STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165586	A. BUILDING _____ B. WING _____	**09/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TIMELY MISSION NURSING HOME	**109 MISSION DRIVE BUFFALO CENTER, IA 50424**

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** - 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 clinical record review, observations and interviews, the facility failed to maintain proper infection control practices during a COVID-19 outbreak for 4 of 6 residents reviewed, (Resident #1, #3, #4, and #6). The facility identified a census of 24 residents. Findings include: 1. A History and Physical, dated 9/9/20, for Resident #1 documented an ongoing [DIAGNOSES REDACTED]. A [DIAGNOSES REDACTED]- CoV-2 test performed 9/9/20 by the hospital showed the resident as negative for COVID 19. The Admission Record for Resident #1 showed the resident admitted to the facility on [DATE] to room [ROOM NUMBER]A with admitting [DIAGNOSES REDACTED]. An Administrative Note, dated 9/21/20 at 9:10 a.m., documented the resident on isolation due to being negative for COVID 19. During an interview on 9/21/20 at 9:30 a.m., the Director of Nursing, (DON), reported the resident is a new admission and is on 14 day quarantine on the West wing. The DON reported there were two residents, room [ROOM NUMBER] and room [ROOM NUMBER], that were in the non-COVID area. She reported the facility had 22 residents testing positive for COVID 19. During an observation on 9/21/20 at 9:45 a.m., Staff B, Housekeeper, utilized a small carpet sweeper to sweep debris from the carpet on the West wing(COVID positive care area). She stated the carpet sweeper cannot be disinfected well. She wipes it down with a Kimtech wipe, but the brissels cannot really be disinfected. She takes a small brush and brushes the hairs out of the brissels to clean. During an observation on 9/21/20 at 9:53 a.m., Staff A, Certified Nursing Assistant (CNA), coming from the COVID care area, cleansed a face shield with a Kimtech Tri Force wipe and allowed the face shield to air dry, removed her Niosh 95 (N95) mask and disposed it in the garbage touching the lid of the garbage can. Staff A removed her dirty gown touching the outside of the left sleeve with her bare hands and disposed it in the garbage. Staff A failed to perform hand hygiene before donning a disposable gown that hung on a hook on room [ROOM NUMBER] door. She donned a new N95 mask, face shield and entered room [ROOM NUMBER] to see if the resident wanted a snack. Staff A came out of room [ROOM NUMBER] and proceeded down the hallway entering room [ROOM NUMBER] wearing the same disposable gown and N95 mask. Staff A failed to perform hand hygiene, change the disposable gown or sanitize the face shield prior to entering room [ROOM NUMBER]. During an observation on 9/21/20 at 10:12 a.m., Staff A, donned a new N95 mask, sanitized the face shield and donned a disposable gown hanging on the door of room [ROOM NUMBER]. Staff A dropped a glove on the floor, picked up the glove and threw the glove in the garbage can touching the lid of the garbage can. Staff A failed to perform hand hygiene before donning new gloves to enter room [ROOM NUMBER] to check on the resident's water pitcher. Staff A came out of room [ROOM NUMBER] and removed the gown and hung on the door hook of room [ROOM NUMBER]. Without performing hand hygiene or sanitizing her face shield, went to room [ROOM NUMBER] and put on a gown hanging on the front of door 27. Staff A proceeded to go into room [ROOM NUMBER] to refresh the resident's water. During an observation on 9/21/20 at 11:47 a.m., Staff A came down the West hallway (COVID Positive area) into the West non-COVID area. She removed her disposable gown and without performing hand hygiene took a gown hanging on the door of room [ROOM NUMBER] (that had previously been worn in room [ROOM NUMBER]), put the gown on, took off her N95 mask, face shield and laid both on top of the PPE bin for room [ROOM NUMBER] without a barrier underneath. Without performing hand hygiene, she donned a new N95 mask, face shield, gloves and took a meal tray into room [ROOM NUMBER]. During an observation on 9/21/20 at 11:48 a.m., Staff B came out of room [ROOM NUMBER] wearing gloves. Took a Kimtech disinfecting wipe and proceeded to disinfect the top of the PPE bin outside room [ROOM NUMBER]. Staff B picked up the N95 mask and face shield, sanitized the surface beneath and set the N95 mask and face shield back down on top of the bin without a barrier. Staff B then proceeded to utilize the small carpet sweeper to sweep the carpeted area outside of room [ROOM NUMBER]. An Administration Note, dated 9/22/20 at 7:06 a.m., documented the Resident currently on isolation to prevent getting COVID 19. During an observation on 9/22/20 at 7:32 a.m., Resident #1 had the room door open. Resident #1 sat in the recliner. A stop sign posted on the door stated to check with the nurse before entering. The PPE