

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165606</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PERRY LUTHERAN HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2323 EAST WILLIS AVENUE PERRY, IA 50220</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on record review and staff interviews, the facility failed to adequately screen all staff members before entrance to the building. Facility census was seventy-one (71) residents. Findings include: Facility Policy Coronavirus- COVID 19 updated 9/17/20 included the directive that employees and visitors will be screened prior entry into the building. The information Employee Education Regarding COVID-19 posted on the inside door before the elevators in the facility included Monitoring of employees: If you are traveling, notify your supervisor All employees who enter the building must be screened. If you do not pass the screening, you will need to leave. If you begin feeling sick, notify the person in charge immediately. See Coronavirus- COVID policy. According to the Centers for Disease Control and Prevention (CDC) website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> Preparing for COVID-19 in Nursing Homes updated 6/25/2020 included the directive to screen all health care providers (HCP) at the beginning of their shift for fever symptoms of COVID -19. CDC also directed the following: Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. *Fever is either measured temperature &gt;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). Clinical judgement should be used to guide testing of individuals in such situations. 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 On 10/6/2020 at 1:30 PM Staff A LPN (licensed practical nurse) stated the facility required staff to have temperature checked and answer screening questions. She acknowledged some nursing staff self-screen. During a follow up on the same date at 3:59 PM, Staff A acknowledged she took own temperature. On 10/6/20 at 2:46 PM Infection Preventionist explained the screening process. She explained temperatures are checked and questions asked/answered about the signs and symptoms of COVID and recorded in a book. She acknowledged staff sometimes take their own temperatures. During a follow up interview on the same date at 4:48 PM, the infection preventionist acknowledged she took her own temperature. She explained she observed others take their own temperatures but did not commit it to memory as to who. On 10/7/20 at 11:02 AM Staff B CNA (certified nurse aide) acknowledged he took his own temperature most every day he worked. He explained that every once-in-awhile a staff took their own temperatures. He further stated he would come to work, take his temperature, answer questions and then take his own temperature when leaving work. Staff B stated he followed the procedure described the last week of September before testing positive for COVID-19. According to a State Hygienic Laboratory report, Staff B's COVID test was collected 9/30/20 at 11 a.m. and received 10/2/20 at 2 a.m., analyzed 10/2/20 at 6:04 a.m. and released as positive 10/2/20 at 4:03 p.m. A COVID 19 screening log identified Staff B completed screening 9/25/20, 9/26/20, 9/27/20 and 10/2/20. He worked 6:15 a.m. to 2:15 p.m. on 10/2/20. On 10/7/20 at 11:13 Staff C CNA explained she took her own temperature and answered questions before work in the entry way. She stated she wore her N-95 and face shield before entering the facility. Staff C explained she took her own temperature and answered questions on the last Saturday, Sunday and Tuesday she worked. She had a little bit of a headache and felt tired but did not think much of it on Sunday and Monday before she was positive for COVID-19. She did not document the headache or tiredness on her questionnaire. According to a State Hygienic Laboratory report, Staff C's COVID test was collected 9/29/20 at 11 a.m. and received 10/1/20 at 2:02 a.m., analyzed 10/2/20 at 4:20 a.m. and released as positive 10/1/20 at 12:15 p.m. Screening forms revealed Staff C worked and screened 9/19/20, 9/20/20, 9/25/20, 9/29/20 without yes answers to fatigue or headache. Staff C called in sick 9/23/20. On 10/7/20 at 11:17 AM Staff D LPN acknowledged she took her own temperature before work but not every day. She had worked Friday when someone took her temperature, Saturday and Monday she took her own temperature before testing positive for COVID-19. According to a State Hygienic Laboratory report, Staff D's COVID test was collected 10/2/20 at 2 p.m. and received 10/1/20 at 4 a.m., analyzed 10/4/20 at 5:21 a.m. and released as positive 10/4/20 at 1:59 p.m. Screening forms revealed Staff D screened 9/21/20, 9/22/20, 9/23/20, 10/2/20, 10/3/20 and 10/5/20. None of the forms contained yes responses for symptoms or identified an elevated temperature. According to an employee work report, Staff D worked 8 a.m. to 4 p.m. on 10/5/20. In an email dated 10/21/20 at 3:51 p.m. the Director of Nursing (DON) stated the facility received Staff D's COVID results on 10/5/2020 and she was sent home at approximately 10:30 am. The DON stated Staff D's day starts with reviewing 24 hour notes, and she did not interact with any residents or peers, aside from screening in and going to her office. She was asymptomatic for COVID, and had been tested per weekly testing on 10/2/2020. On 10/7/20 at 12:20 PM the Administrator stated staff are expected to call the on call person if they have a temperature or any signs or symptoms of COVID-19 so the on call person can complete an assessment. According to a document provided by the Director of Nursing, 3 residents passed away recently with a [DIAGNOSES REDACTED].</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.