

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER SHANNONDALE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7424 MIDDLEBROOK PIKE KNOXVILLE, TN 37909	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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 facility policy review, review of Centers for Disease Control and Prevention (CDC) guidance, record review, observation, and interview, the facility failed to complete Coronavirus (COVID-19) symptom screenings for 104 of 113 visitors between 8/5/2020 and 8/18/2020. The findings included: Review of the facility's undated policy titled, COVID-19 Visitor Policy, showed, In accordance with CDC guidelines, Only essential personnel may enter. All necessary personnel must be screened upon entrance. Review of CDC guidance titled, Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, showed, Screen visitors for fever, symptoms consistent with COVID-19. Review of the facility's COVID-19 Screening Checklist revealed the facility screening questionnaire included the following questions: Has this individual tested positive for COVID-19 ([DIAGNOSES REDACTED]-CoV-2) within the last 14 days. If answered yes, inform this individual that they may not conduct business on the campus at this time. Does this individual have a mask on. If answered no, please ask them to put on a mask. If they do not have a mask, please provide them with one. Has this individual washed their hands or used alcohol-based hand rub upon entry. If no, please ask them to do so. Ask this individual if they have any of the following symptoms: New, onset cough (not related to [MEDICAL CONDITIONS] or other chronic condition), New shortness of breath or difficulty breathing (not related to [MEDICAL CONDITION] or other chronic condition), New loss of taste or smell, Muscle or body aches, Vomiting or diarrhea, Fever or chills. Record temp (temperature) (If over 100.F (Fahrenheit), count as a symptom). If fever is present, ask them to leave the building. If two or more other symptoms are present, ask them to leave the building. Is this individual here for work or visiting. Review of visitor logs and COVID-19 Screening Checklists from 8/5/2020 through 8/18/2020, showed that the COVID-19 Screening Checklist for COVID-19 symptoms was not completed for 104 of 113 visitors. Review of the visitor log revealed some entries indicated the visitors were vendors, job applicants, visitors, Emergency Medical personnel, and many entries did not indicate what type of visitor they were. During observation on 8/19/2020 at 8:32 AM, this surveyor entered the facility and was taken to the facility conference room by facility staff. No temperature check or screening questions were asked upon entrance to facility. During observation on 8/19/2020 at 10:47 AM, this surveyor was screened by the Infection Preventionist with a temperature check and signs and symptoms questionnaire. During an interview on 8/19/2020 at 10:58 AM, the receptionist stated that she was responsible for visitor screenings. Before today, the visitor screening process included a visitor sign in log with a temperature check only. She stated that she was informed today that all visitors should complete a temperature check and the COVID-19 Screening Checklist questionnaire. The receptionist confirmed that she did not screen this surveyor upon entrance to the facility and had not been screening visitors for COVID-19 symptoms with the COVID-19 Screening Checklist questionnaire. During an interview on 8/19/2020 at 3:06 PM, the Director of Quality Improvement stated it was the expectation of the facility for everyone who enters the facility to be screened according to CDC guidelines and included a temperature check and screening questionnaire. Further interview confirmed that not all visitors who entered the facility had been screened for COVID-19 symptoms.</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.