Citation Numb	per: #9032				Date: Decen	nber 11, 2020
Facility Addre	: se Health Center ess/City/State/Zip: South 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey Dates: October 22, 2020 – November 3, 20		mber 3, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.10(8)	have a written and imple exposure control progration based on the guidelinest Disease Control and Progration and Progration and Progration and Health and Human Servations, interviews the facility fair mitigate the spread of COVID positive and negroom, allowed COVID progrative residents, and effective screening progrative residents, and effective screening progrative total of 21 or COVID.  Findings include:  During an interview on Administrator stated price the facility, screening progration and interview on Administrator stated price the facility, screening progration of staff regard COVID, exposure to COVID.	ol program. Each facility shall emented infection control and am with policies and procedures is issued by the Centers for evention, U.S. Department of vices. (I, II, III)CDC guidelines ac.gov/ncidod/dhqp/index.html.  record review, and staff filed to exhaust all efforts to covID-19. The facility cohorted gative residents in the same positive staff to care for COVID failed to implement an		(He	250 Id in ension)	Upon Receipt

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Facility Administrator Date

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Facility Addre	: se Health Center ss/City/State/Zip: touth 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey Dates:  October 22, 2020 – November 3,		mber 3, 2020	
Rule or Code Section	· 	e of Violation	Class	Fine A	mount	Correction date
	restrict the employee from Sometime around Octobe having multiple aides (4) well as an outbreak of presidents (10). The Adrinaving difficulty covering Centers for Disease and mitigation protocols. The contacted staffing agency through I-serve, but had Administrator, who was during that time, decided positive staff to continue residents. The Administration guidance to her staff through I-serve staff the notes at the nurse's staff this time other staff begand symptoms of COVII those whom symptoms rapid test and if negative work. The Administrator three nurses tested possitive for COVID. The most concerned with contexted Staff G and Staff the overnight shift. The not ask Staff G or Staff	with COVID was enough to om entering the facility. Over 15 to 17, 2020, they began to estimate the positive for COVID as positive COVID among ministrator stated they were g shifts and she initiated the Prevention (CDC) staffing the Administrator stated she cies and requested assistance				Page <b>2</b> of <b>1</b>

Facility Administrator Date

Citation Numb	per: #9032				Date: Decer	nber 11, 2020
Facility Addre	se Health Center ss/City/State/Zip: outh 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey I		0 – Nove	mber 3, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	her shift.  1. The Centers for Disea https://www.cdc.gov/corncov/hcp/nursing-home updated April 30, 2020 a following:  Roommates of residents considered exposed and all possible, should not residents unless they rehave tested negative for their last exposure (e.g. moved to the COVID-19  • Exposed reside share with othis not availab single room.  Upon entering the facility Administrator provided a resident names highlight for COVID. The Room who is currently negative with Resident #2 who is currently negative for Covin provided a resident material provided a resident provided a resident names highlight for COVID. The Room who is currently negative for Covin provided a resident material provided a resident material provided a resident material provided a resident names highlight for COVID. The Room who is currently negative for Covin provided a resident #2 who is currently negative for Covin provided a resident #2 who is currently negative for Covin provided a resident prov	s-responding.html guidance on and recommended the s with COVID-19 should be d potentially infected and, if at share rooms with other main asymptomatic and/or r SARS-CoV-2 14 days after , date their roommate was				

Facility Administrator

Date

Page 3 of 13

Facility Addres	#9032	JS, VW	Date: December 11, 20  Survey Dates: October 22, 2020 – November 3, 202			
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	Resident #6 who is pos indicated multiple vacar rooms 3, 4, 5, 10 and 1 and 11.  During an interview on Administrator was aske COVID remain in rooms negative. The Administ office indicated it was not residents since the negative been exposed. The Administ office indicated it was not residents. The first postested positive for COVID residents. The first postesting done on Monday stated they first started the North hall which was isolation/COVID Hall, but became positive they downere they were.  According to the State of Report Resident #2 had on 10/18/20. Resident with Resident #2, until Froom on South Hall on Progress Notes dated 1 performed a rapid COV	OVID is sharing a room with itive. The room roster also at rooms including South Hall 1 and North Hall all rooms 4, 7 and North Hall all rooms 6, 7 and North Hall rooms 6, 7 and North Hall rooms 7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				

Facility Administrator	Date

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Page 4 of 13

Facility Addres	#9032 se Health Center ss/City/State/Zip: outh 7 <sup>th</sup> Street	JS, VW	Date: December 11, 20  Survey Dates: October 22, 2020 – November 3, 202			
	e, IA 52639-0248			П		
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	According to the State In Report Resident #5 had on 10/18/20. Resident with Resident #3. Accollaboratory Analytical Repositive COVID test respreviously negative on According to the State In Report Resident #6 had on 10/18/20. Resident with Resident #4, until Froom on South hall on State Hygienic Laborator #4 had a COVID negation 10/21/20. The Routine Sheet dated 10/27/20 renegative COVID test resident #7 had 10/14/20. Resident #8 Resident #7. According Laboratory Analytical R	Hygienic Laboratory Analytical II a positive COVID test result # 5 continued to share a room ording to the State Hygienic eport Resident #3 had a lult on 10/21/20 after being 10/18/20.  Hygienic Laboratory Analytical II a positive COVID test result #6 continued to share a room Resident #4 moved to a private 10/23/20. According to the lory Analytical Report Resident we test results on 10/18/20 and Testing-Symptoms Screening evealed Resident #4 had a sult.  Lesting-Symptoms Screening a positive COVID test result on continued to share a room with g to the State Hygienic eport Resident #8 had a lult on 10/18/20 after being				

