

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2020
NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 233 UNIVERSITY AVENUE DES MOINES, IA 50314	
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F 000 ✓ QM	<p>INITIAL COMMENTS</p> <p>Correction date <u>7-28-20</u></p> <p>The following deficiency relates to a COVID-19 Survey and the investigation of Complaint #91529-C conducted June 22 to July 2, 2020.</p> <p>Complaint #91529-C was substantiated.</p> <p>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p> <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must 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.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and</p>	F 000		
F 880 SS=K		F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/19/2020

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 880	<p>Continued From page 1</p> <p>procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p> <p>The facility will conduct an annual review of its</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. The facility allowed staff to work and provide care to residents after reporting signs and symptoms of COVID-19, and subsequently tested positive for COVID-19. Furthermore, the facility failed to ensure staff that provided care to residents, and working in COVID-19 positive resident areas or presumed positive resident care areas wore appropriate personal protective equipment (PPE). The facility staff cared for residents which tested positive for COVID-19, and then assisted with the care of other residents in the facility. The facility reported they had an outbreak of COVID-19, a total of 55 residents that tested positive for COVID-19, and 10 residents that died of COVID-19. Additionally, the facility failed to ensure all staff were thoroughly screened before they began their scheduled shifts. These findings constituted an immediate jeopardy (IJ) to resident health and safety. The facility reported a census of 80 residents.</p> <p>Findings include:</p> <p>1. Review of The American Health Care Association (AHCA) COVID-19: Screening Checklist dated 5/18/20, identified Staff A, Certified Nurses Aid (CNA), with a headache; on the Prevent COVID-19 screening logs dated 5/25/20 Staff A reported a new cough; 5/26/20 and 5/27/20 with shortness of breath; 5/28/20</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>with both a cough and shortness of breath, on 6/1/20 the form contained documentation that revealed Staff A had a cough and headache, and her last day of work on 6/2/20 listed symptoms of a cough, shortness of breath, and a headache. Staff A reported a positive COVID-19 test on 6/3/20.</p> <p>Review of the Employee Time sheet documented Staff A worked 31.59 overtime hours during the pay period week 5/22/20 through 5/28/20, for a total of 71.59 hours. Staff A was allowed to work 5/22/20, 5/24/20, 5/25/20, 5/26/20, 5/27/20, 5/28/20, 5/29/20, 6/1/20, and 6/2/20 prior to receiving a positive COVID-19 test on 6/3/20 at 8:55 a.m.</p> <p>During an interview on 6/23/20 at 11:15 a.m., Staff B, Assistant Director of Nursing (ADON) reported the Director of Nursing (DON) checked the Prevent COVID-19 screening tool a couple times per shift and if staff answered yes to any questions she asked them about it but they "explained it away."</p> <p>During an interview on 6/24/20 at 10:05 a.m., Staff A reported when she arrived on the floor during a typical work day she washed hands, and checked her own temperature, if she could find a thermometer. She reported she had signs and symptoms of shortness of breath, headache, and occasional diarrhea. She reported the charge nurse was aware of her symptoms as she "was being checked up on due to working so many extra shifts," she was not sent home on any day she worked.</p> <p>During an interview on 6/29/20 at 2:05 p.m., the DON reported she tried to follow up with staff</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>when they marked yes on the screening tool. When staff had a number of yes's she would ask them if it was a normal symptom for them.</p> <p>The AHCA (American Healthcare Association) COVID-19 Screening Checklist for Visitors and Staff directed all individuals entering the building must be asked the following questions: (1.) Has the individual washed their hands or used alcohol-based hand rub (ABHR) upon entry? (2.) Ask if they have any of the following respiratory symptoms: cough, shortness of breath, fever, headache, chills, muscle pain - if yes to any, restrict them from entering the building. (3.) (a.) Staff to check temperature and document results, if a fever present, restrict from entering the building. (b.) Ask if they have worked in a facilities or locations with recognized COVID-19? If yes, ask if they worked with a person with confirmed COVID-19? If yes, require them to wear PPE, including mask, gloves, gown before any contact with residents and proceed to step 4. (4.) Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Staff, when there are cases in the facility, implement universal use of facemask for all Health Care Providers (HCP) while in the facility. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or if not available, a facemask) for the care of all residents, regardless of presence of symptoms.</p> <p>2. Review of The Prevent COVID-19 screening logs and AHCA COVID-19: Screening Checklists dated 5/22/20 through 5/29/20, revealed the facility lacked documentation from Staff E, Admissions. Staff E worked in the facility during this time.</p>	F 880		

