STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235596	A. BUILDING _____ B. WING _____	05/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SUPERIOR WOODS HEALTHCARE CENTER	8380 GEDDES RD YPSILANTI, MI 48198

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 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** This citation pertains to MI 041 This citation has two Deficient Practice Statements (DPS A and DPS B). DPS A Based on observation, interview and record review, the facility failed to establish and implement proper infection prevention and control policies and procedures to prevent development and transmission of Coronavirus Disease 2019 (COVID-19), resulting in Immediate Jeopardy when the facility failed to properly clean and disinfect resident rooms and equipment placing all 67 residents and staff at risk for contracting COVID-19. Findings include: Review of the facility's undated Resident COVID-19 results spreadsheet revealed a total of 44 residents tested positive for COVID-19. In an interview on 5/20/20 at 10:02 AM, Director of Nursing (DON) B reported that 42 of the 44 positive residents were transferred to a sister facility or the hospital and two remained in the facility. According to the facility's Resident COVID-19 results revealed the first positive resident test was on 4/4/20 and the most recent positive test was on 5/12/20. In an interview on 5/21/20 at 10:51 AM, when asked about the positive residents who were transferred out of the facility, Director of Nursing (DON) B stated as soon as they were positive, they went to the hospital if hypoxic. If no other symptoms, we had to send them to another facility, one of our facilities that actually had a COVID unit. They remain there .and then sent back to us. We monitor them still. DON B reported the residents who tested positive for COVID-19 and who have returned to the facility were recovering. Review of the facility's Interim Recommendations for Routine & Terminal COVID-19 Isolation Room/Unit Cleaning, revealed It is important that for each infectious disease and EPA approved solution's use, preparation, and dwell time, also referred to as contact time, can be found on a combination of the Safety Data Sheet (SDS) and the manufacturer's label .Current evidence suggests that the new coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Disinfection is a best practice measure for prevention of COVID-19 and other [MEDICAL CONDITION] respiratory illnesses .EPA-registered disinfectants must be used .Be sure to follow the manufacturer's recommended dwell time. Dwell time-also referred to contact time-is how long a chemical needs to be in contact with the surface in order to effectively sanitize or disinfect. Review of the Coronavirus (COVID-19) Frequently Asked Questions for (housekeeping contract company name) Field Managers, revealed There is no disinfectant that will have a COVID-19 kill claim on its label. (Housekeeping contract company name) purchases and utilizes chemical disinfectants that have demonstrated effectiveness [MEDICAL CONDITION] similar to COVID-19 when used in accordance with the manufacturer directions on hard, non-porous surfaces . According to CMS (Centers for Medicare and Medicaid) Covid-19 focused survey protocol, Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 revealed, Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claim against [DIAGNOSES REDACTED]-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against [DIAGNOSES REDACTED]-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2) .All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what). According to the EPA's website (https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19), How does EPA know that the products on List N work on [DIAGNOSES REDACTED]-CoV-2? While surface disinfectant products on List N have not been tested specifically against [DIAGNOSES REDACTED]-CoV-2, the cause of COVID-19, EPA expects them to kill [MEDICAL CONDITION] because they: Demonstrate efficacy (e.g. effectiveness) against a harder-to-[MEDICAL CONDITION]; or Demonstrate efficacy against another type of human coronavirus similar to [DIAGNOSES REDACTED]-CoV-2. All surface disinfectants on List N can be used to [MEDICAL CONDITION] on surfaces such as counters and doorknobs. Because [DIAGNOSES REDACTED]-CoV-2 is a new virus, this pathogen is not readily available for use in commercial laboratory testing to see if a certain disinfectant product is effective at killing [MEDICAL CONDITION]. EPA reviews and registers