

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

PRINTED: 12/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/03/2020
NAME OF PROVIDER OR SUPPLIER MONTROSE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH 7TH STREET MONTROSE, IA 52639		
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F 000	INITIAL COMMENTS <i>Maloney/Hynes</i> Correction date: <u>12-18-20</u> The following deficiency relates to the Focused Infection Control Survey and Complaint #94097 conducted by the Department of Inspection and Appeals on October 22, 2020 through November 3, 2020. Complaint #94097-C was substantiated. See Code of Federal Regulations (42 CFR) Part 483, Subpart B-C. F 880 Infection Prevention & Control SS=K CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §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: §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;	F 000			
F 880		F 880			

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

TITLE

(X6) DATE

12/11/2020

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	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and staff interviews the facility failed to exhaust all efforts to mitigate the spread of COVID-19. The facility cohorted COVID positive and negative residents in the same room, allowed COVID positive staff to care for COVID negative residents, and failed to implement an effective screening process in accordance with Centers for Disease Control and Prevention (CDC) and CMS recommended guidance. The facility had a cumulative total of 21 out of 28 residents positive for COVID.</p> <p>Findings include:</p> <p>During an interview on 11/3/20 at 1:12 p.m., the Administrator stated prior to the COVID outbreak at the facility, screening protocols included the standard questioning of staff regarding signs and symptoms of COVID, exposure to COVID and taking a temperature. All staff were expected to be screened and having symptoms, an elevated temperature or recent exposure to someone with COVID was enough to restrict the employee from entering the facility. Sometime around October 15 to 17, 2020, they began having multiple aides (4) testing positive for COVID as well as an outbreak of positive COVID among residents (10). The Administrator stated they were having difficulty covering shifts and she initiated Centers for Disease and Prevention (CDC) staffing mitigation protocols. The Administrator stated she contacted staffing agencies and requested assistance through I-serve, but had no response. The Administrator, who was responsible for the</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>scheduling during that time, decided to allow asymptomatic positive staff to continue to work with positive COVID residents. The Administrator stated she conveyed this guidance to her staff through face to face contact, notes at the nurse's station and through texts. During this time other staff began complaining of having signs and symptoms of COVID on their screening form. For those whom symptoms seemed legitimate, they did a rapid test and if negative the staff were allowed to work. The Administrator stated on October 22, 2020, three nurses tested positive for COVID, including the scheduled day shift and overnight shift nurses. By this time there were 21 residents and 9 aides or nurses positive for COVID. The Administrator stated she was most concerned with covering the overnight shift and texted Staff G and Staff J, who both refused to cover the overnight shift. The Administrator stated she did not ask Staff G or Staff J to help cover the day shift and instead allowed Staff F, who had just tested positive for COVID that morning to remain and work her shift.</p> <p>1. The Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html guidance on updated April 30, 2020 and recommended the following:</p> <p>Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>" Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room.</p> <p>Upon entering the facility on 10/22/20 at 2:30 p.m., the Administrator provided a Resident Room Roster with resident names highlighted who have tested positive for COVID. The Room Roster indicates Resident #1, who is currently negative for COVID, is sharing a room with Resident #2 who is positive, Resident #3 who is currently negative for COVID is sharing a room with Resident # 5 who is positive and Resident #4 who is currently negative for COVID is sharing a room with Resident #6 who is positive. The room roster also indicated multiple vacant rooms including South Hall rooms 3, 4, 5, 10 and 11 and North Hall all rooms 4, 7 and 11.</p> <p>During an interview on 10/22/20 at 2:30 p.m., the Administrator was asked why residents positive for COVID remain in rooms with residents who are negative. The Administrator stated her corporate office indicated it was not necessary to separate the residents since the negative residents have already been exposed. The Administrator stated on Thursday, 10/8/20, during routine testing of staff, a staff member tested positive for COVID, prompting testing of all residents. The first positive residents occurred by testing done on Monday, 10/12/20. The Administrator stated they first started moving positive residents to the North hall which was planned as their isolation/COVID Hall, but after several more residents became positive they decided to just keep everyone where they were.</p> <p>According to the State Hygienic Laboratory Analytical Report Resident #2 had a positive</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>COVID test result on 10/18/20. Resident #1 continued to share a room with Resident #2, until Resident #1 moved to a private room on South Hall on 10/22/20. According to the Progress Notes dated 10/25/20 at 9:23 a.m., the staff performed a rapid COVID test and Resident #1 had a positive test result. The State Hygienic Laboratory Analytical Report revealed Resident #1 had negative COVID test results on 10/18/20 and 10/21/20.</p> <p>According to the State Hygienic Laboratory Analytical Report Resident #5 had a positive COVID test result on 10/18/20. Resident # 5 continued to share a room with Resident #3. According to the State Hygienic Laboratory Analytical Report Resident #3 had a positive COVID test result on 10/21/20 after being previously negative on 10/18/20.</p> <p>According to the State Hygienic Laboratory Analytical Report Resident #6 had a positive COVID test result on 10/18/20. Resident #6 continued to share a room with Resident #4, until Resident #4 moved to a private room on South hall on 10/23/20. According to the State Hygienic Laboratory Analytical Report Resident #4 had a COVID negative test results on 10/18/20 and 10/21/20. The Routine Testing-Symptoms Screening Sheet dated 10/27/20 revealed Resident #4 had a negative COVID test result.</p> <p>According to Routine Testing-Symptoms Screening Sheet Resident #7 had a positive COVID test result on 10/14/20. Resident #8 continued to share a room with Resident #7. According to the State Hygienic Laboratory Analytical Report Resident #8 had a positive COVID test result on 10/18/20 after being</p>	F 880			

