STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065129	A. BUILDING _____ B. WING _____	08/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTH SHORE HEALTH & REHAB FACILITY	**1365 W 29TH ST LOVELAND, CO 80538**

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 -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, including COVID-19 novel Coronavirus in three of three resident neighborhoods. Specifically, the facility failed to: -Ensure staff wore full personal protective equipment (PPE) when entering a room with a new admission with an unknown COVID-19 status and rooms in isolation for COVID-19; -Ensure visitors accurately completed a COVID-19 screening before entering the facility and staff reviewed the screening; and, -Ensure staff COVID-19 screenings were completed. Findings include: I. Ensure staff wore full PPE when entering a room with a new admission with unknown COVID-19 status and rooms in isolation for COVID-19. A Professional reference The Centers for Disease Control and Prevention, Preparing for COVID-19 in Nursing Homes, retrieved 8/19/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (updated 6/25/2020) read in pertinent part: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (healthcare personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission . Residents with known or suspected COVID-19 should be cared for using all recommended PPE (personal protective equipment), which includes use of N95 or higher level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front sides of the face), gloves, and gown. B. Facility policy and procedure The Preventing the Spread of COVID-19 policy, revised 8/5/2020, was received from the nursing home administrator (NHA) on 8/18/2020 at 9:46 a.m. The document read in part, All new admissions will be quarantined to their rooms for 14 days. Staff providing direct contact in a room of a new admission will wear PPE (mask, N95 mask when appropriate, eye protection, gloves and gowns) for 14 days after admission. However, this was in contrast to the CDC guidelines above which does not require direct contact in order for the HCP to wear full PPE. The policy further documented, PPE use upon entry to isolation rooms, appropriate PPE upon entry to isolated rooms include : eye protection, mask, or respirator, gown and gloves. Gowns may also be used in multiple isolation rooms (with the same infection) in the same uit in accordance with the crisis capacity strategies. C. Observations of isolation rooms and interviews for Timberview unit On 8/18/2020 at 9:36 a.m. 16 of 20 rooms, # 101, #103, #105, # 106, #107, #108, #110, #112, #114, #115, #116, #117, #120, #121, #123, and #125 in the Timberview neighborhood had isolation carts next to them. Every room had one resident and the doors to these rooms were completely open. There was a green sign on each door that had a picture of a lab coat, gloves, and mask. On 8/18/2020 at 9:38 a.m. certified nurse aide (CNA) #5 said the green signs on the door indicated the resident was on quarantine. She said there was no difference between a room on quarantine and a room in isolation. CNA #5 said we wear the same thing for an isolation room as a quarantine room. She said the residents were on quarantine because they were new admissions. CNA #5 said we wear eye protection, gloves, our mask, and a long sleeve t-shirt with black apron each time we go in the room. She said the aprons were reused, but not the t-shirts. She said the black apron was labeled with the CNA's name and hung on the door for each room. She provided the apron in room [ROOM NUMBER] as an example There was no name on the apron. There were two lab coats hanging inside the room and CNA #5 said the nurses wore those. On 8/18/2020 at 9:36 a.m., resident assistant (RA) #1 entered isolation room [ROOM NUMBER] she had a mask and eye protection on. She did not have a gown or gloves on. She removed the resident's water cup from the table next to the resident, and brought it out to the cart in the hallway. She filled it with water and returned to the room. On 8/18/2020 at 9:52 a.m. RA #1 was observed passing water and snacks in the hallway. She went into isolation room [ROOM NUMBER] with no gown on and one glove. RA #1 had her surgical mask and eye protection. She removed the resident's water cup from the table next to the resident, and brought it out to the cart in the hallway. She filled it with water and returned to the room. She did not wear two gloves or any type of gown. RA #1 said she only wore one glove because her other hand was clean. She said she had been educated that she did not need to wear a gown if she was not going to have contact with the resident. She acknowledged the water cups were usually within the residents reach approximately two feet away. She could not explain what would happen if a resident or coughed or sneezed when she was in the room next to them. The residents' faces were not covered when she entered the rooms. Registered nurse (RN) #6 was interviewed on 8/18/2020 at 10:07 a.m. She said the nurses wore a lab coat, surgical mask, eye protection and gloves when going into rooms of the new admissions. She said the nurses reused their lab coats and hung them on the back of the door in each room. She said the therapist used a new lab coat each time they entered a resident room. On 8/18/2020 at 11:52 a.m. CNA #5 was observed passing lunch trays to isolation rooms #101, #105, #108, #115, and #116 without