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F 880	<p>Continued From page 5</p> <p>Review of the Employee Time sheet documented Staff E worked 5/22/20, 5/26/20, 5/27/20, and 5/28/20. The Employee Time Sheet recorded Staff E clocked-out on 5/28/20 at 1 p.m.</p> <p>During an interview on 6/24/20 at 9:24 a.m., Staff E reported he became ill on 5/22/20 with fever, chills, dizziness, and body aches. He was off the weekend and returned after the Memorial Day holiday on 5/26/20 upon which he was tested for COVID-19 after work. Staff E stated he received notification that he was COVID-19 positive on 5/28/20 at 10:02 a.m.</p> <p>3. Review of the Healthcare Services Group Employee Work Schedule from 5/10/20 through 6/24/20, the Prevent COVID-19 screening logs, and the AHCA COVID-19: Screening Checklist dated 5/10/20 through 6/24/20, identified the following Staff G, H, I, J, K, L, M, and N, employees from the housekeeping department, failed to adequately complete the Prevent COVID-19 screening logs from 5/10/20 through 6/24/20 (378 shifts), 17 screening tools were completed accurately by Staff G, H, I, J, K, L, M, and N, throughout this time period. Staff G, H, I, J, K, L, M, and N were allowed to work in the facility from 5/10/20 through 6/24/20.</p> <p>4. Review of the Employee Time sheet revealed Staff T, CNA, worked 32.67 hours of overtime during pay periods pay periods 4/10/20 through 4/23/20. Further review of her time sheet revealed from 4/24/20 through 5/7/20 she worked 14 hours of overtime. Staff T worked the following days: 4/10/20, 4/11/20, 4/12/20, 4/13/20, 4/14/20, 4/15/20, 4/16/20, 4/17/20, 4/18/20, 4/19/20, 4/21/20, 4/22/20, 4/23/20, 4/24/20, 4/25/20, and</p>	F 880		

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F 880	<p>Continued From page 6 4/26/20.</p> <p>During an interview on 6/24/20 at 8:33 a.m., Staff T reported that pay periods 4/10/20 through 4/23/20, and 4/24/20 through 5/7/20, she would bring gowns from home because there was not enough in the facility. She also revealed that she would put plastic bags on her feet as shoe covers, sometimes there were not any gloves. Staff T reported she was notified by the DON on 4/26/20 at 4:43 p.m. that she tested positive for COVID-19.</p> <p>5. Observations revealed the following:</p> <p>a. On 6/22/20 at 8:55 a.m., Staff H, Housekeeper, wore only a mask as PPE; she reported that she knew she needed either a face shield or goggles but the facility did not have any available.</p> <p>b. On 6/22/20 at 8:55 a.m., Staff I, Housekeeper, worked in the staff designated Clean Room on the 4th floor wearing mask and face shield PPE but failed to wear gown, hair covering, gloves and foot covers.</p> <p>During an interview on 6/23/20 at 9:55 a.m., Staff H reported she enters the facility through the back entrance and does not don any PPE until she arrives on 2nd floor where her PPE is stored. Staff H reported that she has been wearing the same mask for over 3 months and face shield over 1 month. She reported that she had not had her temperature checked or had not completed The Prevent COVID-19 screening log or AHCA COVID-19: Screening Checklist in approximately 2 months. She reported that no one on the 3rd floor is in isolation.</p> <p>During an interview on 6/23/20 at 9:15 a.m., Staff</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>L, Housekeeping Manager, reported that she enters the back entrance with her mask and goggles on, walks to the main entrance of the building and completes The Prevent COVID-19 screening tool or AHCA COVID-19: Screening Checklist. Staff L reported she had followed the honor system and had not audited staff completion of the tool but stated they had been told to do so, so she believed they had.</p> <p>Review of The American Health Care Association (AHCA), COVID-19 Screening Checklist for Visitors and Staff revealed all individuals entering the building must be asked the following questions: (1.) Has the individual washed their hands or used alcohol-based hand rub (ABHR) on entry? (2.) Do they have any of the following respiratory symptoms: cough, shortness of breath, fever, headache, chills, muscle pain-if yes, to any restrict them from entering the building. (3.) (a.) Staff to check temperature and document results, if a fever present, restrict from entering the building. (b.) Ask if they have worked in a facilities or locations with recognized COVID-19? If yes, ask if they worked with a person with confirmed COVID-19? If yes, require them to wear PPE, including mask, gloves, gown before any contact with residents and proceed to step 4. (4.) Allow entry to building and remind the individual to: wash their hands or use ABHR throughout their time in the building. Staff, when there are cases in the facility, implement universal use of facemask for all Health Care Providers (HCP) while in the facility. Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator, or if not available, a facemask) for the care of all residents, regardless of presence of symptoms.</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>6. Observation revealed on 6/22/20 at 9:06 a.m. Staff O (CNA) wore only a face mask for PPE. She reported that she did not have her face shield with her today.</p> <p>7. Observation on 6/22/20 at 9:10 a.m., on the 3rd floor in the hallway outside room #301 revealed soiled trash stacked on floor consisting of boxes, dirty gloves, an old basin, emitting a foul odor.</p> <p>8. Observation on 6/22/20 at 9:12 a.m., revealed Staff P, Registered Nurse (RN), in hallway of the 3rd floor outside room #314 wearing a mask for PPE with her eye goggles sitting on top of her head.</p> <p>During an interview on 6/23/20 at 10:40 a.m., Resident #7 reported nursing staff educated her to stay in her room, wash her hands, and wear a mask when in hallway. The resident reported the facility did not provide hand sanitizer but "sometimes staff wash their hands upon entering my room."</p> <p>9. Review of the notification to families by the facility titled, University Park Nursing and Rehabilitation Family Update, completed via telephone logs indicate communication was done between 4/24/20 through 6/25/20, on 4/24/20, 5/13/20, 5/19/20 and 6/4/20 with the facility unable to provide documentation of telephone notification logs on 5/1/20, 5/8/20, 5/29/20, 6/12/20 and 6/19/20. Notification to Families by the facility completed in the form of a letter were completed on 4/25/20, 5/8/20, 6/4/20, and 6/10/20 with the facility unable to provide documentation of notification in the form of letter on 5/1/20, 5/13/20, and 6/19/20.</p>	F 880		

