemed competent with residents in Standard Precautions, Contact [MEDICATION NAME] Precautions, Droplet Precautions, and Airborne Precautions. Staff EE had date of completion [DATE] and Staff FF had a completion date of [DATE]. During an interview with Staff S, Dietary Manager, he reported dietary staff enter through the back entrance then he checks their temperature and completes the Prevent COVID-19 screening tool, and then they don masks. He stated they are to wear face shields when they leave the kitchen and go upstairs. He reported he does perform audits to ensure staff wear the correct PPE, but did not log this information. He stated the evening staff are screened and complete the Prevent COVID-19 screening tool at the main entrance desk. On [DATE] the screening tool for [DATE] revealed the facility was unable to provide screening log documentation from three evening kitchen employees indicating they completed the screening process: Staff CC, II, and JJ. 11. Observation [DATE] at 8:00 a.m., revealed a Dietary Aide on 3rd floor wore no PPE other than a face mask. When asked, she reported that she thought her eye glasses were good enough and protective eyewear was not needed. During an interview on [DATE] at 1 p.m., Staff U, Licensed Practical Nurse (LPN), reported she entered the facility that entered via the back door, donned don a mask, went to her assigned floor, took her own temperature, and then completed the Prevent COVID-19 screening tool or AHCA COVID-19: Screening Checklists. When asked, she estimated approximately half of the staff did not consistently complete the Prevent COVID-19 screening tool. Staff U reported she also did not complete the tool several times and did not receive any follow up. Staff U reported she had a cough and an occasional fever when she worked and Assistant Nursing Director rechecked her temperature. She stated even if staff had signs or symptoms of COVID-19 they were not sent home because the facility was short staffed. She reported on [DATE] she began to not feel well and on [DATE] she tested positive for COVID-19 and had shortness of breath. Staff U was allowed to work [DATE], [DATE], [DATE], [DATE], and [DATE]. During an interview with 3rd floor RN Staff Won [DATE] at 9:08 a.m., she reported at one point the facility ran out of hand sanitizer and now the DON makes it for them by mixing sanitizer and aloe, although she is uncertain of the alcohol percentage. Staff W said she brings her own hand sanitizer from home.</p> <p>12. Review of the Employee Time Sheet Report documented Staff D, CNA worked on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]. Review of the COVID-19 screening log identified Staff D had no AHCA screening checklist or employee screening log completed [DATE], [DATE], or [DATE]. Staff D had a COVID-19 test performed on [DATE], and received COVID-19 test result on [DATE], which revealed COVID-19 detected. Staff D worked [DATE] until 2:00 p.m. The Worker's Compensation claim revealed a date of injury [DATE] and listed COVID-19 as the nature of injury. During an interview on [DATE] at 10:25 a.m., Staff D reported she had a migraine headache and nausea during the week of [DATE] but continued to work. Staff D reported the facility had performed a COVID-19 test twice during the time while she worked and was told if she didn't hear anything that her test result was negative. Staff D stated she decided to get a COVID-19 test through the Test Iowa site when she continued to feel terrible and had no relief from her headache. Staff D reported she had marked on the screening log when she had symptoms and had told her manager but she was not sent home when she had those symptoms. Staff D reported visitors had screened whenever they came to the facility but staff screening had not been consistently performed. Staff D reported when she arrived for her work shift, she often times did not have her temperature taken because with a thermometer was unavailable or not working. Staff D reported at times she took her own temperature but then couldn't find the clipboard with the screening logs to record her temperature or document any symptoms. Staff D confirmed nobody took her temperature before she left the facility at the end of her shift. Staff D reported her COVID-19 test on [DATE] through Test Iowa was positive. On [DATE] at 10:25 a.m., Staff D reported she didn't know which residents were positive for COVID-19, but he cared for all residents as if they were on isolation. Staff