antimicrobial pesticides, which include disinfectants for use on pathogens like [DIAGNOSES REDACTED]-CoV-2, the novel human coronavirus that causes COVID-19 .In early March, EPA released its initial List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (List N). This list continues to be updated on a weekly basis. It is searchable and sortable, comes with helpful tips on how to use disinfectants properly, and features frequently asked questions to ensure correct product usage. As with any EPA-registered product, carefully read the label and only use the product as described in its directions . According the EPA's Frequently Asked Questions page (https://www.epa.gov/coronavirus/frequent-questions-related-coronavirus-covid-19), What does the column Follow the disinfection directions and preparation for the following virus mean? Why [MEDICAL CONDITION] other than the human coronavirus listed in that column? This column shows the harder-to-[MEDICAL CONDITION] than the human coronavirus. Products qualify for the emerging [MEDICAL CONDITION] pathogen claim by showing that it works against the listed harder-to-[MEDICAL CONDITION]. Therefore, if the contact time for this harder-to-[MEDICAL CONDITION] is followed, EPA expects the product to be effective against [DIAGNOSES REDACTED]-CoV-2 on surfaces. You can also find this information on the product label. In a telephone interview on 5/20/20 at 2:30 PM, Housekeeper M reported she usually worked the 100 and 200 hallways which were the hallways dedicated to COVID positive residents and residents on quarantine/isolation. When asked if anything was done differently since COVID-19, Housekeeper M reported the facility was now using AIR X. When asked how that product was used, Housekeeper M reported AIR X was supposed to be sprayed in the rooms before the housekeeper goes into that room and then let sit for a while before wiping it down. When asked how long the product was to sit, Housekeeper M stated I usually let it sit for 6 minutes, but I'm not sure if that's long enough or too long. Housekeeper M reported AIR X was only to be used in rooms of residents who were positive for COVID-19 or on quarantine. When asked about any education received, Housekeeper M stated I think it was just a verbal from our boss saying everything. In a telephone interview on 5/20/20 at 3:07 PM, Housekeeper N reported he has worked on all hallways in the facility. When asked about the cleaning procedures for COVID-19, Housekeeper N reported he used a Quat (HB Quat) disinfectant for high touch surfaces and resident rooms. When asked about AIR X, Housekeeper N reported that was the product used for high touch areas. When asked how the AIR X was used, Housekeeper N stated just spray it on high touch areas and wipe it down with a clean rag. When asked if the product needed to sit or remain wet for a certain amount of time, Housekeeper N stated No, I just wipe it down quickly after spraying it on. In a telephone interview on 5/20/20 at 3:58 PM, Housekeeper O reported she worked all hallways in the facility, including the 100 and 200 hall approximately once a week. When asked if anything was done differently related to COVID-19, Housekeeper O stated Not really. We use more AIR X over on the 100 and 200 halls. We don't use it much on (300

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) and 400 hallways). We use the Quat (HB Quat) and all that stuff. When asked how the AIR X was used, Housekeeper O stated I spray everything down in the room and come back and wipe everything down. It's at least three to five minutes before I wipe it down. When asked how the AIR X was different from the Quat solution, Housekeeper O stated I think it's just timing and how fast it works. When asked what the contact time was for the Quat, Housekeeper O stated I use them about the same amount of time. I think there is about a one-minute difference. I use them both the same. In a telephone interview on 5/21/20 at 1:00 PM, when asked how cleaning/disinfecting procedures have changed since COVID-19, Housekeeper Q reported the facility now used AIR X 75 disinfectant spray for high touch areas and positive COVID-19 resident rooms. Housekeeper Q reported HB Quat was used as a substitute for the AIR X 75. When asked how AIR X 75 was used, Housekeeper Q stated You spray it and then it sits for two to three minutes and then you wipe it down. When asked about the contact time for HB Quat, Housekeeper Q reported the HB Quat did not have to sit before wiping down and stated, You