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F 880	<p>Continued From page 9</p> <p>During an interview 6/22/20 at 3 p.m., Staff Q, reported that Family Notification of COVID-19 updates are done weekly by telephone and bi-weekly by letter, as of 6/22/20 all updates will be available to families on Face Book. Staff Q verbalized that the facility follows Iowa Department of Public Health (IDPH) policy for admissions.</p> <p>10. Observation 6/25/20 at 12:40 p.m., revealed of one yellow isolation gown with face shield hanging on wall of 3rd floor between room of 305 and 307.</p> <p>During an interview on the 3rd floor on 6/23/20 at 11:15 a.m., with Staff B, reported there was not any residents with isolation precautions on the 3rd floor and all isolation patients were on the 4th floor as they all are positive for COVID-19. Staff B, said everyone is quarantined in a private room for 14 days, and not placed in isolation as there is no reason to be in isolation because all residents have a negative COVID-19 test result. Staff B stated the facility does not accept positive COVID-19 admissions.</p> <p>During an interview 6/22/20 at 12:00 pm with Staff B, and observation of resident rooms, Staff B reported the following residents were not in isolation or quarantine and no one on 3rd floor is in isolation: residents #3 with a readmission date of 6/15/20, #7 with admission date of 6/10/20, #8 with admission date of 6/10/20, #9 with admission date of 6/19/20, and #10 with admission date of 6/20/20.</p> <p>During an interview 6/23/20 at 9:35 a.m. with Staff AA, CNA, reported she does not know what type</p>	F 880		

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F 880	<p>Continued From page 10</p> <p>of isolation residents are in, they wear whatever PPE is outside of the residents room. She added they would know they type of isolation the residents require only if they were told.</p> <p>During an interview on 6/23/20 at 9:15 a.m., Staff AA, reported every new admit has to be quarantined for 14 days.</p> <p>During an interview on 6/23/20 at 9:35 a.m., Staff X, CNA, reported that they never know who is in isolation and they wear whatever PPE is outside the resident door. Staff X said they do not know what precautions to use, stating "you don't know if a resident is in isolation or quarantined unless you are told, so you put on everything." When asked, Staff X reported that nobody reviewed the screening tools and staff did not notify anyone if they marked yes.</p> <p>During an interview on 6/24/20 at 12:40 p.m., Staff DD, CNA, reported she did not know what happened if she answered yes to a question on the Prevent COVID-19 screening log. She stated she knew when a resident is in isolation because there will be gowns and bins outside their door, but no signage indicating what PPE is required.</p> <p>During an interview on 6/24/20, Staff FF, Medical Records, reported there would usually be a cart or magnet on door if the resident was in isolation, but she would usually ask staff. Staff FF reported she had not had her skills validated on the donning and doffing checklist.</p> <p>During an interview on 6/24/20 at 2:25 p.m., Staff EE, CNA, reported she usually worked on the 4th floor and upon arrival to the facility she clocked-in, put on her mask and gloves, and</p>	F 880		

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F 880	<p>Continued From page 11</p> <p>checked her temperature by herself or with a nurse. Staff EE said the PPE she used was gloves and mask as that is all she was provided. She stated she was not provided gowns, shoe covers, or a face shield. Staff EE reported she was not "checked off" on donning and doffing PPE.</p> <p>Upon review of IDPH Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities, IDPH recommends that all new admissions or returning residents, no matter the source, test result, or COVID-19 status, be isolated for a minimum of the first 14 days of their stay.</p> <p>Upon review of Personal Protective Equipment (PPE) Competency Validation Donning and Doffing Standard Precautions and Transmission Based Precautions, the facility provided documentation for both Staff EE and Staff FF that the employees were both deemed competent with residents in Standard Precautions, Contact Enteric Precautions, Droplet Precautions, and Airborne Precautions. Staff EE had date of completion 4/27/20 and Staff FF had a completion date of 4/24/20.</p> <p>During an interview with Staff S, Dietary Manager, he reported dietary staff enter through the back entrance then he checks their temperature and completes the Prevent COVID-19 screening tool, and then they don masks. He stated they are to wear face shields when they leave the kitchen and go upstairs. He reported he does perform audits to ensure staff wear the correct PPE, but did not log this information. He stated the evening staff are screened and complete the Prevent COVID-19 screening tool at the main entrance</p>	F 880		