D reported she had found out one resident (Resident #6) on the 4th floor had tested negative for COVID-19 but she didn't know and wore an isolation gown in his room. On [DATE] at 9:45 a.m., the DON provided the surveyors the screening checklists the facility used for staff and visitors. The DON reported the screening logs and checklists contained all of the records they had since they started the screenings March, 2020. At 11:38 a.m., the DON confirmed she had created a spreadsheet with employee names, COVID-19 test dates, and COVID-19 test results, but only the most recent test results were on the spreadsheet. The DON confirmed she sent the information to the</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>IDPH every other week. During an interview [DATE] at 10:55 a.m., the Human Resource (HR) /Payroll Director reported employee COVID-19 test results sent to the DON. Whenever an employee had a COVID-19 test at Test Iowa, the test results were sent directly to the employee. The employee then provided her a copy of the results and she submitted the information to workman's compensation. During an interview [DATE] at 10:55 a.m., the HR Director reported Staff D provided her COVID-19 test results from Test Iowa on [DATE]. At 11:35 a.m., the HR Director reported the facility started screening staff the week prior to the surveyors entering the facility. If staff had tested positive but had no symptoms they were told by the Medical Director they could return to work. 13. Review of the AHCA COVID-19 screening checklist identified Staff F, CNA, revealed only a temperature documented on the screening form on [DATE] and [DATE]. Review of the Employee Time Sheet Report documented Staff F worked on [DATE], and [DATE]. Review of the Worker's Compensation form revealed Staff F had an injury date [DATE] at 9:00 a.m., and documented COVID-19 as the nature of injury. The Employee Time Sheet Report recorded Staff F worked [DATE] 6:15 am- 2:15 p.m. During an interview [DATE] at 9:25 a.m., Staff F reported she normally worked on the 4th floor. Staff F reported she took her temperature when she arrived on the unit to work, then she donned a mask and a face shield. Staff F reported she had contact with another staff person who had tested positive on [DATE] for COVID-19. Staff F reported she had a cough and chest pressure on [DATE]. Staff F scheduled an appointment to have a COVID test with Test Iowa on [DATE], and received her COVID test results on [DATE], which indicated she tested positive for COVID-19. At that time, she told Staff V, ADON, she had tested positive for COVID-19 and then told Staff V she needed to go home. Staff F reported she had told several staff, including her charge nurse and Staff V she didn't feel right while working on [DATE] but continued to work until she received the COVID-19 test results. Staff F reported the Administrative staff were more worried if a staff member had an elevated temperature, then if they had respiratory symptoms or other symptoms, such as chest pressure or cough. During an interview [DATE] at 10:55 a.m., the Human Resource/Payroll Director reported Staff F provided her COVID-19 test results from Test Iowa on [DATE]. 14. Review of the employee timesheet report revealed Staff KK worked [DATE] through [DATE]. Review of the AHCA and COVID-19 screening logs revealed Staff KK had no screening performed or temperature checked [DATE] - [DATE]. During an interview [DATE] at 11:15 a.m., Staff KK / CNA reported when she arrived to work, she went to the 4th floor unit, and needed a temperature check, but often times had no thermometer available or the nurse was not available to check her temperature. Staff KK reported sometimes she had her temperature checked during the shift. Staff KK reported she developed a cough and wheezing [DATE]. Staff KK thought it was related to her asthma. Staff KK stated she told the nurse on duty she couldn't breathe. The nurse administered a nebulizer breathing treatment. Staff KK stated she tried to go home but the on-call nurse wouldn't let her leave until they found a replacement first. Later that day, when her shift ended, a friend took her to the Emergency Department. The ED staff told her she needed to quarantine. Two days later, Staff KK received a call from the hospital her COVID-19 test was positive. Staff KK then contacted HR to advise of her positive COVID-19 results. Observations revealed the following: a. On [DATE] at 7:50 a.m. a sign by the front