a gown or gloves. She went to each room, placed the tray in front of each resident, set it up, spoke to the resident and walked out of the room. CNA #5 was interviewed on 8/18/2020 at 12:06 p.m. She said she did not need a gown or gloves to deliver lunch to the residents if she was not going to come in direct contact with them. CNA #6 was interviewed on 8/18/2020 at 12:08. She said each CNA had an apron to use for their shift. She said they are hung on the back of the door and reused during the shift. She said they wore a long sleeve t-shirt under the apron, but the t-shirts were used once. She said the aprons are not labeled, we just know which is ours. CNA #6 said she wore the apron each time she went into the room. On 8/19/2020 at 9:02 a.m., RA #1 was observed picking up breakfast meal trays from the resident rooms. She entered room isolation room [ROOM NUMBER] without a gown or gloves and removed the tray from next to the resident and brought it out to the hall and placed it in a plastic bag. On 8/19/2020 at 9:06 a.m., the resident in isolation room [ROOM NUMBER] had a trash can on her chest and said she was sick to her stomach. RA #1 brought a basin to the resident. She went in the room without a gown or gloves. RA #1 said I think her medications are making her sick. RN #1 was interviewed on 8/19/2020 at 9:10 a.m. She said the facility has plenty of aprons and t-shirts for the staff to use. She said as of today the staff are only wearing the apron once and sending it to laundry. They were not reusing them. She said the staff only wear them if they come in direct contact with the resident. RN #1 said if it was a COVID-19 positive room the staff would wear a gown, mask and gloves each time they entered. She said the residents on this hall were only on quarantine due to being a new admission but required the full PPE. On 8/19/2020 at 9:15 a.m. housekeeper (HK) #2 entered isolation room [ROOM NUMBER]. She did not have a gown or gloves on. She went to the resident's bed and spoke to them. The resident did not cover their face. She placed clothing in a drawer at the end of the bed and then left the room. HK #2 said she only wore gowns and gloves in the quarantine rooms if she was going to have direct contact with the residents. D. Observations of isolation rooms and interviews on Parkview unit On 8/18/2020 the isolation room # 48 had isolation carts next to it. The sign at the door frame read quarantine, the door was open. At 9:58 a.m., CNA #1 was observed wearing gloves, surgical mask, face shield and white cotton lab coat when she entered room [ROOM NUMBER]. She provided care to the resident and exited the room [ROOM NUMBER]. CNA #1 was interviewed

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** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) after she exited the room. She said resident in room [ROOM NUMBER] was readmitted back to the facility after she was hospitalized for [REDACTED]. She said they used cotton white lab coats instead of reusable gowns for this resident. She said she left her white lab coat on the hook in the room. The hook was visible from the hallway and one white lab coat was hanging on it. She said she shared the same lab coat with the nurse who was working today with the resident for the entire shift and after the shift the gown was placed into a laundry basket. LPN #1 was interviewed at 9:50 a.m. She said resident in room # 48 was on isolation precautions because she was recently readmitted from the hospital. She said following PPE were required for entering the room: goggles of face shield, gloves, N95 mask and gown. She said they used reusable white lab coats in the room and hung it on the hook for reuse until the end of the shift. She said the resident did not have any respiratory symptoms and was tested for COVID-19 yesterday, her results were still pending. E. Observations of isolation rooms and interviews on Mountain View unit On 8/18/2020 isolation room [ROOM NUMBER] had the following sign on the door Enhanced droplet precautions. A wooden isolation cart was next to the door. Two white boxes were labeled N95 one with the name of CNA #2 and second one with the name of RN #2 were observed on top of the isolation cart. At 12:22 p.m., CNA #2 observed entering the room [ROOM NUMBER], she donned a yellow disposable gown and gloves in the hallway. She took the face shield off, opened white box with her name, pulled out a KN95 mask, took her surgical mask off, put it back into white box, donned the KN95 mask, and put the face shield back on. At 12:35 p.m., she exited the room, sanitized her hands, took the KN95 mask off, pulled the surgical mask out of the white box with her name, put it on and placed the KN95 mask back in the same box. Isolation Rroom [ROOM NUMBER] had the following sign on the door Enhanced droplet precautions. A plastic isolation cart was next to the door. CNA #2 was observed exiting the room [ROOM NUMBER] at 10:51 p.m. She said the resident was on enhanced droplet precautions because his former roommate tested positive for COVID-19. She said the protocol was to wear a surgical mask, face shield, reusable yellow cotton gown, and gloves. She said she was instructed not to wear a N95 mask for this resident because he tested negative for COVID-19. She said the gown was reusable and it was not labeled with her name. Isolation room [ROOM NUMBER] had a sign on the door Enhanced droplet precautions. A plastic isolation cart