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F 880	<p>Continued From page 12</p> <p>desk. On 6/23/20 the screening tool for 6/22/20 revealed the facility was unable to provide screening log documentation from three evening kitchen employees indicating they completed the screening process: Staff CC, II, and JJ.</p> <p>11. Observation 6/22/20 at 8:00 a.m., revealed a Dietary Aide on 3rd floor wore no PPE other than a face mask. When asked, she reported that she thought her eye glasses were good enough and protective eyewear was not needed.</p> <p>During an interview on 6/24/20 at 1 p.m., Staff U, Licensed Practical Nurse (LPN), reported she entered the facility that entered via the back door, donned don a mask, went to her assigned floor, took her own temperature, and then completed the Prevent COVID-19 screening tool or AHCA COVID-19: Screening Checklists. When asked, she estimated approximately half of the staff did not consistently complete the Prevent COVID-19 screening tool. Staff U reported she also did not complete the tool several times and did not receive any follow up. Staff U reported she had a cough and an occasional fever when she worked and Assistant Nursing Director rechecked her temperature. She stated even if staff had signs or symptoms of COVID-19 they were not sent home because the facility was short staffed. She reported on 5/18/20 she began to not feel well and on 5/21/20 she tested positive for COVID-19 and had shortness of breath. Staff U was allowed to work 5/18/20, 5/19/29, 5/20/20, and 5/21/20.</p> <p>During an interview with 3rd floor RN Staff Won 6/22/20 at 9:08 a.m., she reported at one point the facility ran out of hand sanitizer and now the DON makes it for them by mixing sanitizer and aloe, although she is uncertain of the alcohol</p>	F 880		

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F 880	<p>Continued From page 13</p> <p>percentage. Staff W said she brings her own hand sanitizer from home.</p> <p>12. Review of the Employee Time Sheet Report documented Staff D, CNA worked on 5/12, 5/14, 5/15, 5/18, 5/19, 5/20, 5/21.</p> <p>Review of the COVID-19 screening log identified Staff D had no AHCA screening checklist or employee screening log completed 5/14, 5/15, or 5/18/20.</p> <p>Staff D had a COVID-19 test performed on 5/19/20, and received COVID-19 test result on 5/21/20, which revealed COVID-19 detected. Staff D worked 5/21/20 until 2:00 p.m.</p> <p>The Worker's Compensation claim revealed a date of injury 5/21/20 and listed COVID-19 as the nature of injury.</p> <p>During an interview on 6/23/20 at 10:25 a.m., Staff D reported she had a migraine headache and nausea during the week of 5/12/20 but continued to work. Staff D reported the facility had performed a COVID-19 test twice during the time while she worked and was told if she didn't hear anything that her test result was negative. Staff D stated she decided to get a COVID-19 test through the Test Iowa site when she continued to feel terrible and had no relief from her headache. Staff D reported she had marked on the screening log when she had symptoms and had told her manager but she was not sent home when she had those symptoms. Staff D reported visitors had screened whenever they came to the facility but staff screening had not been consistently performed. Staff D reported when she arrived for her work shift, she often times did not have her temperature taken</p>	F 880		

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F 880	<p>Continued From page 14</p> <p>because with a thermometer was unavailable or not working. Staff D reported at times she took her own temperature but then couldn't find the clipboard with the screening logs to record her temperature or document any symptoms. Staff D confirmed nobody took her temperature before she left the facility at the end of her shift. Staff D reported her COVID-19 test on 5/21/20 through Test Iowa was positive.</p> <p>On 6/23/20 at 10:25 a.m., Staff D reported she didn't know which residents were positive for COVID-19, but he cared for all residents as if they were on isolation. Staff D reported she had found out one resident (Resident #6) on the 4th floor had tested negative for COVID-19 but she didn't know and wore an isolation gown in his room.</p> <p>On 6/29/20 at 9:45 a.m., the DON provided the surveyors the screening checklists the facility used for staff and visitors. The DON reported the screening logs and checklists contained all of the records they had since they started the screenings March, 2020. At 11:38 a.m., the DON confirmed she had created a spreadsheet with employee names, COVID-19 test dates, and COVID-19 test results, but only the most recent test results were on the spreadsheet. The DON confirmed she sent the information to the IDPH every other week.</p> <p>During an interview 6/29/20 at 10:55 a.m., the Human Resource (HR) /Payroll Director reported employee COVID-19 test results sent to the DON. Whenever an employee had a COVID-19 test at Test Iowa, the test results were sent directly to the employee. The employee then provided her a copy of the results and she submitted the</p>	F 880		

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F 880	<p>Continued From page 15</p> <p>information to workman's compensation.</p> <p>During an interview 6/29/20 at 10:55 a.m., the HR Director reported Staff D provided her COVID-19 test results from Test Iowa on 5/21/20. At 11:35 a.m., the HR Director reported the facility started screening staff the week prior to the surveyors entering the facility. If staff had tested positive but had no symptoms they were told by the Medical Director they could return to work.</p> <p>13. Review of the AHCA COVID-19 screening checklist identified Staff F, CNA, revealed only a temperature documented on the screening form on 5/12 and 5/13/20.</p> <p>Review of the Employee Time Sheet Report documented Staff F worked on 5/1, 5/2, 5/3, 5/5, 5/6, 5/7, 5/9, 5/10, 5/12, 5/13, and 5/14/20.</p> <p>Review of the Worker's Compensation form revealed Staff F had an injury date 5/14/20 at 9:00 a.m., and documented COVID-19 as the nature of injury. The Employee Time Sheet Report recorded Staff F worked 5/14/20 6:15 am-2:15 p.m.</p> <p>During an interview 6/25/20 at 9:25 a.m., Staff F reported she normally worked on the 4th floor. Staff F reported she took her temperature when she arrived on the unit to work, then she donned a mask and a face shield. Staff F reported she had contact with another staff person who had tested positive on 5/10/20 for COVID-19. Staff F reported she had a cough and chest pressure on 5/12/20. Staff F scheduled an appointment to have a COVID test with Test Iowa on 5/12/20, and received her COVID test results on 5/14/20, which indicated she tested positive for COVID-19.</p>		F 880	