entrance directed all employees must enter at the back door of the facility by the parking lot. At 7:57 a.m., Staff C, therapy, walked across the employee parking lot toward the back door. Staff C entered a code on a keypad lock, opened the back door, and walked through the back corridor past the kitchen, time clock, elevators, and business office. Staff C had no mask, face shield, or goggles on. Staff C had no temperature or screening completed. At the time, the surveyor inquired about screening. Staff C shook his head no. b. At 8:04 a.m., Staff II, Administrative Staff, took the surveyor to the front lobby area after the surveyor inquired about screening and wore no mask, goggles, or face shield on. Staff II reported no thermometer in the area and asked Staff BB/Restorative Aide where the thermometer went. Staff BB said she had no idea where the thermometer was located so she searched the area and did not find a thermometer. At 8:07 a.m., Staff II and Staff BB contacted Staff GG, CNA, and reported no thermometer. Staff GG left the area and at 8:10 a.m., Staff V, RN/ADON, brought a thermometer to the front lobby. Staff II, Staff BB, Staff GG did not wear a mask, goggles, or face shield and Staff BB reported she had not had time to put a mask or goggles on. Staff GG confirmed they had COVID-19 cases in the building. At the time, the clipboard at the front entrance contained screening logs for [DATE] and [DATE] with one name listed, the screening log dated [DATE] had five names listed, and no log found for date of [DATE]. c. At 12:10 p.m., Staff BB, sat by a table in the front lobby wearing a facemask and goggles. d. On [DATE] at 7:33 a.m., a sign on the front door directed everyone must check their temperature before they entered or left the facility. Two binders with screening logs for staff/visitors sat on a table in the front lobby. One binder labeled in and one binder labeled out. The screening logs included a temperature check and yes/no questions about symptoms for staff/visitors to mark. e. On [DATE] at 8:50 a.m., Staff Z, CNA, stood by the nurse's station on the 4th floor wearing a mask with her goggles perched upon the top of her head. Staff Z reported all residents on the 4th floor had COVID-19 except one. She stated whenever she came to work, she entered through the back door entrance, clocked in, went to the 4th floor, and had her temperature checked. f. On [DATE] at 8:55 a.m., Staff I, housekeeper, stood in room [ROOM NUMBER] with the door open into the COVID-19 hallway wearing a face shield, glasses, and mask only. g. On [DATE] at 9:02 a.m., Staff D, CNA, stood in the North hallway by a resident's room. Staff D wore a blue gown, hair covering, face shield, and mask, but had no shoe covers on. Staff D reported all residents that resided on the North Hall had COVID-19 except Resident #6, so that resident had plastic covering the doorway. h. On [DATE] at 9:07 a.m., the 4th floor East Hallway soiled utility room contained several bags of soiled linens and trash piled on the floor and in a large cart in the soiled utility room with all resident room doors open to the hallway. i. On [DATE] at 10:10 a.m., Staff Y, CNA, removed her gown, unzipped the plastic barrier to room [ROOM NUMBER] (the resident inside had been Covid-19 negative), opened the resident's door and entered the room. At 10:11 a.m., Staff Y exited the room, closed the door, zipped the plastic barrier, removed her shoe covers, sanitized her hands, and donned a gown. Staff Y wore a mask, goggles, and hair covering on, but did not change out her mask or hair covering, or disinfect her goggles. j. On [DATE] at 9:35 a.m., Staff JJ, CMA, stood by the 4th floor nurse's station wearing an N95 mask. Staff JJ wore glasses, but no face shield or goggles. k. On [DATE] at 9:46 a.m., Staff V, RN/ADON, wore a mask with goggles perched on top of her head. l. On [DATE] at 8:40 a.m., observation of the 4th floor designated COVID-19 unit revealed the following: (1). The North Hall had a mini-station set up between two plastic zippered walls. White and blue gowns hung on hooks, and a spray bottle of Virex, a box of gloves, and sugar packets and creamers sat on top of a cart. Resident room doors excepting room [ROOM NUMBER] were open on the North Hall corridor past the zippered plastic wall. room [ROOM NUMBER]'s door had plastic over the doorway, and room [ROOM NUMBER] was designated for staff. The room had a medication cart parked by the wall and shoe covering, hair