STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165494	A. BUILDING _____ B. WING _____	**06/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRIPOLI NURSING & REHAB	**604 THIRD STREET SW TRIPOLI, IA 50676**

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 record review, observation and interviews the facility failed to screen employees for current symptoms of Coronavirus and to follow the Iowa Department of Public Health (IDPH) and Center for Disease Control and Prevention (CDC) Guidance for use of appropriate eye protection for employees during the COVID 19 pandemic. The facility identified a census of 19 residents. Findings include: 1. Upon entrance to the facility on [DATE] at 8:15 a.m., the Administrator screened the surveyor for COVID 19 for entrance to the facility. The Administrator used an undated form titled, COVID-19 Daily Screening for All Services in the Building. The form screened for the following: Name Time Do you currently have any signs/symptoms of respiratory infection? Cough, fever, shortness of breath, sore throat? In the last 14 days have you been in contact with anyone with a confirmed case of COVID 19 ,or other respiratory infection? Have you traveled out of the state in the last 14 days or contact anyone who has been out of the country in the last 14 days? Do you reside in a community where community-based spread of COVID 19 is occurring? Temperature During an interview with the Administrator on 6/9/20 at 8:20 a.m., the Administrator reported the facility uses the same COVID Screening Form for anyone entering the facility. The COVID 19 Screening Form lacked screening for current signs of Coronavirus established by the Center for Disease Control and Prevention (CDC), retrieved from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html including: muscle aches, headache, new loss of taste or smell, nausea, vomiting and diarrhea. The COVID Screen Form lacked of documentation to screen for muscle aches, headache, new loss of taste or smell, nausea, vomiting and diarrhea. During an interview on 6/9/20 at 11:15 a.m., Staff A, Registered Nurse, (RN), reported she does not recall ever being screened for muscle/body aches, new loss of taste or smell, nausea, vomiting or diarrhea prior to her shift. Staff A reported she works at the facility two days a week and works at another long-term care facility in another town five days a week. She confirmed the COVID Screening form does not inquire about muscle or body aches, new loss of taste or smell, nausea, vomiting or diarrhea. On 6/9/20 at 11:40 a.m., the Director of Nursing, (DON), provided an undated document titled, COVID Signs and Symptoms. The document directed the staff in some of the symptoms to look for including a temperature greater than 100.4 degrees, new cough, new shortness of breath, new sore throat and general fatigue. The document noted that everyone presents symptoms differently and if staff did not feel well prior to their shift, they were to contact the facility prior to the start of their shift. The document did not direct staff to look for COVID 19 symptoms of muscle aches, headache, new loss of taste or smell, nausea, vomiting or diarrhea. During an interview on 6/9/20 at 11:40 a.m., the DON, reported the facility did not have a COVID 19 policy that directed staff on the screening process. She stated the facility not been screening for the additional signs of COVID 19 since the facility started screening mid-March 2020. During an interview on 6/9/20 at 11:45 a.m., the Administrator, reported he would expect the COVID 19 Screening Form to be up to date with the current COVID symptoms for screening and the facility to follow CDC requirements for staff screening. 2. Upon entrance to the facility on [DATE] at 8:15 a.m., the Administrator reported staff are wearing cloth (homemade) masks for their shift and then staff dispose of the cloth masks in a dirty hamper at the end of the shift. The facility laundry department launders the cloth masks. During a walk thru of the facility on 6/9/20 at 8:35 a.m., the surveyor noted one staff member passing medications and two other staff members passing resident meal trays. Two of the three staff were wearing cloth masks with prescription eye glasses that did not cover the sides of the face or the entire face. During an observation on 6/9/20 at 8:37 a.m., Staff B, Certified Medication Aide, (CMA), wore personal prescription eye glasses that did not cover the sides of the eyes or face with a homemade cloth face mask as he passed medications. During an interview on 6/9/20 at 8:38 a.m., Staff B, reported he had been informed by administration that staff could wear regular eye glasses as part of personal protective equipment (PPE) and did not have to wear the goggles. During an interview on 6/9/20 at 8:45 a.m., the DON, reported the facility only had two boxes of medical masks left, so staff were required to wear the cloth masks. She reported staff have one cloth mask and wear all shift, unless the mask becomes soiled. She reported the facility had over 100 of the cloth masks for staff to use. She reported that many of the staff have eye glasses and the eye glasses fog up when they try to use the goggles, so they do not wear the goggles. The DON reported staff should be wearing appropriate eye protection during resident cares. During an observation on 6/9/20 at 9:30 a.m. Staff A, Registered Nurse, (RN) entered room [ROOM NUMBER] to perform wound care. Staff A wore a medical mask and personal prescription eye glasses that did not cover the sides of the eyes to perform the care for the resident. During an observation on 6/9/20 at 10:10 a.m. Staff C, Certified Nursing Assistant, (C.N.A.) and Staff D, C.N.A., entered room [ROOM NUMBER] to provide resident care. Staff C and D wore homemade cloth face masks and plastic goggles. The plastic goggles did not cover the sides of the face or the cloth mask. During an observation on 6/9/20 at 11:28 a.m., Staff B, entered room [ROOM NUMBER] to perform a blood sugar. Staff B wore a medical mask and personal eye glasses that did not cover the sides of the eyes. During an interview on 6/9/20 at 11:40 a.m., the DON, reported the facility had not had face shields available, but received a federal shipment of PPE in last week, middle to end of the week, but could not recall when the shipment actually came in. She reported the federal shipment included face shields for the staff. She reported the facility had not implemented the face shields with the use of the cloth face masks and had not required staff to use goggles which covered the sides of the eyes when wearing the medical masks. The National Institute for Occupational Safety and Health (NIOSH), Eye Safety Infection Control (March 29, 2013), retrieved from https://www.cdc.gov/niosh/topics/eye/eye-infectious.html, directed workers should understand that regular prescription eyeglasses and contact lenses are not considered eye protection. The Center for Disease Control and Prevention Strategies for Optimizing the Supply of Facemasks (March 17, 2020) retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html, provided the following guidance: In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. The Iowa Department of Public Health (IDPH) document titled, Use of Homemade Face Masks with Face Shields for Patient Care when Commercially-produced Personal Protective Equipment (PPE) is Unavailable (March 27, 2020), retrieved from https://idph.iowa.gov/Portals/1/userfiles/7/Homemade%20Mask%20Guidance%20for%20health%20care%20workers.pdf, directed the following: Face shields should always be used in conjunction with homemade face masks. Face shields must be used in direct patient care to cover the mask so the same mask can be used when providing care to multiple patients. Face shields can be cleaned and re-used by the same user, so please do not discard if it is still functional. Face shields can be worn through multiple patient interactions without cleaning, until visibility is impaired or a non-cleanable portion of the shield (e.g., foam head band) becomes visibly soiled. The Iowa Department of Public Health, Personal Protective Equipment Guidance, dated 4/2/20, retrieved from https://idph.iowa.gov/Portals/1/userfiles/7/LTC%20PPE%20Recs%20Doc.pdf, provided the following guidance: The Iowa Department of Public Health is recommending that healthcare workers that provide patient care

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) in long term care facilities should use a minimum level of personal protective equipment (PPE) for all patient care activities. These healthcare workers should use a face mask and eye protection for all patient encounters. The Iowa Department of Public Health recognizes this recommendation is being made while PPE is in short supply, however, the protection of our healthcare workforce and the vulnerable populations that live in long term care settings are important priorities. During an interview on 6/9/20 at 12:50 p.m., the Administrator reported he would expect the facility would follow the CDC and IPDH recommendations regarding the use of appropriate eye protection.