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F 880	<p>Continued From page 16</p> <p>At that time, she told Staff V, ADON, she had tested positive for COVID-19 and then told Staff V she needed to go home. Staff F reported she had told several staff, including her charge nurse and Staff V she didn't feel right while working on 5/12/20 but continued to work until she received the COVID-19 test results. Staff F reported the Administrative staff were more worried if a staff member had an elevated temperature, then if they had respiratory symptoms or other symptoms, such as chest pressure or cough.</p> <p>During an interview 6/29/20 at 10:55 a.m., the Human Resource/Payroll Director reported Staff F provided her COVID-19 test results from Test Iowa on 5/14/20.</p> <p>14. Review of the employee timesheet report revealed Staff KK worked 5/2 through 5/10/20.</p> <p>Review of the AHCA and COVID-19 screening logs revealed Staff KK had no screening performed or temperature checked 5/2 - 5/20/20.</p> <p>During an interview 6/24/20 at 11:15 a.m., Staff KK / CNA reported when she arrived to work, she went to the 4th floor unit, and needed a temperature check, but often times had no thermometer available or the nurse was not available to check her temperature. Staff KK reported sometimes she had her temperature checked during the shift. Staff KK reported she developed a cough and wheezing 5/10/20. Staff KK thought it was related to her asthma. Staff KK stated she told the nurse on duty she couldn't breathe. The nurse administered a nebulizer breathing treatment. Staff KK stated she tried to go home but the on-call nurse wouldn't let her leave until they found a replacement first. Later</p>	F 880		

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F 880	<p>Continued From page 17</p> <p>that day, when her shift ended, a friend took her to the Emergency Department. The ED staff told her she needed to quarantine. Two days later, Staff KK received a call from the hospital her COVID-19 test was positive. Staff KK then contacted HR to advise of her positive COVID-19 results.</p> <p>Observations revealed the following:</p> <p>a. On 6/22/20 at 7:50 a.m. a sign by the front entrance directed all employees must enter at the back door of the facility by the parking lot. At 7:57 a.m., Staff C, therapy, walked across the employee parking lot toward the back door. Staff C entered a code on a keypad lock, opened the back door, and walked through the back corridor past the kitchen, time clock, elevators, and business office. Staff C had no mask, face shield, or goggles on. Staff C had no temperature or screening completed. At the time, the surveyor inquired about screening. Staff C shook his head no.</p> <p>b. At 8:04 a.m., Staff II, Administrative Staff, took the surveyor to the front lobby area after the surveyor inquired about screening and wore no mask, goggles, or face shield on. Staff II reported no thermometer in the area and asked Staff BB/Restorative Aide where the thermometer went. Staff BB said she had no idea where the thermometer was located so she searched the area and did not find a thermometer. At 8:07 a.m., Staff II and Staff BB contacted Staff GG, CNA, and reported no thermometer. Staff GG left the area and at 8:10 a.m., Staff V, RN/ADON, brought a thermometer to the front lobby. Staff II, Staff BB, Staff GG did not wear a mask, goggles, or face shield and Staff BB reported she had not</p>	F 880		

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F 880	<p>Continued From page 18</p> <p>had time to put a mask or goggles on. Staff GG confirmed they had COVID-19 cases in the building. At the time, the clipboard at the front entrance contained screening logs for 6/19/20 and 6/22/20 with one name listed, the screening log dated 6/20/20 had five names listed, and no log found for date of 6/21/20.</p> <p>c. At 12:10 p.m., Staff BB, sat by a table in the front lobby wearing a facemask and goggles.</p> <p>d. On 6/29/20 at 7:33 a.m., a sign on the front door directed everyone must check their temperature before they entered or left the facility. Two binders with screening logs for staff/visitors sat on a table in the front lobby. One binder labeled "in" and one binder labeled "out". The screening logs included a temperature check and "yes/no" questions about symptoms for staff/visitors to mark.</p> <p>e. On 6/22/20 at 8:50 a.m., Staff Z, CNA, stood by the nurse's station on the 4th floor wearing a mask with her goggles perched upon the top of her head. Staff Z reported all residents on the 4th floor had COVID-19 except one. She stated whenever she came to work, she entered through the back door entrance, clocked in, went to the 4th floor, and had her temperature checked.</p> <p>f. On 6/22/20 at 8:55 a.m., Staff I, housekeeper, stood in Room 416 with the door open into the COVID-19 hallway wearing a face shield, glasses, and mask only.</p> <p>g. On 6/22/20 at 9:02 a.m., Staff D, CNA, stood in the North hallway by a resident's room. Staff D wore a blue gown, hair covering, face shield, and mask, but had no shoe covers on. Staff D</p>	F 880		

