

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER PLEASANT VIEW HOME		STREET ADDRESS, CITY, STATE, ZIP 410 SPRUCE STREET ALBERT CITY, IA 50510	
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 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, observation, staff interview, and facility record review, the facility failed to implement a comprehensive infection control program to mitigate the risk of the spread of infection during a COVID-19 outbreak by failing to prevent a staff person with signs and symptoms of Covid-19 from working with residents after symptoms of illness was reported to administrative staff prior to the start of her shift. The staff person had direct contact with [DATE] residents while ill. As of [DATE], the facility reported 8 positive resident cases of COVID-19 with 3 resident deaths, and 12 positive staff cases. An immediate jeopardy concern was identified on [DATE] at 4:30 PM. The facility reported a census of 28 residents. Findings include: Review of a text message dated [DATE] at 4:24 AM, identified as sent from Staff B, Licensed Practical Nurse (LPN) to Staff A, Registered Nurse (RN) revealed Staff B informed Staff A she had reported to work fine, but had started not feeling good as the night has worn on. Staff B further reported no fever, but was experiencing chills, body ache, and a cough (non-productive). Staff A responded, she was unable to work for her so Staff B may want to try and find a replacement. Otherwise, hoped she could get some sleep and start to feel better. Staff A reported to work to relieve Staff B so she could leave the facility. In an undated text message Staff A, informed the Director of Nursing and the Administrator that Staff B was sick, had a cough, congestion, and a sore throat. Staff A asked for direction, specifically stated, I don't know what to do. we don't have anyone to cover her but she shouldn't be here. In a phone interview on [DATE] at 9:35 AM, Staff B, LPN stated she arrived at work on [DATE] at her regular time, completed the Covid-19 screening upon entering and was afebrile with no symptoms. On [DATE] at approximately 4:00 AM started feeling sick and experienced a runny nose, congestion, and a cough. At 4:20 AM she sent a text to Staff A, who was working the day shift on [DATE]. Staff A responded she would come in as soon as possible to relieve. Staff A directed her to find a replacement as she couldn't work for her. If unable to find a replacement would want her to work. Staff B stated she couldn't find a replacement. Staff B clarified that Staff A had seen her in the morning, visibly ill, but still had to come to work on the night of 6/[DATE]. Confirmed that she worked the entire 12 hour shift Saturday overnight to 6 AM Sunday [DATE]. Stated she was sick when she came to work, still no temperature, but had a cough, chills, and a sore throat. Stated she indicated, yes to those symptoms on the screening sheet. Through the night had chills and lethargy, but had to stay the whole shift as the only nurse, no one to replace. Staff C, RN took over for her on Sunday morning. Staff B stated she informed Staff C that she would not be in that night, going to the emergency room as so ill. Further interview on [DATE] at 11:57 AM revealed Staff B was tested at the local hospital on Sunday [DATE] and was positive for Covid-19. Additionally, Staff B confirmed she completed Covid-19 assessments on all residents during the shift and documented on the Covid-19 screening log. Stated completed assessments on all residents personally, and had not delegated to other staff. Staff B further clarified that she had worn a face mask with Hepa filter and face shield at all times. A hospital portal chart report provided by Staff B, LPN confirmed a positive [DIAGNOSES REDACTED]-CoV-2 PCR diagnostic test result. In an interview on [DATE] at 3:00 PM Staff A, RN confirmed she had received a text from Staff B on [DATE] around 4:30 AM that informed she was ill with cold symptoms, chills and didn't feel well. Staff A confirmed Staff B was visibly not feeling well when she saw her. Staff A stated wouldn't expect to work with symptoms of illness. Further stated, not acceptable to work but basically had to work because no one could work for her. Staff A confirmed she had notified the Director of Nursing who was on vacation and the Administrator, and had attempted to find a replacement through staffing agencies, but no help was available. In a phone interview on [DATE] at 8:39 AM the Director of Nursing (DON) stated she had been contacted via text message by Staff A on [DATE] to inform Staff B ill. The DON stated shouldn't allow the oncoming sick nurse to work, and further stated would expect that the nurse currently working would stay if the oncoming nurse was sick. In an interview on [DATE] at 3:20 PM Staff D, Certified Nursing Assistant (CNA) confirmed she had worked the overnight shift on [DATE]. Staff D further stated Staff B, LPN was ill the entire shift. Observed that she was wrapped up in a blanket, chilling and visibly shaking and Staff B was coughing, weak and lethargic. Staff D confirmed had been educated that if experienced signs and symptoms of Covid-19 not to come to work. In an interview on [DATE] at 10:00 AM Staff E, CNA confirmed she had worked the overnight shift on [DATE]. Stated Staff B, RN came to work sick and had to work all night. Stated she was visibly ill, coughing, chills and wrapped up in a blanket sweating, flushed, weak, no energy. Staff E stated she felt she was exposed to COVID-19 by Staff B, and tested positive on [DATE]. On [DATE] at 2:45 PM the Administrator stated a review of records confirmed Staff B, LPN had completed Covid-19 assessments on all 31 residents at the facility on [DATE]. A document titled Covid-19 Resident Screening Log, dated [DATE] for the evening shift, documented Covid-19 assessments completed on 31 residents. Interview with Staff A, RN on [DATE] at 1230PM confirmed Staff B, LPN completed all the assessments on [DATE] on the evening shift. A document titled, Covid-19 Employee Screening Log, documented Staff B, LPN checked in to work on [DATE] and circled, Yes to screening questions cough and sore throat. Temperature at the beginning of the shift was 98.6 and temperature at the end of the shift was 99.4. In an interview on [DATE] at 2:45 PM, the Administrator stated direction to staff is clearly stated at the bottom. Indicated written directive at the bottom of the screening tool stated, If answered yes to any two of ** areas or answered Yes to cough or new shortness of breath or difficulty breathing restrict them from entering the building. A payroll document revealed Staff B, LPN clocked in at 6:03 PM on [DATE] and clocked out at 6:35 AM On [DATE]. Staff B worked 12.32 hours. Documentation revealed the following residents tested positive for Covid-19 on the following dates: Resident 1: [DATE] Resident 2: [DATE] Resident 3: [DATE] deceased Resident 4: [DATE] deceased Resident 5: [DATE] Resident 6: [DATE] Resident 7: [DATE] Resident 8: [DATE] deceased Observation of screening procedures on [DATE] at 1:43 PM revealed staff entered through the porch, took shoes off, and completed the screening procedures in the screening room. Staff randomly observed and able to answer that must not have signs and symptoms of Covid-19 or would not be able to work. The facility was given the Immediate Jeopardy Template on [DATE]. The Immediate Jeopardy was abated on [DATE] as the Administrator re-educated staff with the signs and symptoms listed at the bottom of the screening form as the parameters to determine if staff are allowed in the facility to work and she secured emergency nursing staffing.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.