bin outside resident #1's door still had a N95 mask and face shield laying on top of the bin without a clean barrier underneath. During an observation on 9/22/20 at 8:00 a.m., Resident #1's door to room [ROOM NUMBER] remained open. The resident sat in the recliner eating breakfast. During an observation on 9/22/20 at 9:36 a.m., Resident #1's room door remained open. Observed room [ROOM NUMBER] with only 1 room in between room [ROOM NUMBER] (COVID negative area) and room [ROOM NUMBER] (COVID positive area). The resident in room [ROOM NUMBER] observed on 9/22/20 at 9:30 a.m. performing a nebulizer treatment (aerolizing breathing treatment) with the room door open out into the hallway. During an interview on 9/22/20 at 9:18 a.m., Resident #1 reported his/her room door is usually open. Staff C, Licensed Practical Nurse, performed hand hygiene, correctly donned PPE and entered Resident #1's room to provide care. During an observation on 9/22/20 at 3:00 p.m., Resident #1's room door remained opened. During an interview on 9/23/20 at 10:41 a.m. the Director of Nursing (DON), stated she would expect staff to perform hand hygiene between PPE equipment change going from the COVID positive care area to the COVID negative care area and don/doff PPE as trained. A staff education, dated 6/17/20, noted to please print your name/date on this sheet (of paper) below to acknowleding that you have been given proper education on where PPE is stored and on the sequence of applying and removing PPE. Use safe work practices to protect yourself and limit the spread of contamination. The Center for Disease Control and Prevention (CDC) document how to safely remove personal protective equipment (PPE) Example 1 included in step 5 to wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. A untitled, undated paper, submitted to the Surveyor on 9/23/20 at 2 p.m. by the Infection Preventionist documented: Charge Nurse read this at the beginning of your shift and keep in the med room and relay to your staff. Staff: remember room [ROOM NUMBER] and #31 are negative (for COVID). You need to change or wear new full PPE whenever you enter those two rooms. If working with all other rooms, you can continue to wear your same full PPE. Continue to wash you hands like you always have been. Your N95 (mask) is good for five uses. Please put N95 (mask) in a bag with negative residents to keep separated. A Hand Hygiene Policy, dated November 2019, provided by the facility, identified a purpose that handwashing is the single most important means of preventing the spread of infection. The Procedure directed the Staff will follow the facility's established hand hygiene procedures to prevent the spread of infection and disease to other staff, residents and visitors. In step 2 the procedure directed staff hands should be washed for 20-40 seconds using soap and water under the following conditions: a. When coming on duty. b. Whenever hands are visibly dirty. c. Before having direct contact with a resident. d. After having direct contact with a resident. e. Before performing invasive procedures. f. Before preparing or handling medications. g. Before handling clean or soiled dressings, gauze pads, etc. h. After handling used dressings, contaminated equipment, etc. i. After contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin. j. After handling items potentially contaminated with blood, body fluids, excretions, or secretions. k. After using the toilet, blowing or wiping the nose, or smoking. l. Before putting on gloves. m. After removing gloves. n. Before and after eating. o. Upon completion of duty and before leaving the facility. Step 3 identified hand sanitizer containing at least 60% alcohol may be used when soap and water is not readily available. (Hand sanitizer should not be used when hands are visibly dirty or contaminated with blood). The Infection Prevention and Control Program Policy, dated November 2019, provided by the facility, stated written standards, policies and procedures for the program included: standard and transmission-based precautions to be followed to prevent the

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) spread of infections. The Standard Precaution Policy, undated, provided by the facility under Personal Protective Equipment for Standard Precautions instructed staff to remove gloves promptly after use and before touching non-contaminated items or environmental surfaces and before providing care to another patient. Wash hands immediately after removing gloves. The Contact Precaution Policy, undated, provided by the facility under Contact Precautions instructed staff to wear gloves when touching the resident and their immediate environment or belongings. Remove gloves promptly after use and discard before touching non-contaminated surfaces or items. Wash hands immediately after removing gloves. 