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F 880	<p>Continued From page 19</p> <p>reported all residents that resided on the North Hall had COVID-19 except Resident #6, so that resident had plastic covering the doorway.</p> <p>h. On 6/22/20 at 9:07 a.m., the 4th floor East Hallway soiled utility room contained several bags of soiled linens and trash piled on the floor and in a large cart in the soiled utility room with all resident room doors open to the hallway.</p> <p>i. On 6/23/20 at 10:10 a.m., Staff Y, CNA, removed her gown, unzipped the plastic barrier to room 409 (the resident inside had been Covid-19 negative), opened the resident's door and entered the room. At 10:11 a.m., Staff Y exited the room, closed the door, zipped the plastic barrier, removed her shoe covers, sanitized her hands, and donned a gown. Staff Y wore a mask, goggles, and hair covering on, but did not change out her mask or hair covering, or disinfect her goggles.</p> <p>j. On 6/25/20 at 9:35 a.m., Staff JJ, CMA, stood by the 4th floor nurse's station wearing an N95 mask. Staff JJ wore glasses, but no face shield or goggles.</p> <p>k. On 6/25/20 at 9:46 a.m., Staff V, RN/ADON, wore a mask with goggles perched on top of her head.</p> <p>l. On 6/25/20 at 8:40 a.m., observation of the 4th floor designated COVID-19 unit revealed the following:</p> <p>(1). The North Hall had a mini-station set up between two plastic zippered walls. White and blue gowns hung on hooks, and a spray bottle of Virex, a box of gloves, and sugar packets and</p>		F 880	

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F 880	<p>Continued From page 20</p> <p>creamers sat on top of a cart. Resident room doors excepting room 409 were open on the North Hall corridor past the zippered plastic wall. Room 409's door had plastic over the doorway, and room 414 was designated for staff. The room had a medication cart parked by the wall and shoe covering, hair covering, and hand sanitizer in the room.</p> <p>(2). The East Hall had plastic walls with the zipper unzipped on the outside (by the nurse's station) and the interior plastic wall leading into the COVID-19 hallway, with airflow into the hall and nurse's station by the elevator. Several residents' room doors on the East Hall were found open.</p> <p>During an interview 6/23/20 at 9:50 a.m., Staff Z, CNA, reported when there was nobody on the first floor to take a temperature, she went to the 4th floor nurse's unit. If no staff were at the nurse's station to check her temperature, she checked her own and recorded it on the clipboard. Staff Z reported all residents on the 4th floor had tested positive for COVID-19 except Resident #6, and Resident #6's room had plastic taped over the door. Staff Z stated she removed her gown before she entered the residents' room but left her mask and goggles on.</p> <p>During an interview 6/23/20 at 11:05 a.m., Staff Y, CNA, reported when she arrived to the unit, the nurse sometimes took her temperature or staff checked each other's temperature. Staff Y stated she often had to hunt down a thermometer due to no thermometer in the area. Staff Y reported they sometimes only checked their temperature and wrote the reading on a piece of paper because they didn't have any screening forms available, but if she had symptoms of</p>		F 880		

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F 880	<p>Continued From page 21</p> <p>illness, she contacted the on-call manager. Staff Y said the on-call manager had told her to come into work and get assessed after she arrived at work. Staff Y reported she had tested for COVID-19; the test done on 5/3/20 came back inconclusive, so she had another test run on 5/6/20, which was negative.</p> <p>During an interview 6/23/20 at 11:20 a.m., Staff V, RN/ADON, reported she expected staff had temperature checked and a screening questionnaire completed when they arrived at the nurse's station. If a staff person reported symptoms such as muscle aches or a headache, she asked if symptoms were new. Staff V reported she looked at the screening logs every shift. Staff V reported she expected staff to wear an N95 mask, goggles, or face shield while in the building. Whenever staff worked within the COVID-19 hallways on the 4th floor, she expected staff to wear an N95 mask, goggles, gown, gloves, hair covering, and shoe covers.</p> <p>During an interview 6/23/20 at 1:20 p.m., Staff M, housekeeper, reported she had her temperature checked by one of the other housekeepers but had no screening questions about her symptoms completed. Staff M reported the nurse or CNA told her which residents were in isolation and they tell her what she needed to wear before she entered the resident's room.</p> <p>During an interview 6/24/20 at 5:30 p.m., Staff LL, CMA reported he checked his own temperature and recorded the reading on the clipboard when he arrived to work on the 4th floor. He then donned a mask, goggles, gown, and shoe coverings. Staff LL stated staff in report told him which residents were on isolation, and they</p>		F 880		

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F 880	<p>Continued From page 22 had also had the same residents listed on a clipboard.</p> <p>During an interview 6/25/20 at 3:05 p.m., Staff HH, RN/Infection Preventionist, reported the nurse told staff which residents were on isolation and specified the PPE required before they entered the resident's room or cared for the resident. Staff HH reported they had signs placed on the door by the resident's room to designate the resident as in isolation but she had not been able to monitor or know what staff had done on other units. Staff HH reported she got "pulled to work the floor last fall when they had staffing needs" and hadn't done anything with the infection control program since that time. Staff HH reported the DON relayed information to staff about COVID-19 and PPE use.</p> <p>When asked, she said expected everyone to wear a mask and goggles at all times in the building. She reported whenever staff worked on the 4th floor (designated COVID-19 unit), staff should wear a gown, face mask, goggles, gloves, and shoe protectors. Staff HH stated the facility used a germicide spray to disinfect equipment, but she was uncertain of the amount of time required to effectively disinfect the item. Staff HH confirmed the 4th floor as the designated COVID-19 unit and reported the designated room for staff in the COVID-19 unit adjacent to the COVID-19 hallway was considered a contaminated/ dirty area.</p> <p>On 6/23/20 at 3:55 p.m., the DON reported they had no policy for screening of staff/ visitors. The DON reported they used the AHCA screening tool.</p> <p>On 6/25/20 at 2:16 p.m., the surveyor requested</p>	F 880		

