

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

<b>58.10(8)</b>	<p><b>481—58.10(135C) General policies.</b></p> <p><b>58.10(8) Infection control program.</b> Each facility shall have a written and implemented infection control and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (I, II, III)</p> <p><b>DESCRIPTION:</b></p> <p>Based on observations, record review and interviews the facility failed to maintain infection control practices to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to isolate a resident who showed signs and symptoms of COVID (Resident #20). The staff failed to perform hand hygiene during a dressing change (Resident #9). The facility failed to maintain social distancing during 1 of 1 meals observed. The facility allowed staff with signs and symptoms of COVID to work. The staff failed to utilize proper Personal Protective Equipment (PPE) while in the facility with a high county positivity rate. The facility reported a census of 42.</p>	<b>CLASS</b> I	<b>\$9,000</b> (Held In Suspension)	<b>UPON RECEIPT</b>
-----------------	---	-------------------	--	---------------------

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p><b>Findings include:</b></p> <p>1. The Minimum Data Set (MDS) assessment dated 10/7/20 documented Resident #20 had a Brief Interview for Mental Status (BIMS) score of "0", indicating severe cognitive impairments. The MDS included the need of total dependence on one staff for bed mobility, locomotion on and off the unit, dressing, eating, toilet use and personal hygiene and total dependence of 2 staff for transfers. Resident #20 had diagnoses of hypertension and Non- Alzheimer's Dementia.</p> <p>The Care Plan dated 11/20/2020 revealed at risk of a decline in mental and emotional health due to the current pandemic and for staff to increase 1:1 interaction with staff if group activities are not possible. Entry dated 12/29/2020 included an actual infection with COVID and placed on transmission based precaution for safety and safety of caregivers and will remain in room, and relocated temporarily within the building due to positive virus status.</p> <p>According to the unnamed daily vitals sign sheet dated 12/26/20 Resident #20 had a temperature of 100.3 degrees Fahrenheit (F) on the 6:00 a.m. to 6:00 p.m. shift and a temperature of 99.9 degrees F on the 6:00 p.m. to 6:00 a.m. shift.</p> <p>According to the unnamed daily vitals sign sheet dated 12/27/20 Resident #20 had a temperature of 101.7 degrees F on the 6:00 a.m. to 6:00 p.m. shift</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 136C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>and a temperature of 101 degrees F on the 6:00 p.m. to 6:00 a.m. shift.</p> <p>Resident #20's Nurse's Notes revealed the following:</p> <p>a. On 12/26/20, no documentation.</p> <p>b. On 12/27/20 at 7:30 a.m., Resident #20 in bed covered with a blanket. Temperature 101.5 degrees F. Oxygen saturation 89 % no dyspnea noted. Morning medications administered. Lungs clear all fields, skin warm and dry but bedding noted with sweaty feel. Placed in recliner.</p> <p>c. On 12/27/2020 at 8:40 a.m., temperature 100 degrees F, skin warm, no diaphoresis, skin pale. Drank 200 milliliters (ml) of fluid and took a few bites of cereal.</p> <p>d. On 12/27/2020 at 9:02 a.m., updated doctor of increased temperature and condition.</p> <p>e. On 12/27/2020 at 10:42 a.m., doctor returned signed fax with state the "any acute illness will need COVID testing".</p> <p>f. On 12/27/2020 at 10:47 a.m., temperature 99.7 degrees F and no foul odor to urine continues to rest in recliner.</p> <p>g. On 12/27/2020 at 6:10 p.m., continues with elevated temperature of 101degrees F. In room for</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 -- January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>supper. Oxygen saturation 90% and respirations 30, occasional cough, and lungs clear to auscultation all fields.</p> <p>h. On 12/27/2020 at 7:00 p.m., temperature remains at 101 degrees.</p> <p>i. On 12/28/2020 at 12:05 a.m., temperature 100.4 degrees F no respiratory distress or cough. Took Tylenol crushed with a few sips of water.</p> <p>j. On 12/28/20 at 3:30 a.m., temperature 100 degrees F no respiratory signs or symptoms, no cough present at this time.</p> <p>k. On 12/28/20 at 7:00 a.m., temperature 98.3 degrees F no signs or symptoms of respiratory distress noted. No signs of COVID noted will alert DON if symptoms arise. Lungs clear.</p> <p>l. On 12/29/20 at 4:15 a.m., temperature 101.2 degrees F as needed Tylenol given no cough or respiratory distress noted. Head of bed slightly elevated and cool cloth on forehead.</p> <p>m. On 12/29/20 at 9:30 a.m., preliminary COVID-19 test returned and positive.</p> <p>The fax dated 12/27/20 at 9:02 a.m., documented Resident #20 running a slight fever today at 101.5 degrees F. Routine Tylenol administered at 7:30 a.m. and at 8:40 a.m. Resident #20 had a temperature of 100 degrees F. The Physician ordered any acute</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> <b>#9062</b>		<b>Date:</b> <b>March 2, 2021</b>		