can spray it and then wipe it down. When asked if there was any specific education related to AIR X 75, since it was a new product to the facility, Housekeeper Q stated No. In a telephone interview on 5/21/20 at 9:06 AM, when asked about changes since COVID-19, Environmental Services Supervisor (ESS) P reported the facility was performing disinfection of high touch surfaces twice daily. When asked about staff education, ESS P reported education included dwell/contact times for chemicals. ESS P reported the facility was using some new chemicals, such as AIR X 75 and 3M HB Quat. ESS P reported both the products have a high dwell time of 5 to 10 minutes. ESS P stated have to soak everything and let it sit and then wipe it down which is different than normal routine. When asked about the two different products, ESS P reported the facility had multiple chemicals because of the supply chain but preferred to use the AIR X 75. ESS P reported the 3M HB Quat was used if the AIR X 75 was not available. ESS P reported AIR X 75 was only being used on the isolation wing and for high touch points in the entire building. When asked about the dwell/contact time for AIR X 75 and 3M HB Quat, ESS P reported he believed it was 10 minutes. ESS P reported the facility began using AIR X 75 right around the end of March when this whole situation started. ESS P reported the facility also had Micro Dot Bleach wipes that have a five-minute dwell time, but the wipes were hard to get and were used fast. Observation of the package insert and review of AIRx 75's label revealed EPA registration number 1839-83- . Further review of the label revealed, Virucidal Activity - This product kills on hard, non-porous inanimate surfaces when allowed to remain wet for 10 minute contact time against: [MEDICAL CONDITION] Virus (HAV), Canine Parvovirus, [MEDICATION NAME] Type 1 . Review of EPA's List N information (retrieved on 5/20/20) revealed that this product was added to List N on 3/3/20. It further stated, Products with Emerging [MEDICAL CONDITION] Pathogens AND Human Coronavirus claims for use against [DIAGNOSES REDACTED]-CoV-2 .Follow the disinfection directions and preparation for the following virus: Canine Parvovirus .Contact time in minutes: 10. Observation of a photograph of 3M HB Quat's label revealed EPA registration number -5- . Review of EPA's List N information (retrieved on 5/20/20) revealed that this product was added to List N on 3/13/20. It further stated Products with Emerging [MEDICAL CONDITION] Pathogens AND Human [MEDICAL CONDITION] claims for use against [DIAGNOSES REDACTED]-CoV-2 .Follow the disinfection directions and preparation for the following virus: Human Coronavirus. Contact time in minutes: 10. On 5/20/2020 at 4:20 PM, during a phone interview with Certified Nursing Assistant (CNA) G, reported working at the facility for approximately 3 months, and was assigned on the 200 hall, where two residents that tested positive for Covid 19 reside. When queried how resident equipment was cleaned and sanitized, (lifts, blood pressure cuffs etc) CNA G reported all resident equipment was cleaned with wipes. CNA G was uncertain of the name or brand of the wipes and was not aware of any guidelines that the product had a contact/dwell time for disinfecting. You just wipe in down. On 5/20/2020 at 6:40 PM during a phone interview with CNA H, it was reported that her assignment was on the 200 hall working the afternoon shift. When queried how resident equipment was cleaned, sanitized and disinfected CNA H reported she wiped down equipment with hand sanitizer. A muffled voice was heard in the background, CNA H then stated Not hand sanitizer I meant spectrum wipes. (Review of the photograph of the spectrum wipes container, reflected spectrum wipes were hand sanitizer wipes.) CNA H then changed her answer to Cavi wipes (Environmental Protection Agency registration number -13), CNA H then changed her answer to Clorox bleach wipes. CNA H stated she was not aware there was contact or dwell time to disinfect or sanitize equipment. On 5/21/2020 at 12:45 during a telephone interview with CNA I it was stated she worked the 200 hall on the day shift. CNA I reported that the facility had not provided education on cleaning or disinfecting resident equipment. CNA I stated all staff were aware that resident equipment was supposed to wipe it down after its used. When queried what product resident equipment was wiped down with CNA I was not sure but thought it was pretty intense. When queried about the contact