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F 880	<p>Continued From page 23</p> <p>the staff and visitor screening checklists/ logs utilized by the facility for all of the staff.</p> <p>On 6/29/20 at 9:45 a.m., the DON delivered the screening forms to the surveyors, and reported the documents provided were all of the records they had.</p> <p>During an interview 6/29/20 at 2:05 p.m., the DON reported staff sent her a text whenever not feeling well. She called the staff, discussed their symptoms, and determined if their symptoms were related to other potential reasons such as if they had asthma or were a smoker. If staff had a temperature, she determined how long they had the symptoms. The DON reported she typically worked 7:00 a.m. - 5:00 p.m., but was on-call 24 hours a day, 7 days a week. The DON reported she reviewed the staff screening logs to ensure staff had completed them. If a staff member marked "yes" to the screening questions, she asked the staff member if the symptoms were normal. The DON reported the ancillary departments such as dietary, housekeeping, and therapy tracked their own staff's screening. She received the screening logs weekly from other departments, and tried to pick up the screening logs for each area daily but then "it got crazy" around the facility, and she wouldn't pick them up for 3 days. The DON reported she kept the screening logs in multiple binders in her office. The DON reported they created a screening form in mid-March and only recorded the staff member's name and a temperature at that time. Beginning in 4/2020, they began using the AHCA screening tool. The DON reported they had no set person assigned to perform staff screening, anyone who had been taught how to check a temperature could take another person's</p>	F 880		

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F 880	<p>Continued From page 24</p> <p>temperature. She expected staff to not take their own temperature.</p> <p>The DON reported the facility had an issue with not enough gloves and paper gowns early on during the start of the pandemic and when they had their first COVID-19 case. The gowns ripped easily and staff went through several gowns a day. The facility tried to obtain additional PPE supplies from other suppliers when unable to get the supplies needed from their regular vendors. Staff brought in their own hand sanitizer but she had not looked at the alcohol content of the hand sanitizer staff purchased and brought to work to know the effectiveness of the product.</p> <p>The DON verified the Infection Preventionist had been assigned to work in the resident care area since mid-March due to the facility's staffing needs, and took no measures to compensate for completion of the Infection Preventionist's duties. The DON reported she had worked several shifts on the COVID unit (on the 4th floor), up to 14 days in a row, and in addition to her DON duties due to the shortage of staff. The DON reported COVID-19 had spread quickly and impacted their staffing. The DON reported she tracked the residents who had a COVID-19 diagnoses, and kept track of COVID-19 test results on staff, and documented the information on a spreadsheet. The DON reported she received COVID-19 test results via an email.</p> <p>During an interview 6/29/20 at 2:05 p.m., the DON stated she assisted with the set-up of the North Hall on the 4th floor, which they designated as the COVID wing. One week later, they had to set up another COVID-19 unit on the East Hall (on the 4th floor) due to the number of residents</p>		F 880	

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F 880	<p>Continued From page 25</p> <p>who had tested positive for COVID-19. The DON reported staff donned and doffed a gown in the mini-station or a staff designated room within the same area, and then entered the COVID-19 hallway through the plastic barrier /wall near the open nursing station across from the elevator. The facility had designated a room for staff to change their clothes and store extra PPE supplies in the North and East Halls and a mini-station between the plastic zippered walls of each COVID area, one of the stations within the zippered area was adjacent to the staff designated room, and one was located within the COVID-19 hallway. The DON reported she was uncertain if the station or designated staff room were considered a clean or dirty area. She had asked her colleagues if they deemed the area clean or dirty but never received affirmation one way or another.</p> <p>The DON reported she relayed updates to staff when she received information from the corporate office, and posted the information in the employee bathrooms or by the time clock. The DON said she used to use a communication book but stopped because she believed nobody looked at the book. The DON stated she wasn't sure if staff had read the information posted. Staff had not signed off when they read the material. The DON reported she verbally went over information about COVID-19 and donning/doffing of PPE with staff, and later watched and checked the staff off on donning / doffing PPE and handwashing. The DON reported they had no policy for donning/doffing of PPE, but had used the IDPH guidelines for guidance.</p> <p>The DON reported whenever she saw staff not wearing a mask or goggles, she said something</p>		F 880		