2. The Minimum Data Set (MDS) Assessment, dated 6/30/20, for Resident #3 identified a Brief Interview for Mental Status (BIMS) score of 10, indicating mild cognitive impairment. The MDS documented the resident as independent with transfer, ambulation and limited assistance with dressing and personal hygiene. The MDS listed a [DIAGNOSES REDACTED]. An Order Summary Report, signed by the physician on 8/18/20, documented an active order 6/22/20 for [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 Milligrams (gm)/3 Milliliters (ml). Three ml inhale orally three times a day related to [MEDICAL CONDITION], Unspecified. The Medication Administration Record [REDACTED]. Give 1 capsule by mouth two times a day for Pneumonia for 7 days starting 9/17/20. The MAR indicated [REDACTED]. A COVID test, dated 9/15/20, showed the resident tested positive for COVID 19. A Communication with Family Note, dated 9/18/20 at 4:06 p.m., documented Resident #3's family notified the resident tested positive for COVID 19 during routine testing. During an observation on 9/21/20 at 10:03 a.m., Resident #3 sat in the recliner in room [ROOM NUMBER] using a hand held nebulizer (aerosol generating breathing treatment). The roommate sat on the other side of the room with the privacy curtain pulled half-way between the two residents. The door to the room remained open to the West hallway. Staff E, CNA, entered room [ROOM NUMBER] wearing an N95 mask, face shield and gown while Resident #3 had the nebulizer running. Staff E brought the roommate's water pitcher out of the room and sat on top of the water cart. Filled the water mug with water, put the lid on the mug and walked back into room [ROOM NUMBER] to return the water mug to the roommate. Resident #3 continued to use the nebulizer with the privacy curtain pulled half way between the residents. Staff D, without performing hand hygiene, went over to Resident #3's side of the room and grabbed the resident's water mug. She brought Resident #3's water mug out to the water cart and placed on top of the cart. She removed the lid with her bare hands, filled with water and replaced the top of the mug. Staff E walked back into room to place the water mug by Resident #3. Resident #3 continued to use the nebulizer with the room door open. Staff E, without performing hand hygiene, went to room [ROOM NUMBER] and 24 and continued to refill water mugs without performing hand hygiene between each resident's mug. Staff E did not close the door to room [ROOM NUMBER] after exiting the room while Resident' 3#'s hand held nebulizer treatment continued. During an observation on 9/21/20 at 10:04 a.m., Staff F, Activities, came to the open doorway of room [ROOM NUMBER] while Resident #3 continued to use the nebulizer to get meal order for both resident's in room [ROOM NUMBER]. During an observation on 9/22/20 at 9:36 a.m., Resident #3 sat in his/her recliner utilizing a nebulizer breathing treatment in room [ROOM NUMBER]. The door to the room remained open to the room. During an interview on 9/21/20 at 3:10 p.m., Staff C, reported she goes in the room and sets up the nebulizer and then goes back to take the resident off of the nebulizer. She stated they had not received any direction on shutting the room doors during nebulizer treatments. If the resident wants the door open, then they leave the door open. It is up to the resident what they want. She reported she puts on a new N95 mask before going in. She goes back in and checks their pulse and lungs. Reported she does not disinfect her face shield when coming and going from the room after a nebulizer. The room doors are usually open. During an interview on 9/22/20 at 10:05 a.m. Staff G, CNA, reported the nurses have never instructed them to close down the room doors when a nebulizer is running or clean after the nebulizer is done. Staff G stated they have a lot of residents on nebulizers. During an interview on 9/23/20 at 7:23 a.m., the DON and Infection Preventionist (IP), reported they had not looked at use of nebulizers further and did not have systems in place for closing the doors, private areas or cleaning of area after nebulizer treatments. They had provided direction to staff to wear the N95 masks when resident were COVID positive and used nebulizers. Staff D, Infection Preventionist, reported 9/23/20 at 2:00 p.m., the facility did not have a hand held nebulizer policy. The Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Survey & Certification Group letter dated 8/26/20 Ref: 20-38-NH COVID 19 Focused Survey for Nursing Homes contains the following: For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability). Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur: Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown. The number of staff present during the procedure should be limited to only those essential for resident care and procedure support. AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed. Clean and disinfect the room surfaces with an appropriate disinfectant. Use disinfectants on List N of the EPA website that have qualified under EPA ' s emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2 or other national recommendations. 