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F 880	<p>Continued From page 6 previously negative on 10/15/20.</p> <p>2. The Centers for Disease Control and Prevention @ www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html updated guidance on July 17, 2020 and recommended the following:</p> <p>Strategies to Mitigate Healthcare Personnel Staffing Shortages, utilizing positive COVID health care professionals to provide direct care to residents without suspected or confirmed COVID should only be done as a last resort.</p> <p>According to the Facility Screening Tool: If you answer yes to any symptoms or have a fever, you will not be allowed to remain in the facility.</p> <p>During an interview on 10/27/20 at 12:00 p.m., the Director of Nursing stated staff are to be screened upon entering the facility, noting someone other than the person being screened will review the staff's answers and check their temperature. The DON was uncertain what staff were to do if they were having signs and symptoms of COVID or an elevated temperature or whether they would be allowed to work, go home or call someone.</p> <p>Record review of Staff Screening Forms for October 2020, of which few were dated, found several instances in which staff members indicated they were having symptoms. On 10/20/20 at 1:50 p.m., Staff A (Nurse Aide) indicated she was having a sore throat, new or worsening cough, chills, headache, congestion, runny nose, muscle or body aches. Under the signature of individual column, there are initials</p>	F 880			

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F 880	<p>Continued From page 7 and then written out, COVID negative.</p> <p>During an interview on 10/27/20 at 3:47 p.m., Staff A (Nurse Aide) stated she has been having signs and symptoms of COVID for about two weeks. Staff A stated when she came into work with signs or symptoms, they would test her and she was always negative. Staff A stated she was never sent home despite her reported symptoms and there were no restrictions placed on her working with negative residents. Staff A stated on Tuesday, 10/20/20 she came to work and was coughing really hard and on Friday 10/23/20 she came to work feeling really bad. Each time she was tested and negative. On Saturday 10/24/20 she tested positive for COVID.</p> <p>According to Staff A's Timecard Report during the times she indicated she was having signs and symptoms of COVID, she worked shifts on 10/13, 10/14, 10/15, 10/16, 10/17, 10/19, 10/20, 10/22, and 10/23.</p> <p>Record review of Staff Screening Forms for October 2020, of which few were dated, found several instances in which staff members indicated they were having symptoms. One such instance, date unknown, involved Staff B, maintenance who indicated arrival at 7:56 a.m. and symptoms which included a new or worsening cough, new or worsening of shortness of breath, chills, congestion, runny nose, muscle or body aches, loss of smell or taste and new or worsening fatigue. Under signature of individual column completing screen, there are initials and then written out, COVID negative.</p> <p>During an interview on 10/27/20 at 4:00 p.m., Staff B (Maintenance) stated he has been having</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>signs and symptoms of COVID for about a week to 10 days. His symptoms have been on-going and mild to moderate. Staff B stated he was noticeably having symptoms on Monday 10/19/20 and lost his sense of smell on Tuesday 10/20/20. Staff B stated each time he reported feeling bad he tested negative and was allowed to work. Staff B stated he had developed shortness of breath, fatigue and a dry cough through the weekend and had a temperature ranging from 99.2 to 101 F. Staff B stated he came in today and tested positive for COVID.</p> <p>According to Staff B's Timecard Report during the times he indicated he was having signs and symptoms of COVID he worked shifts on 10/13, 10/14, 10/15, 10/16, 10/17, 10/19, 10/20, 10/21, 10/22 and 10/23.</p> <p>During an interview on 10/27/20 at 11:03 a.m., Staff C (Registered Nurse) stated on the morning of 10/21/20 she came to work with all the signs and symptoms of COVID. She was feeling like crap. Staff C stated she spoke with the Administrator, who suggested a rapid test. Staff C took the test and it was negative. Staff C stated she remained at work that day. The next day (10/22) she tested again and this time was positive for COVID. Staff A stated she has not worked since.