Facility Administrator	Date

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Page 5 of 13

Citation Numb	er: #9032				Date: Decen	nber 11, 2020
Facility Addres	se Health Center ss/City/State/Zip: outh 7 <sup>th</sup> Street e, IA 52639-0248	JS, VW	Survey Dates:  October 22, 2020 – Novemb		mber 3, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	www.cdc.gov/coronavirustaff-shortages.html upon 2020 and recommended. Strategies to Mitigate H Shortages, utilizing posity professionals to provide without suspected or condone as a last resort.  According to the Facility yes to any symptoms or allowed to remain in the During an interview on Director of Nursing state upon entering the facility the person being screen answers and check their uncertain what staff were signs and symptoms of temperature or whether go home or call someon Record review of Staff Standard	ealthcare Personnel Staffing litive COVID health care edirect care to residents infirmed COVID should only be a Screening Tool: If you answer have a fever, you will not be a facility.  10/27/20 at 12:00 p.m., the ed staff are to be screened y, noting someone other than hed will review the staff's remperature. The DON was re to do if they were having COVID or an elevated they would be allowed to work, he.  Screening Forms for October ed dated, found several members indicated they were 10/20/20 at 1:50 p.m., Staff A she was having a sore throat, h, chills, headache, congestion,				Page <b>6</b> of <b>1</b> 3

**Facility Administrator** Date

Citation Num	ber: #9032				Date: Decen	nber 11, 2020
Facility Addre	ess/City/State/Zip: South 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey Dates:  October 22, 2020 – November		mber 3, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	then written out, COVID  During an interview on (Nurse Aide) stated she symptoms of COVID for stated when she came symptoms, they would to negative. Staff A stated despite her reported symptoms. Staff A stated came to work and was of Friday 10/23/20 she care Each time she was test 10/24/20 she tested post According to Staff A's Totimes she indicated she symptoms of COVID, standard to the symptoms. One involved Staff B, mainter 7:56 a.m. and symptom worsening cough, new of breath, chills, congestions.	10/27/20 at 3:47 p.m., Staff A has been having signs and rabout two weeks. Staff A into work with signs or test her and she was always dishe was never sent home mptoms and there were no er working with negative don Tuesday, 10/20/20 she coughing really hard and on me to work feeling really bad. ed and negative. On Saturday sitive for COVID.  Timecard Report during the was having signs and he worked shifts on 10/13, /17, 10/19, 10/20, 10/22, and				Page <b>7</b> of <b>1</b> :

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Date

Facility Administrator

Citation Numb	per: #9032				Date: Decen	nber 11, 2020
Facility Addre	: se Health Center ss/City/State/Zip: south 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey Dates:  October 22, 2020 – November 3, 2		mber 3, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine Ar	mount	Correction date
	out, COVID negative.  During an interview on a (Maintenance) stated he symptoms of COVID for symptoms have been or Staff B stated he was not Monday 10/19/20 and lot Tuesday 10/20/20. Staff reported feeling bad he allowed to work. Staff E shortness of breath, fating the weekend and had a to 101 F. Staff B stated positive for COVID.  According to Staff B's T times he indicated he work of COVID he worked should have a coving an interview on a (Registered Nurse) states she came to work with a COVID. She was feelin spoke with the Administ test. Staff C took the te stated she remained at (10/22) she tested again	e of individual column e are initials and then written  10/27/20 at 4:00 p.m., Staff B e has been having signs and rabout a week to 10 days. His n-going and mild to moderate. oticeably having symptoms on ost his sense of smell on ff B stated each time he tested negative and was stated he had developed gue and a dry cough through temperature ranging from 99.2 he came in today and tested  imecard Report during the as having signs and symptoms ifts on 10/13, 10/14, 10/15, /20, 10/21, 10/22 and 10/23.  10/27/20 at 11:03 a.m., Staff C ed on the morning of 10/21/20 all the signs and symptoms of g like crap. Staff C stated she rator, who suggested a rapid st and it was negative. Staff C work that day. The next day n and this time was positive for she has not worked since.				Page 8 of 1