3. The Minimum Data Set (MDS) Assessment, dated 8/18/20, for Resident #4 showed a BIMS score of 14, indicating intact cognitive functioning. The MDS documented the resident as independent in transfer, ambulation and extensive assistance with dressing and personal hygiene. The resident required limited assistance for eating. The MDS listed a [DIAGNOSES REDACTED]. A Care Plan with an intervention dated 6/11/20, documented the resident had been advised it is recommended to wear a face mask while sitting in a group and a mask had been provided to him/her. The Care Plan directed staff would encourage Resident #4 to wear a mask while in group activities. A State Hygienic Laboratory test for 2019 Novel Coronavirus RNA showed the resident tested positive for COVID 19 on 9/16/20. During an interview on 9/21/20 at 9:30 a.m., the DON reported the facility had 22 residents testing positive for COVID 19 and a census of 24 residents. During an observation on 9/21/20 at 9:31 a.m., Resident #4 sat in a chair in the front lounge without a cloth mask on. Four other random residents, not included in the sample, sat in the front lounge. None of the residents were wearing cloth masks. During an observation on 9/21/20 at 11:33 a.m., the resident sat in the front lounge along with five other residents. All the residents were socially distanced. None of the residents were wearing masks. Staff present in the dining area did not offer masks or encourage cloth masks to be worn. During an interview on 9/21/20 at 3:10 p.m., Staff C, reported the DON said since all the resident's were positive (for COVID), to let them be. We cannot force them to wear masks. Staff C stated she could not remember how long it has been since they have asked resident to wear masks. During an observation on 9/22/20 at 7:41 a.m., Resident #4 sat in a chair in the hallway at the junction of the North and West hallways. He/she did not wear a cloth face mask. During an interview at this time, Resident #4 reported the staff have never asked him/her to wear a mask. During an observation on 9/22/20 at 7:51 a.m., Resident #4 sat across a table, socially distanced from another resident. Both resident faced each other, not wearing cloth masks. Staff present in the lounge did not offer cloth mask or encourage to wear masks. During an observation on 9/22/20 at 8:04 a.m., Resident #4 sat out in the front lounge with three other random residents, not included in the sample. None of the residents wore cloth masks. During an interview on 9/22/20 at 10:00 a.m., the DON reported she had called the Iowa Department of Public Health (IDPH) on Sunday and reported the facility had challenges with residents that were not safe to be left alone in their rooms. She reported that IDPH knew they had COVID positive resident out of their rooms without masks on. During an observation on 9/22/20 at 10:10 a.m., Resident #4 sat in a recliner in the front lounge. Three other residents sitting out in the lounge socially distanced. None of the residents wore cloth masks. During an interview on 9/22/20 at 10:05 a.m., Staff G reported each resident has their own mask since this whole COVID has started. She assumed residents are to wear their mask when they are out of their room or when out in the hallways. She reported residents do wear masks if they go out of the facility, but do not wear masks when staff go in to take care of them and noted residents out in the lounge are not wearing masks. During an interview on 9/22/20 at 11:09 a.m., a representative of the Iowa Department of Public Health (IDPH) reported she had received a phone call from the DON on Sunday 9/20/20 reporting they were experiencing challenges with keeping some dementia residents in their rooms and safety issues. She reported she didn't know what else to tell them, if safety is an issue they needed to do what they had to do. She reported the facility should still try to be encouraging the resident's to wear masks when out of their rooms and when the staff are in their rooms for cares. She reported the DON reported the facility staffing at that time as good. During an interview on 9/23/20 at 11:40 a.m., the DON reported resident had been given cloth masks and provided education on wearing masks, but some said they were not going to wear