covering, and hand sanitizer in the room. (2). The East Hall had plastic walls with the zipper unzipped on the outside (by the nurse's station) and the interior plastic wall leading into the COVID-19 hallway, with airflow into the hall and nurse's station by the elevator. Several residents' room doors on the East Hall were found open. During an interview [DATE] at 9:50 a.m., Staff Z, CNA, reported when there was nobody on the first floor to take a temperature, she went to the 4th floor nurse's unit. If no staff were at the nurse's station to check her temperature, she checked her own and recorded it on the clipboard. Staff Z reported all residents on the 4th floor had tested positive for COVID-19 except Resident #6, and Resident #6's room had plastic taped over the door. Staff Z stated she removed her gown before she entered the residents' room but left her mask and goggles on. During an interview [DATE] at 11:05 a.m., Staff Y, CNA, reported when she arrived to the unit, the nurse sometimes took her temperature or staff checked each other's temperature. Staff Y stated she often had to hunt down a thermometer due to no thermometer in the area. Staff Y reported they sometimes only checked their temperature and wrote the reading on a piece of paper because they didn't have any screening forms available, but if she had symptoms of illness, she contacted the on-call manager. Staff Y said the on-call manager had told her to come into work and get assessed after she arrived at work. Staff Y reported she had tested for COVID-19; the test done on [DATE] came back inconclusive, so she had another test run on [DATE], which was negative. During an interview [DATE] at 11:20 a.m., Staff V, RN/ADON, reported she expected staff had temperature checked and a screening questionnaire completed when they arrived at the nurse's station. If a staff person reported symptoms such as muscle aches or a headache, she asked if symptoms were new. Staff V reported she looked at the screening logs every shift. Staff V reported she expected staff to wear an N95 mask, goggles, or face shield while in the building. Whenever staff worked within the COVID-19 hallways on the 4th floor, she expected staff to wear an N95 mask, goggles, gown, gloves, hair covering, and shoe covers. During an interview [DATE] at 1:20 p.m., Staff M, housekeeper, reported she had her temperature checked by one of the other housekeepers but had no screening questions about her symptoms completed. Staff M reported the nurse or CNA told her which residents were in isolation and they tell her what she needed to wear before she entered the resident's room. During an interview [DATE] at 5:30 p.m., Staff LL, CMA reported he checked his own temperature and recorded the reading on the clipboard when he arrived to work on the 4th floor. He then donned a mask, goggles, gown, and shoe coverings. Staff LL</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER UNIVERSITY PARK NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 233 UNIVERSITY AVENUE DES MOINES, IA 50314	
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)		
<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>stated staff in report told him which residents were are on isolation, and they had also had the same residents listed on a clipboard. During an interview [DATE] at 3:05 p.m., Staff HH, RN/Infection Preventionist, reported the nurse told staff which residents were on isolation and specified the PPE required before they entered the resident's room or cared for the resident. Staff HH reported they had signs placed on the door by the resident's room to designate the resident as in isolation but she had not been able to monitor or know what staff had done on other units. Staff HH reported she got pulled to work the floor last fall when they had staffing needs and hadn't done anything with the infection control program since that time. Staff HH reported the DON relayed information to staff about COVID-19 and PPE use. When asked, she said expected everyone to wear a mask and goggles at all times in the building. She reported whenever staff worked on the 4th floor (designated COVID-19 unit), staff should wear a gown, face mask, goggles, gloves, and shoe protectors. Staff HH stated the facility used a germicide spray to disinfect equipment, but she was uncertain of the amount of time required to effectively disinfect the item. Staff HH confirmed the 4th floor as the designated COVID-19 unit and reported the</p>		