<b>Facility Name:</b> <b>Monroe Care Center</b>		<b>Survey Dates:</b> <b>December 28, 2020 – January 14, 2021</b>		
<b>Facility Address/City/State/Zip:</b> <b>120 North 13<sup>th</sup> Street Albia, IA 52531</b>		<b>VW, JS</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>febrile illness will need a COVID test. The Staff R (Registered Nurse) noted the order at 10:42 a.m. on 12/27/20.</p> <p>The State Hygienic Laboratory Analytical Report revealed a nasopharyngeal sampled collected on 12/29/20 for an onset of symptoms on 12/29/20. The test revealed Resident #20 positive for COVID.</p> <p>The facility test log documented Resident #20 had 1 test preformed on 12/29/20 with a positive result.</p> <p>During the Entrance Conference Interview on 12/28/2020 at 9:00 a.m., the Director of Nursing (DON) reported the facility had no one with signs or symptoms of COVID and no residents on isolation precautions.</p> <p>Observations during the Initial Tour of the facility on 12/28/20 at 9:22 a.m., revealed all three halls failed to contain isolation supplies and precaution signs posted near resident rooms to identify any residents who may have signs or symptoms consistent with COVID.</p> <p>2. According to the website visited on 12/28/2020 <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p> <p>Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (Updated December 14, 2020) revealed the following:</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p><b>Implement Universal Use of Personal Protective Equipment</b></p> <p>Health Care Personal (HCP) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with COVID infection. If COVID infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).</p> <p>They should also:</p> <p>Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.</p> <p>Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:</p> <p>Aerosol generating procedures (refer to which procedures are considered aerosol generating procedures in healthcare settings FAQ) and</p> <p>Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher,</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062				
		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>such as the nose and throat, oropharynx, respiratory tract) (refer to Surgical FAQ).</p> <p>For HCP working in areas with minimal to no community transmission, HCP should continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other personal protective equipment (PPE). In addition, universal use of a facemask for source control is recommended for HCP if not otherwise wearing a respirator.</p> <p>An untitled/undated document (Effective: 6/8/21) directed the staff to:</p> <p>All employees must be screened and have PPE on before entering the building. Please follow this procedure for screening and PPE use:</p> <ul style="list-style-type: none"> <li>a. Use hand sanitizer</li> <li>b. Take temperature using an infrared thermometer (temperature below 96.0 and or above 99.9 should be reported to nurse before entering building).</li> <li>c. Record name, temperature and answer symptom questions on the screening log.</li> <li>d. Apply disposable surgical mask ensuring that mouth and nose are covered.</li> </ul>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>e. Apply Protective eyewear.</p> <p>f. Use hand sanitizer</p> <p>g. Enter building.</p> <p>According to the documents titled Covid-19 in Iowa % Positive (Past 14 Day Average by County) revealed the following for Monroe County:</p> <p>a. On 11/11/20, 36%.</p> <p>b. On 11/30/20, 20.3%</p> <p>c. On 12/16/20, 19.5%.</p> <p>During an observation on 12/28/2020 at 9:10 a.m., Staff B (Housekeeping) and Staff C (Housekeeping) swept the dining room floor. The dining room contained 5 Residents. Staff B and C had facemasks. However, failed to utilize eyewear or face shields.</p> <p>An observation on 12/28/20 at 9:22 a.m., Staff L (Nurse Aide) made a resident's bed and passed out clean washcloths and towels. Staff L utilized a facemask but failed to utilize eyewear and a face shield.</p> <p>Observation on 12/28/20 at 9:38 a.m., Staff I (Nurse Aide) passed out water pitchers to residents. Staff I</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).