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F 880	<p>Continued From page 26</p> <p>to the staff member. She stated residents had not worn masks whenever staff provided cares, but did wear a mask whenever the resident left their room.</p> <p>The DON reported they had a "hot chart" with a list of residents on isolation for staff to know which residents were in isolation, and reported only the residents with COVID-19 had been placed on isolation. They placed a resident admitted from the hospital in quarantine for 14 days, even if they tested negative for COVID-19, but if the resident tested positive for COVID-19 they placed the resident on the 4th floor on droplet precautions. The DON stated they didn't have enough isolation barrels or carts with PPE for every resident on isolation. The staff received notice of a resident on isolation during shift report. The DON confirmed Resident #6 on the 4th floor was the only resident who had tested negative for COVID-19. The DON reported they placed plastic over Resident #6's doorway in order to protect the resident from getting exposed to COVID. The DON reported she expected staff to change into the gown in the resident's room, and disinfect goggles/face shield whenever staff entered or exited the resident's room. The DON stated she thought staff changed out the isolation gowns weekly, but there was no date or symbol used to indicate when the gown needed changed. The DON reported the facility used Virex to disinfect surfaces and equipment, but they also used sani-wipes.</p> <p>On 6/30/20 at 10:00 a.m., the Administrator reported he contacted the corporate office and received a 400 page document regarding infection control. The Administrator stated the information was their infection control policy</p>		F 880	

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F 880	<p>Continued From page 27</p> <p>which had been sent to the DON via an email some time ago, but he had not read the 400 page document.</p> <p>During an interview 6/30/20 at 10:15 a.m., Staff BB, Restorative Aide, stated they changed the process for staff and visitor screening last week after the surveyors came to the facility. Staff BB stated maybe they should have been doing the screening this way all along, and had everyone screened at the front desk first before staff reported to their areas to work, and perhaps could have curtailed or prevented COVID-19 from getting into the building. Staff BB stated the set up was so much better this week, then what they had been doing.</p> <p>The facility was notified of the IJ on 6/24/20 and abated the immediate jeopardy (IJ) on 6/25/20 by implementing the following:</p> <ol style="list-style-type: none"> 1. Monitoring employee screening daily by the Director of Nursing (DON), Administrator, and assigned department supervisor on the weekends. 2. The Administrator, DON, and Assistant DON began immediate re-education of all staff including the contracted housekeeping and dietary services personnel regarding employee and visitor screening, which was completed by noon on 6/25/20. 3. The facility locked the back door effective 6/23/20 to ensure all screening would be completed at the entrance by the front door. 4. Ensured all screening tools would be completed in their entirety with any employee with 		F 880	

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F 880	Continued From page 28 symptoms (including headache) 5. Staff re-educated regarding proper PPE requirements and given written disciplinary action of any infraction by noon on 6/25/20.		F 880	

building, isolation procedures, use of hand sanitizer, 14 day quarantine procedure for hospitalized residents or those going out for appointment. Isolation signs have been made and will be placed outside the resident's door by the charge nurse upon receiving the physician's order to isolate. Effective immediately, the Infection Control Preventionist will no longer be assigned to work as a charge nurse, but perform his/her infection control duties assisting the Director of Nursing in staff education, re-education, competency evaluations, review of screening tools/logs, tracking and trending of infections, and keeping abreast of the latest CDC, IHCA, and AHCA guidelines and recommendations. On 7/20/2020 the Corporate Nurse provided both the Facility Administrator and DON a copy of the "abbreviated" infection control policy to provide education. The facility administrator contacted Stericycle, the company who picks up bio-hazard material to increase pick up visits to three times a week vs. two as needed. The Director of Nursing, Facility Administrator, and Infection Control preventionist will complete infection control rounds during their tour of duty to ensure ongoing compliance with PPE usage, donning and doffing, and overall cleanliness and disinfection of the facility. The Department Manager on duty during the weekends will be responsible for infection control rounds. The facility had purchased "fogging machines" prior to survey to eradicate the spread of COVID-19 in which housekeeping, maintenance staff utilize routinely. University Park Nursing and Rehabilitation Center is dedicated to providing a safe, clean and comfortable environment for all residents, visitors and staff therefore, concerns identified will be addressed and reported in the facilities quality assurance compliance meetings for additional intervention as documented.

University Park Nursing and Rehabilitation Plan of Correction for complaint survey
ending 7/2/2020

This serves as the credible allegation of compliance for University Park Nursing and Rehabilitation Center. We assert that all correctives described on this plan of correction have been implemented. Regarding the deficiency, we have outlined our corrective actions and continued interventions to assure compliance with regulations and our plan of actions. The staff of University Park Nursing and Rehabilitation Center is committed to delivering high quality health care to its residents to obtain their highest level of physical, mental, and psychosocial functioning. We respectfully submit that University Park Nursing and Rehabilitation Center is in substantial compliance as set forth below. We are confident that we will be found in substantial compliance upon re-survey.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. University Park Nursing and Rehabilitation Center has completed the following interventions as a result of the findings from survey exiting 7/2/2020. The facility will be in substantial compliance by 7/28/2020.

F 880 SS K INFECTION PREVENTION AND CONTROL:

University Park Nursing and Rehabilitation Center has established and will 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. University Park Nursing and Rehabilitation Center will ensure staff are screened and monitored appropriately for symptoms of illness and sent home accordingly. PPE (Personal Protective Equipment) will always be worn per AHCA and CDC guidelines to prevent the spread and transmission of Covid-19. Currently, the facility has NO active COVID-19 residents residing at the facility. All residents previously determined to have COVID-19 have had two NEGATIVE tests utilizing the test-based strategy method and declared to be COVID-19 free by the medical director. The facility will continue to have PPE readily available for all staff as was the case during the survey. On 6/24/2020, there will be only ONE screening station which will be at the front entrance to the building which is also locked. All staff will enter through this screening station only and be screened at the beginning and end of