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Facility Administrator

Date

#9	9032				Date: Decen	nber 11, 2020
Facility Address/0 400 Sout	h 7 <sup>th</sup> Street	JS, VW	Survey Dates:  October 22, 2020 – November 3,			mber 3, 2020
Rule or Code	A 52639-0248  Nature	e of Violation	Class	Fine A	mount	Correction date
(L) fer on bath the D (N) as show point the will prevent the will be a will b	cicensed Practical Nurselling ill while working len Wednesday, 10/21/2 and headache and was be morning of 10/22/20 uring an interview on 1 Nurse Aide) stated on 1 nurse Aide) stated on 1 nurse Aide) stated on 1 nurselling an interview on 1 nurselling and body ach completed her shift and asn't taking home COV ositive.  Uring an interview on 1 nurselling and interview on 1 nurselling and interview of the nurselling and interview on the nursel	10/27/20 at 11:47 a.m., Staff D se) stated she first started her 6:00 p.m. to 6:00 a.m. shift 0. Staff D stated she had a tired. Following her shift on she tested positive for COVID.  10/27/20 at 11:12 a.m., Staff E 10/17/20 she worked a 10:00 During that day she thought ection, which included a res. Staff E stated she wanted tested to reassure she VID. Staff E stated she tested  10/27/20 at 10:15 a.m., Staff F se) stated on 10/22/20 she was ff for COVID using the rapid completed a test on herself arrival (6:30 a.m.) and it was ff F stated she did not notify continued to work, but did not esident that was negative. a Medication Aide working dications to the negative d when the Administrator er she was positive. The e phone and had a meeting work her shift and only had tho were positive. Staff F				

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Date

Facility Administrator

Citation Numb	per: #9032				Date: Decen	nber 11, 2020
Facility Addre	se Health Center ss/City/State/Zip: outh 7 <sup>th</sup> Street se, IA 52639-0248	JS, VW	Survey Dates:  October 22, 2020 – November 3		mber 3, 2020	
Rule or Code Section		e of Violation	Class	Fine A	mount	Correction date
	was approved to continue may have passed insuling assessments, but was recording to the Medication Review of the Medication Residents #1, #3 and #4 revealed Staff F passed assessments.  During an interview on (Registered Nurse) state of 10/22/20 around 9:00 routine test. Staff G state morning to see if she concluded to the morning and for her to work. Staff J Staff F tested positive for contacted and asked to stated she was never concluded to the morning to the stated she was never concluded to the morning and interview on the contacted and asked to stated she was never concluded to the morning to the stated she was never concluded to the stated she was never concluded to the stated they have attempt with staffing and have personal residents who are positive stated they have attempt with staffing and have personal residents.	on Administration Records for 4 (all negative on 10/22/20) I medications and completed 10/27/20 at 10:22 a.m., Staff G ed she came in on the morning 0 a.m. to 10:00 a.m. to get her ted she was never called that ould work.  10/29/20 at 7:50 a.m., Staff J ed she tested positive for d wondered if it is acceptable asked if on 10/22/20, when or COVID, was she ever cover Staff F's shift. Staff J				Page <b>10</b> of <b>1</b>

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Date

**Facility Administrator** 

Citation Number: #9032					Date: Decer	mber 11, 2020
Facility Name: Montrose Health Center  Facility Address/City/State/Zip: 400 South 7 <sup>th</sup> Street Montrose, IA 52639-0248		JS, VW	Survey Dates: October 22, 2020 – November 3, 2020			
	C, IA 32033-0240			П		
Rule or Code Section	Natur	e of Violation	Class			Correction date
	efforts were made to replace a nurse (Staff F) who tested positive on 10/22/20, the DON stated she was uncertain whether any of the two unscheduled nurses were contacted. The DON stated she came in around 10:00 a.m. to 11:00 a.m. that day and did not work the floor. The DON stated Staff F would have worked her 6:00 a.m. to 6:00 p.m. shift and would have passed medications to negative residents.  On 10/23/20 at 12:45 p.m., the State Agency notified the facility of the Immediate Jeopardy.  On 10/23/20, the facility abated the Immediate Jeopardy. The facility made room changes on 10/23/20 to provide private rooms for all negative residents, implemented CDC crisis staffing mitigation which included, as a last resort, allowing positive staff to care for negative residents and will continue to allow asymptomatic positive staff to work with negative residents.  After corrective action the scope lowered from "K" to "F".  FACILITY RESPONSE:					

Page 11 of 13

Facility Administrator

Date

				Date: December 11, 2020		
Facility Name: Montrose Health Cente Facility Address/City/State/Zij 400 South 7 <sup>th</sup> Street Montrose, IA 52639-024	p: JS, VW		Survey Dates: October 22, 2020 – November 3, 2020			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date		
Facility Administrator		Date		Page <b>12</b> of <b>1</b>		

Citation Number: #9032					Date: Decen	nber 11, 2020	
Facility Name: Montrose Health Center			Survey Dates: October 22, 2020 – November 3, 20			mher 3 2020	
Facility Address/City/State/Zip: 400 South 7 <sup>th</sup> Street Montrose, IA 52639-0248		JS, VW					
Monarose, 12 02000 0240							
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
			1	T			

Facility Administrator	Date

Page 13 of 13