was next to the door. The room was occupied by two residents. A white paper box labeled N95 with CNA #3's name was observed on top of the isolation cart. At 12:01 p.m., CNA #3 observed entering room [ROOM NUMBER]. She donned a yellow synthetic gown, gloves, KN95 mask, face shield. After exiting the room [ROOM NUMBER], she replaced her KN95 mask with a surgical mask. She used the same box to store KN95 and a surgical mask. RN #3 was interviewed on 8/18/2020 at 12:20 p.m. She said both residents were on enchanted droplet precautions because one of them spiked a fever a few days ago and the physician decided to put both of them on strict isolation precautions. She said residents did not have any respiratory symptoms today. She said prior to entering the room, following PPE should be worn: gown, gloves, surgical mask, and face shield. She said both residents tested negative for COVID-19 and therefore N95 was not required in the room. She said she did not know why CNA #3 was wearing N95 when she was entering the room. Isolation room [ROOM NUMBER] had a sign on the door Quarantine. A wooden isolation cart was next to the door. The door was open all the way and one resident observed sitting at the table watching television. At 12:59 p.m., CNA #3 observed entering the room # 16. She donned a KN95 mask, face shield, yellow synthetic gown and gloves. CNA #3 was interviewed after she exited the room. She said full PPE included a KN95 or N95 mask should be worn for residents under quarantine and for a resident on enhanced droplet precautions; she said because their COVID-19 status was unknown. RN #3 was interviewed on 8/18/2020 at 1:30 p.m. She said for residents who were under quarantine observation, they did not require a N95 mask in the room. She said the N95 mask was only used for the residents who were tested positive or were in contact with someone who tested positive. RN #2 was interviewed on 8/18/2020 at 2:30 p.m. She said N95 masks were required only for two residents,in the room [ROOM NUMBER] and #9. She said the N95 masks were required because resident in the room [ROOM NUMBER] tested positive to COVID-19, and resident #9 was his previous roommate. RN #2 said for residents who were on quarantine, like resident in the room [ROOM NUMBER], N95 was not required, because all readmitted residents were tested in the hospital prior to admission and they all were negative for COVID-19. Isolation room [ROOM NUMBER] was observed on 8/19/2020 at 10:37 a.m., CNA # 4 observed entering room [ROOM NUMBER] with Enhanced droplet precautions sign. She donned the N95 mask that she pulled out of the white paper box, left her surgical mask sitting on the isolation cart, applied the face shield, put on yellow synthetic gowns, gloves, and entered the room. RN #3 was interviewed for the second time on 8/19/20 at 12:30 pm. She said she was nervous yesterday and did not answer the question correctly, she said all residents who were on quarantine as new admissions/readmissions and residents who were on enhanced droplet precautions required full PPE prior to entering the room. She said N95 should be worn for all mentioned above residents because their COVID-19 status was unknown. LPN #2 was interviewed on 8/19/20 at 10:48 p.m. She said N95 masks were required for entering rooms with quarantine signs and with enhanced droplet precautions because COVID-19 status of these residents were unknown and that was the reason they were on isolation precautions. F. Administrative interviews The assistant director of clinical services (ADCS) was interviewed on 8/19/2020 at 11:06 a.m. She said they had 100 disposable gowns in addition to what was already on the floor, 158 reusable gowns, 500 long sleeve t-shirts and 180 aprons. She said the facility had lab coats but did not know how many. The ADCS said they used the washable items for the quarantine rooms and the disposable for the COVID-19 positive room. She said the staff did not need to wear gowns unless they were coming in direct contact with the residents, like for wound care or activities of daily living. The infection preventionist (IP) was interviewed on 8/19/2020 at 12:01 p.m. She said residents with known or suspected COVID-19 were on enhanced droplet precautions. She said the staff should have worn an N95 mask or face shield with their surgical mask, and a disposable gown. She said the quarantine rooms for new admissions. In the quarantine rooms, the staff should have worn surgical masks and reusable gowns if they were going to come in direct contact with the resident. She said this was the policy to conserve gowns on the quarantine unit for new admissions. The IP said initially they were not able to get enough disposable gowns for quarantine rooms. She said reusable white lab coats or yellow cloth gowns should not be shared between staff members. She said all reusable gowns should be used by only one staff member during one shift. The IP said the staff could be exposed if they were delivering room trays without full PPE to new admission/quarantine resident rooms if the resident coughed or sneezed on the staff. She said direct contact was defined as within six feet of the resident for 10 seconds. The IP said the facility had enough for all the new admission/quarantine rooms to wear a reusable gown once and put it in the linen cart to be washed. She said the staff do not need to save gowns in resident rooms to wear throughout the shift. -She confirmed the facility