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 2) them. Stated it had been a while back and she would have to look back to see when that had been. The DON stated they had not continued to try to have residents wear masks on an ongoing basis. The Droplet Precaution Policy, undated, provided by the facility documents droplet precautions are in addition to Standard Precautions plus masks and respirators. Wear a facemask, like a procedure or surgical mask within three feet of the resident. If the resident exits their room, they need to wear a facemask, avoid coming into close contact with other residents and practice respiratory hygiene and cough etiquette. The Reopening Plan Policy, undated, provided by the facility, under Phase 1 (June 9, 2020) documented residents, who have dementia, and who have an increased for falls, will be monitored. If the safety of the resident being isolated is in jeopardy, and if the resident is asymptomatic and is COV ID-19 negative, the resident will be relocated to an area that is easier for staff to observe. Resident will wear a facemask and be placed six feet or more away from others. The Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Survey & Certification Group letter dated 8/26/20 Ref: 20-38-NH COVID 19 Focused Survey for Nursing Homes contains the following: If residents have to leave their room, are they wearing a facemask or cloth face covering, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others)? 4. The Minimum Data Set (MDS) Assessment, dated 8/25/20, for Resident #6, showed a BIMS score of 15, indicating no memory impairment. The MDS identified the resident as being independent with transfer and ambulation, limited assistance with dressing and supervision with personal hygiene. The MDS listed a [DIAGNOSES REDACTED]. A Care Plan intervention, revised 6/12/20, documented the resident had been advised that it is recommended to wear a face mask while sitting in a group and a mask has been provided. Staff will encourage to wear a mask while in group activities. A State Hygienic Laboratory test dated 9/11/20 identified the resident tested positive for COVID 19. During an observation on 9/22/20 at 7:20 a.m., Resident #6 ambulated out of his/her room into the sunroom using a walker. The resident did not have a cloth mask covering his/her mouth and nose. During an interview on 9/22/20 at 7:20 a.m., Resident #6 stated staff have never asked him/her to wear a mask when they come in his/her room or when he/she goes out of his/her room. 5. Upon entrance to the facility on [DATE] at 9:30 a.m., the DON reported the facility had 22 resident's positive for COVID 19 and a census of 24 residents. The following observations were made: 9/21/20 at 9:31 a.m. Staff passed snacks to residents in the front lounge. Staff failed to offer hand hygiene to the five residents in the front lounge and failed to perform hand hygiene between each resident's snack pass. 9/21/20 from 9:50 a.m. to 10:15 a.m., Observed Staff E go in and out of rooms down the West hallway to refill water mugs. Staff E went room to room touching each resident's water mug and lid without performing hand hygiene between handling each water mug and between each room. 9/21/20 11:30 a.m., Staff E delivered lunch trays to resident rooms without performing hand hygiene between entering/exiting each resident rooms. 9/21/20 at 12:02 p.m., therapist at the facility front entrance for screening to enter the facility. Facility thermometer did not get sanitized after utilized for the screening. 9/21/20 at 12:10 p.m. Staff H, CNA, came out of room North 6 and delivered meal tray to room North 7 without performing hand hygiene. Staff H failed to perform hand hygiene before delivering a meal tray to room North 16. While in room [ROOM NUMBER], Staff H assisted the resident with putting on a clothing protector and adjust the resident seating position in the chair. Staff H did not perform hand hygiene and delivered another tray to room North 19. 9/21/20 at 12:11 p.m., the DON delivered a tray to a resident's room. Observed touching the front of her medical mask twice with bare hands. Donned new gloves without performing hand hygiene and delivered a room tray to North room [ROOM NUMBER]. 9/21/20 at 12:13 p.m., Observed Staff A, assigned to the West Wing on 9/21/20 (partial non-COVID care area), providing care for COVID negative residents prior to lunch, wore a N95 mask, face shield, gown and gloves and assisted Resident #4 and another resident not included in the sample with their lunch meals in the COVID positive area. 9/22/20 at 7:25 a.m., the Sunroom had a cloth chair facing the outside window. A lawn chair sat outside across from the window. During an interview with the DON on 9/22/20 at 7:25 a.m., the DON reported the staff had not been trained to disinfect the chairs or area after window visits. The staff had been trained to disinfect the facility phone after window visits. The cordless phone had been disinfected after the window visit last evening, but not the chairs or the sunroom. She reported that housekeeping would come in and clean the area. At 7:30 a.m. Staff I, Housekeeping, came in to clean the sunroom and reported the staff are trained to clean after a window visits. She didn't know if the training had been documented, but the DON should know. 9/22/20 7:31 a.m., two random residents, not included in the sample, observed out in the front lounge without cloth masks covering their faces. A nurse present in the lounge did not offer masks or direct staff to get the resident's masks. 