time with the product in used had CNA I reported a 2 minute contact time was standard. CNA I further stated she will help the housekeepers and will occasionally clean and disinfect the facility shower rooms, including the shower chair, bench and hand rails. CNA I reported for shower rooms she used something in a spray bottle but was not sure of the name. When queried about the contact time for the spray cleaner she used for the shower rooms, she stated It's a 2 minute contact time too. During a phone interview on 5/21/2020 at 9:32 AM, Registered Nurse (RN) K reported that they used alcohol wipes to disinfect resident equipment, such as vital signs carts. RN K also reported using alcohol wipes to disinfect goggles. RN K reported the contact time (dwell time) for the alcohol wipes was maybe one minute or two minutes, but if the item was bloody, they would wash it. Review of facility Alcohol Prep Pad label did not reflect and EPA registration number. [MEDICATION NAME] alcohol and water were listed as the ingredients on the product label. According to EPA List N, [MEDICATION NAME] alcohol had a contact time of five minutes. During a phone interview on 5/21/2020 at 12:46 PM, Licensed Practical Nurse (LPN) L reported using (Brand Name) wipes (EPA registration number -13) to clean equipment, such as the medication cart, bladder scanner and glucometers. When asked what the contact time/dwell time was for the product, LPN L reported they had not received any type of input on that. Observation of a photograph of the (Brand Name) wipes, revealed an EPA registration number of -13. According to EPA List N, the contact time for the product with EPA registration number -13 was three minutes. During a telephone conversation on 5/21/20 at 2:33 PM, NHA A was made aware of the Immediate Jeopardy that began and was idenfied on 5/21/2020. On 5/27/20, it was verified that the facility implemented the following to remove the Immediate Jeopardy as of 5/21/2020: On 5/21/20 the facility completed a review of the cleaning products. On 5/21/20 the facility also reviewed current cleaning processes and procedures related to disinfecting resident rooms and equipment and appropriate contact times associated with their use. On 5/21/20 Licensed Nursing Staff and Resident Care Specialists identified in the interview process were re-educated on use of Cavi wipes for resident equipment with a contact time of (3) three minutes. On 5/21/20 all Housekeeping Staff were educated on the appropriate contact time for HB Quat and AIR X 75 and to reapply these disinfectants should they dry prior to the contact time being reached. On 5/21/20 all staff have also been educated on not using alcohol wipes, Spectrum Wipes and hand sanitizer to disinfect resident equipment. On 5/21/20 the facility initiated re-education and training of remaining staff members prior to next scheduled shift. The training includes review of current cleaning products being used to disinfect resident rooms and resident equipment as well as the contact times associated with product use of AIR X 75 which includes a contact time of (10) ten minutes, HB Quat which includes a contact time of (10) ten minutes to disinfect high touch contact surface areas which includes resident rooms. In an telephone interview on 5/27/20 at 10:55 AM, Housekeeper Q reported the education she received last month was that the AIR X 75 had a contact time of 3 minutes, but that has now changed to 10 minutes with the new education received on 5/21/20. In a telephone interview on 5/27/20 at 10:59 AM, Housekeeper O reported before the most recent education on 5/21/20, she was using a 5 minute contact time for AIR X 75, but with the re-education, the contact time was now 10 minutes. During a phone interview on 5/27/2020 at 9:15 AM, LPN L reported that they received education Thursday or Friday of the prior week. LPN L reported being educated that housekeeping had a special cleaning fluid for cleaning big equipment that had to stay for ten minutes. LPN L reported receiving a paper that reflected sanitizer wipes and contact time as well as (Brand Name) Wipes (EPA registration number -13) and a contact time of three minutes. LPN L reported being told that people were using sanitizer wipes to clean and were not aware they were not supposed to use those on equipment like blood pressure cuffs, glucometer and lifts. On 5/27/20 the State Agency completed verification that the Immediate Jeopardy was removed on 5/21/20. However, the facility remained out of compliance at a scope