</p> <p>During an interview on 10/27/20 at 11:47 a.m., Staff D (Licensed Practical Nurse) stated she first started feeling ill while working her 6:00 p.m. to 6:00 a.m. shift on Wednesday, 10/21/20. Staff D stated she had a bad headache and was tired. Following her shift on the morning of 10/22/20 she tested positive for COVID.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>During an interview on 10/27/20 at 11:12 a.m., Staff E (Nurse Aide) stated on 10/17/20 she worked a 10:00 a.m. to 10:00 p.m. shift. During that day she thought she had a mild sinus infection, which included a headache and body aches. Staff E stated she completed her shift and wanted tested to reassure she wasn't taking home COVID. Staff E stated she tested positive.</p> <p>During an interview on 10/27/20 at 10:15 a.m., Staff F (Licensed Practical Nurse) stated on 10/22/20 she was involved with testing staff for COVID using the rapid test. Staff F stated she completed a test on herself within 30 minutes of her arrival (6:30 a.m.) and it was positive for COVID. Staff F stated she did not notify anyone at the time and continued to work, but did not have contact with any resident that was negative. Staff F stated there was a Medication Aide working and she passed the medications to the negative residents. Staff F stated when the Administrator arrived, she informed her she was positive. The Administrator was on the phone and had a meeting and Staff F continued to work her shift and only had contact with residents who were positive. Staff F stated she didn't recall what came of the meeting, but was approved to continue to work. Staff F stated she may have passed insulin and may have done some assessments, but was now not sure about passing routine medications to negative residents.</p> <p>Review of the Medication Administration Records for Residents #1, #3 and #4 (all negative on 10/22/20) revealed Staff F passed medications and completed assessments.</p> <p>During an interview on 10/27/20 at 10:22 a.m.,</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>Staff G (Registered Nurse) stated she came in on the morning of 10/22/20 around 9:00 a.m. to 10:00 a.m. to get her routine test. Staff G stated she was never called that morning to see if she could work.</p> <p>During an interview on 10/29/20 at 7:50 a.m., Staff J (Registered Nurse) stated she tested positive for COVID this morning and wondered if it is acceptable for her to work. Staff J asked if on 10/22/20, when Staff F tested positive for COVID, was she ever contacted and asked to cover Staff F's shift. Staff J stated she was never contacted.</p> <p>During an interview on 10/26/20 at 4:20 p.m., the Director of Nursing (DON), stated staff who test positive for COVID are only to provide cares for residents who are positive for COVID. The DON stated they have attempted to call agencies to help with staffing and have put in a request to I-Serve. Thus far no one has responded. When asked what 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.</p> <p>On 10/23/20 at 12:45 p.m., the State Agency notified the facility of the Immediate Jeopardy.</p> <p>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</p>	F 880			

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F 880	Continued From page 11 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 actions the scope lowered from a "K" to "F".	F 880			

Montrose Health Center
12/15/2020 1500

Survey completed 11/03/2020

F 000

Preparation and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of Federal and State laws. Without waiving the foregoing statement, the facility states as follows:

F880

Facility is no longer in outbreak and no longer needing to follow CDC staffing mitigation guidance. Room changes were made on 10/23/2020 in the morning to provide private rooms for all residents testing negative for COVID-19.

In the event a resident tests positive for COVID-19, the positive resident will immediately be placed on isolation. Potentially exposed negative residents, such as roommates of newly positive residents, will immediately be placed on quarantine in a private room.

Staff are screened for symptoms of COVID-19 at the beginning of their shift. Staff reporting new or worsening symptoms without a known cause will be sent home pending results of a COVID-19 PCR test. Staff completing screenings have been educated on the screening process.

DON to audit screening log weekly. Administrator to monitor for compliance.

All working staff will watch "Keep COVID out" video and sign off upon completion.

Root Cause Analysis of Infection Control Practices training scheduled and completed. RCA completed and submitted.

Date complete: 12/18/2020