9/22/20 at 9:15 a.m., Staff C, left the medication cart on the COVID care area and entered into the non-COVID care area. Staff C doffed her gown draping over the back of a chair in the nurses station, then doffed the face shield and N95 mask laying on the nurses desk without a clean barrier. Performed hand hygiene and donned a new disposable gown, N95 mask and face shield to enter room [ROOM NUMBER] in the non-COVID care area. After care, exited room [ROOM NUMBER], performed hand hygiene and doffed PPE. Donned the gown that had been draped over the back of the nurses station chair, put on the N95 mask and face shield and returned to the COVID care area. Staff C did not sanitize the nurses station desk or chair. 9/22/20 at 4:00 p.m., staff screened the surveyor to leave the facility for the day touching the thermometer to the Surveyor's forehead. After taking the Surveyor's temperature and initialing the screening form, staff walked out of the entrance area back down the North hallway without sanitizing the thermometer. 9/23/20 at 10:05 p.m., Observed Staff E, on the West hallway perform water pass. Staff E brought dirty dishes out of room [ROOM NUMBER]A and placed on the middle shelf of the water cart. Staff E went back into room [ROOM NUMBER]A and grabbed the water mug without performing hand hygiene. She removed the lid with her bare hands and filled the mug with water and returned the water mug back to the room. She then proceeded to room [ROOM NUMBER]B without performing hand hygiene and brought the water mug out and placed on top of the water cart. She opened the lid with her bare hands and filled the mug with water, replaced the lid and returned to room [ROOM NUMBER]B. Staff E then performed hand hygiene and entered room [ROOM NUMBER] and brought out the dirty dishes and placed on the middle shelf of the water cart. Staff E went back into room [ROOM NUMBER] without performing hand hygiene and brought the water mug out to the cart and filled with water and returned back to room [ROOM NUMBER]. Staff E then performed hand hygiene. Staff E continued to complete water pass removing dirty dishes and without performing appropriate hand hygiene. During an interview on 9/23/20 at 11:40 a.m., the DON reported she would expect staff would sanitize their hands between delivering each resident's meal tray and between refilling water mugs. Staff should not handle dirty dishes and then refill the water pitchers without performing hand hygiene. She would expect that staff would don/doff PPE as trained. She reported she expected that staff would be sanitizing the thermometer after each employee or visitor is screened.
F 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation and interviews, the facility failed to notify the family of the active COVID 19 status of residents and staff in the facility for 1 of 6 residents sampled, (Resident #1). The facility identified a census of 24 residents. Findings include: A History and Physical, dated 9/9/20, for Resident #1 documented ongoing [DIAGNOSES REDACTED]. An Admission Record showed the resident admitted to the facility on [DATE]. The Progress Notes from 9/17/20 - 9/22/20 lacked documentation the family had been informed of the COVID status of the facility. During an interview on 9/22/20 at 10:00 a.m., the Director of Nurses reported Social Services had notified Resident #1's son on 9/17/20 of the COVID status of the facility when she met with the son to do the admission paper work. During a telephone interview on 9/22/20 at 1:10 p.m., Resident #1's son stated he did meet with Social Services outside the facility on 9/17/20 to do the admission paperwork. He had been informed that the resident would be on a 14 day isolation/quarantine as part of being a new admission to the facility. He stated he had not been informed the facility had active positive resident and staff cases of COVID in the facility or that he could check the facility website for updates on the facility. During an interview on 9/23/20 at 10:30 a.m., Staff J, Social Services, reported she had met with Resident #1's son on 9/17/20 in the back entry of the facility. The son had worn a mask while doing the admission paperwork. She thought that she had informed the son of the COVID status in the facility, but had received a phone call on 9/22/20 from the son indicating that he had not been made aware after talking with the surveyor. She said the normal process is to meet with any new admission family either in the entryway or in the gazebo. The family have to wear masks while doing the paperwork. She reported she and the Administrator usually call family personally to inform of COVID status and the Administrator then does regular updates on the website. During an interview on 9/23/20 at 12:26 p.m., the Administrator reported they would inform family prior to the admission on the COVID status of the facility, but she wasn't involved when Resident #1 had been admitted and cannot speak to that admission.