had admitted at least 20 new residents since the beginning of August 2020 that would need to be in isolation for 14 days and required the use of full PPE. Regarding white paper boxes for N95 masks the IP said all nurses and CNAs were fit tested and assigned their own N95 masks and given two paper boxes. One paper box was intended for keeping the N95 mask and second box for the surgical mask. She said the box for N95 masks should not be used for keeping their surgical masks in. She said such practice created a cross contamination of masks. The director of clinical services (DCS), assistant director of clinical services (ADCS), assistant director of nursing (ADON) and NHA were interviewed on 8/19/2020 at 2:08 p.m. The DCS said according to CDC guidelines for crisis mode, the staff did not need to wear a gown or gloves in isolation rooms for new admission unless they were going to come in contact with the resident. The DCS said cloth gowns were no longer reused in the building as they have enough cloth gowns. She said they should not be reused between staff members or even by the same staff member any more. She said it was in the past when they did not have enough, they came up with the idea to reuse the gown for residents on quarantine and hooks designated to staff members were installed in residents' rooms. She said it was no longer an expectation from nurses and CNAs and all hooks should have been removed and cloth gowns now were intended for single use only. The DCS said the facility was not going to limit admissions due to a low supply of PPE. The DCS said the hospitals send the resident to the facility with one negative COVID-19 test and then the facility kept the resident on quarantine for 14 days due to the risk of them having been exposed while at the hospital. The NHA said when the facility had enough gowns, the staff would begin using them for each resident contact in the rooms with new admissions on quarantine. However, the facility staff and IP said during their interviews (see above) there were enough reusable gowns that the staff did not need to wear it more than once before sending it to be laundered.The facility failed to ensure staff wore full PPE when entering rooms for new admissions with unknown COVID-19 status. II. Ensure visitors and staff accurately were screened for COVID-19 before entering the facility. A. Professional references The Centers for Disease Control and Prevention, Preparing for COVID-19 in Nursing Homes, retrieved 8/19/2020 from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html (updated 6/25/2020) read in pertinent part: Have a Plan for Visitor Restrictions. Screen visitors for fever (T=100.0oF fahrenheit), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. The Centers for Disease Control and Prevention (CDC) updated

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 2) 6/25/2020, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html accessed on 08/26/2020, reads: Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. Screen all healthcare personnel at the beginning of their shift. Actively take their temperature and document the absence of symptoms consistent with COVID-19. The Centers for Medicare and Medicaid Services (CMS) (4/2/2020) COVID-19 Long-Term Care Facility Guidance, retrieved from: https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf accessed on 08/26/2020 read in pertinent part, Long-term care facilities should immediately implement symptom screening for all. Facilities should limit access points and ensure that all accessible entrances have a screening station. B. Facility policy and procedure The Preventing the Spread of COVID-19 policy, revised 8/5/2020, was received from the nursing home administrator (NHA) on 8/18/2020 at 9:46 a.m. The document read in part, Every individual regardless of reason for entering a long term care facility should be asked about COVID-19 symptoms, and they must also have their temperature checked. The facility will ensure a trained staff member is always available to verify that every individual has been screened and is appropriate for entry into the facility. C. Vistitor screening The visitor COVID-19 screening documents titled, Screening for Respiratory Illness were reviewed for the last two weeks from 7/16/2020 to 8/18/2020. The document required a temperature reading and asked if the visitor had a fever, shortness of breath, cough, sputum, sore throat, runny nose, shills, muscle aches fatigue, loss of appetite, headache, diarrhea, nausea or vomiting, or loss of taste or smell. It asked if the visitor had close contact with 6 feet for 15 minutes of anyone who had the symptoms above or was getting tested for COVID-19. There was a space for the visitor to sign and the staff completing the screening to sign indicating they had reviewed the terms and conditions with the visitor. On 8/18/2020 at 8:30 a.m. upon entry to the facility, a visitor screening form dated 8/18/2020 at 7:42 a.m. was observed to be incomplete. The visitor had not answered the questions noted above. The screening documents for visitors for the previous two weeks were reviewed from 7/16/2020 to 8/18/2020. The documents were incomplete: -On 7/16/2020, nine of nine forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. At 11:30 a.m., there was no temperature documented for the visitor. At 11:46 a.m., the visitor did not answer the questions noted above. -On 7/17/2020, eight of eight forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/20/2020, 11 of 11 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. In addition, there was one visitor form with no name or date, only a temperature and check mark by the questions. -On 7/21/2020, 10 of 10 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. In addition, the visitors at 2:00 p.m. and 3:00 p.m. had not answered the screening questions. -On 7/22/2020, 12 of 12 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/23/2020, 11 of 11 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. In addition, the visitor at 3:53 p.m. had not answered the screening questions. -On 7/24/2020, five of six forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. In addition, there was one visitor form a name, no time and no temperature. -On 7/27/2020, four of four forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/28/2020, 10 of 10 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/29/2020, eight of eight forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/31/2020, five of five forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 7/30/2020, eight of 11 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/3/2020, seven of seven forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/4/2020, nine of nine forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/5/2020, four of four forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/6/2020, seven of seven forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/7/2020, six of six forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/9/2020 at 11:38 a.m., the visitor answered yes to the screening question regarding whether they had contact with someone who has COVID-19 or is under investigation for contact with someone who had COVID-19. There was no further documentation of follow-up. -On 8/10/2020, four of four forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/11/2020, seven of seven forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/12/2020, 11 of 11 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/13/2020, nine of nine forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/14/2020, three of three forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/15/2020, one of one form was not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/17/2020, seven of seven forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. -On 8/18/2020, 10 of 10 forms were not signed by a staff member who would have reviewed the terms and conditions with the visitor. The visitor at 7:42 a.m. had not answered the screening questions as noted above. D. Staff screening Record review revealed deficiencies in the facility's screening process; specifically, missing, inadequate and/or incomplete staff screening logs. A review of the screening logs revealed staff had their temperatures taken, were screened for a cough, sore throat, new shortness of breath or difficulty breathing, vomiting or diarrhea, chills or repeated shaking with chills, muscle pain, headache, a new loss of taste or smell, and if these symptoms were present, staff was asked to go home. The form included a space to document who provided the screening and signature. The signature of the screener was missing on several employee screening logs. Staff daily screening logs from 7/16/2020 to 8/18/2020 were reviewed. For the entire day of 7/27/2020, 7/31/2020, 8/4/2020, 8/5/2020, 8/9/2020, and 8/12/2020 the screening logs had no additional signature to indicate the temperature had been witnessed by another staff member. In addition, the signature was missing for some screened staff members on 7/16, 7/17, 7/21, 7/22, 7/28, 7/29, 7/30, 8/1, 8/2, 8/3, 8/6, 8/7, 8/8, 8/11, 8/13, and 8/14/2020. E. Administrative interviews The IP was interviewed on 8/19/2020 at 12:01 p.m. She said the ADON made the schedule for the staff to screen oncoming staff and visitors at the front desk when the receptionist is not there during business hours. She said the visitors and staff are all supposed to have their temperature checked, answer quotations about symptoms and exposure to COVID-19. The IP said the screener should review and then sign the form. She said she randomly audited them for outliers" or anything unusual. The DCS and NHA were interviewed on 8/19/2020 at 2:08 p.m. The DCS said a receptionist screens staff and visitors from 8:00 a.m. to 5:00 p.m. He said staff members were assigned to come in at 5:00 a.m. and screened the oncoming shift, and at 9:30 p.m. someone was removed from their assignment on the floor and came to the desk to screen the oncoming staff. He said otherwise, the doors were locked after 5:00 p.m. and a visitor would have had to ring the doorbell. He said any of the staff that answered the door could screen the visitor. The DCS provided undated documentation of staff training titled Staff Screen Protocol. The education did not document education about visitor screening. There were typed staff names attached to the education with no staff signatures or dates of completion. The NHA said he recognized several of the visitor screening forms were incomplete when he provided copies of them. He said the visitor screen should be signed by whoever was screening them to ensure it was complete and the visitor was appropriate to enter the facility. III. Facility COVID-19 status The IP was interviewed on 8/19/2020 at 12:01 p.m. She said they had one COVID-19 positive resident and three COVID-19 positive staff.