of widespread and severity of no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy due to the fact that all staff had not been confirmed to have been educated and sustained compliance had not yet been verified by the State Agency. DPS B) Based on observation, interview and record review, the facility failed to maintain evidence of complete and thorough staff screening for Coronavirus Disease 2019 (COVID-19), resulting in unidentified staff illness and increased potential for staff to resident transmission of COVID-19. Findings include: At approximately 9:25 AM on 5/20/2020, a screening table was observed, occupied by a nurse, in the lobby area of the facility's main entrance. A questionnaire was provided by the

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F 0880 **Level of harm** - Immediate jeopardy **Residents Affected** - Many	(continued... from page 2) facility, and the surveyor's temperature was taken orally by the facility nurse. A screening log for staff was also present on the table. Review of the EMPLOYEE AND ESSENTIAL HEALTHCARE PERSONNEL SCREENING LOG for April 2020 reflected the following columns: -Date -Shift -Employee/Essential Healthcare Personnel Name -Do you have any of the following symptoms: Fever, Cough, Shortness of breath, Sore Throat? (YES/NO) *If Yes, indicate symptom(s) -Temperature Check Results (Fever is > (greater than) 100.4 (degrees) F (Fahrenheit)) -Have you taken any fever-reducing medications containing Tylenol ([MEDICATION NAME]) [MEDICATION NAME] ([MEDICATION NAME]) or cold/sinus mediations within the past 24 hours? Yes/No -Have you, or anyone you have had contact with, traveled internationally within the past 14 days to Europe, UK, Ireland and/or Level 3 countries with sustained community transmission? (YES/NO) *If Yes, indicate area -In the past 14 days, have you had any contact with any person with known Coronavirus COVID-19 or who may be under evaluation for exposure to Coronavirus COVID-19 or a person who is ill with respiratory illness? (YES/NO) -In the past 14 days, have you worked in or entered a facility with suspected or confirmed COVID-19 infection? (Yes/No) -If you answered Yes to column 5, did you wear appropriate PPE? (Yes/No) -In the past 14 days, have you taken trips on cruise ships or participated in other settings where crowds are confined to a common area? (YES/NO) *If yes, where? -Is there evidence of Coronavirus COVID-19 or possible exposure? (YES/NO) *If Yes, notify Infection Preventionist for further action. -Instructional Handout Reviewed/Provided -Nurse's Name Completing Screen--Utilize clinical judgment and the CDC's Persons Under Investigation criteria to determine .*If the employee/ essential HCP indicates fever-reducing medication was used, conduct further evaluation for potential fever and possible work restriction Further review of the April 2020 EMPLOYEE AND ESSENTIAL HEALTHCARE PERSONNEL SCREENING LOG reflected the following, which is not an all-inclusive list: 4/2/2020: Two staff members left the column for symptom reporting blank/unanswered. 4/3/2020: One staff member left the column for symptom reporting blank/unanswered. 4/5/2020: One staff member did not have a temperature recorded. 4/6/2020: One staff member answered, Yes to having symptoms but did not specify the symptoms. One staff member left the column for symptom reporting blank/unanswered. 4/9/2020: One employee left the column for symptom reporting blank/unanswered. 4/10/2020: Three employees left the column for symptom reporting blank/unanswered, and one employee used that column for temperature recording. 4/11/2020: One employee left the column for symptom reporting blank/unanswered. 4/12/2020: One employee answered the symptoms question with a response of Fever. The same staff member answered, Yes to, Have you taken any fever-reducing medications containing Tylenol ([MEDICATION NAME]) [MEDICATION NAME] ([MEDICATION NAME]) or cold/sinus mediations within the past 24 hours? Yes/No. Their temperature recording was not legible. 4/13/2020: One employee left the column for symptom reporting blank/unanswered. 4/14/2020: One employee recorded responses in columns for symptom reporting, temperature and instructional handout provided/reviewed. All other columns were blank/unanswered for that employee. 4/16/2020: One employee recorded, Yes in the column for symptom reporting but did not specify their symptoms. Four employees left the column for symptom reporting blank/unanswered. 4/17/2020: Four employees left the column for symptom reporting blank/unanswered. One employee only completed the columns for symptom reporting and temperature recording. Five employees answered yes or y to having symptoms but did not specify their symptoms. 4/18/2020: Four employees left the column for symptom reporting blank/unanswered. 4/19/2020: Two employees left the column for symptom reporting blank/unanswered. 4/20/2020: One employee only recorded their temperature. Three employees left the column for symptom reporting blank/unanswered. One employee recorded y to having symptoms but did not specify their symptoms. 4/21/2020: Five employees left the column for symptom reporting blank/unanswered. 4/22/2020: One employee did not enter a response for any screening questions or temperature recording. Two employees answered yes to symptoms but did not specify their symptoms. One employee left the column for symptom reporting blank/unanswered. 4/23/2020: Two employees left the column for symptom reporting blank/unanswered. 4/24/2020: Three employees responded yes to having symptoms but did not specify their symptoms. Four employees left the column for symptom reporting blank/unanswered. The log continued to reflect incomplete employee screening for 4/25/2020 through 4/30/2020. The May 2020 EMPLOYEE AND ESSENTIAL HEALTHCARE PERSONNEL SCREENING LOG reflected the following, which is not an all-inclusive list: 5/1/2020: Two employees left the column for symptom reporting blank/unanswered. 5/2/2020: One employee left the column for symptom reporting blank/unanswered. 5/3/2020: Two employees left the column for symptom reporting blank/unanswered. 5/4/2020: Four employees left the column for symptom reporting blank/unanswered. 5/5/2020: Six employees left the column for symptom reporting blank/unanswered. One additional employee only recorded their temperature. 5/6/2020: Two employees left the column for symptom reporting blank/unanswered. One additional employee only recorded their temperature. Two undated entries on the log for 5/6/2020 and 5/7/2020 did not have a name or temperature recorded 5/8/2020: Two employees only had their temperature recorded. On 5/8/2020, the log changed to reflect a fever was a temperature >100.0 degrees Fahrenheit 5/12/2020: One employee only had their temperature recorded. 5/14/2020: One employee did not have responses for any screening questions or a temperature recording. Two undated entries on the log dated 5/17/2020 only had temperature recordings. The log also reflected incomplete employee screening on 5/19/2020 and 5/20/2020. Review of the CDC's Preparing for COVID-19 in Nursing Homes, reflected Evaluate and Manage Healthcare Personnel .Screen all HCP (Healthcare Personnel) 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 .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) .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. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html) According to the CDC, 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 these 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 (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) During a phone interview on 5/27/2020 at 12:11 PM, Director of Nursing (DON) B and Infection Control Nurse (IC) D, reported that during the employee screening process, a nurse was signing off on a series of questions and that they did check. They reported staff was being screened for any respiratory issues and fever. If there were abnormal findings, the nursing manager, Infection Control Nurse and possibly the DON were notified. When asked if it was documented on the screening tool if a nurse manager was notified, they reported that each screening tool was signed off by a Registered Nurse (RN), the DON, IC D or a nurse manager. They signed off that the nurse doing the screening knew what to call a manager for, if that nurse was concerned about anything. They reported the nurse doing the screening was signing off after each person was screened. During the same interview DON B and IC D, were asked what the expectation of staff was when completing the screening form. They reported that the nurse took the temperature, and staff wrote the temperature in with the nurse there. It was reported by DON B and IC D that if staff had any symptoms, they were expected to put those symptoms down (on the screening form). When asked if it was the expectation that the staff filled out all columns on the screening form, they responded that either the staff filled them out or the nurse asked the question and filled them out.