**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> <b>#9062</b>		<b>Date:</b> <b>March 2, 2021</b>		
<b>Facility Name:</b> <b>Monroe Care Center</b>		<b>Survey Dates:</b> <b>December 28, 2020 – January 14, 2021</b>		
<b>Facility Address/City/State/Zip:</b> <b>120 North 13<sup>th</sup> Street Albia, IA 52531</b>		<b>VW, JS</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>had a facemask on but failed to utilize eyewear and a face shield.</p> <p>During a random observation on 12/28/20 at 1:45 p.m., revealed 18 staff members in the facility without eyewear, 3 of the staff had glasses.</p> <p>During an observation on 12/28/2020 at 3:27 p.m., 16 Residents in the dining room playing bingo without face coverings. Staff N (Activity Staff) called bingo standing between two tables. Staff N had a facemask but failed to utilize eyewear or a face shield.</p> <p>During an interview on 12/29/2020 at 1:27 p.m., Staff K (Nurse Aide) acknowledged she utilizes a facemask during work. Staff K revealed she used to wear goggles but has not for some time as the DON informed them they do not have to wear eye protection anymore.</p> <p>During an interview on 12/29/2020 at 2:09 p.m., with Staff G acknowledged the DON explained to her they had moved to a different phase and did not have to wear goggles anymore.</p> <p>During an interview on 12/29/2020 at 2:26 p.m., with Staff L (Nurse Aide) acknowledged they had an in-service on the proper use of PPE a few months ago. The DON explained they did not have to wear goggles anymore.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b>  December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>During an interview on 12/29/2020 at 2:54 p.m., Staff M (Nurse Aide) acknowledged she had been told she did not have to wear goggles.</p> <p>3. The MDS dated 11/18/2020 for Resident #9 revealed a Brief Interview for Mental Status (BIMS) of 13, a BIMS score between 13 and 15 indicated intact cognition for decision making. The MDS included she needed limited assistance of 1 staff for bed mobility and personal hygiene, and required extensive assistance of 2 staff for transfers and dressing. The MDS also included diagnoses of coronary artery disease, hypertension, diabetes mellitus, and cerebrovascular accident.</p> <p>Resident #9's Care Plan updated 6/3/20 included an actual impairment to skin integrity of the right and left ankles related to chronic ulcer and osteomyelitis from Charcot foot and for the nurse to provide treatments to skin per orders.</p> <p>During an observation on 12/28/2020 at 9:45 a.m., Staff A (License Practical Nurse) entered Resident #9's room wearing a procedure mask with no goggles or face shield and carried a bag containing dressing change supplies and placed items on the counter. Staff A washed her hands and donned gloves removed Resident #9's right sock and removed the 3 dressings. Without changing gloves, Staff A obtained the bag of gauze, removed gauze from the bag, and sprayed with wound cleaner. Staff A then cleansed</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531				
VW, JS				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>the 3 open areas of the foot and ankle then she removed her gloves and preformed hand hygiene.</p> <p>4. According to the website visited 1/6/2021  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p> <p>Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic  Updated Dec. 14, 2020</p> <p>Implement Universal Source Control Measures</p> <p>Source control refers to use of well-fitting cloth masks or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.</p> <p>Patients and visitors should wear their own cloth mask (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth mask</p> <p>Patients may remove their cloth mask when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531				
VW, JS				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Facemasks and cloth masks should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.</p> <p>Visitors who are not able to wear a cloth mask or facemask should be encouraged to use alternatives to on-site visits with patients (e.g., telephone or internet communication), particularly if the patient is at increased risk for severe illness from SARS-CoV-2 infection.</p> <p>HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.</p> <p>When available, facemasks are preferred over cloth face masks for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.</p> <p>Cloth masks should NOT be worn instead of a respirator or facemask if more than source control is needed.</p> <p>To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth mask.</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth mask when leaving the facility at the end of their shift.</p> <p>Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth mask.</p> <p>Encourage Physical Distancing</p> <p>Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining at least 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.</p> <p>Examples of how physical distancing can be implemented for patients include:</p> <p>Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).</p> <p>Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.</p> <p>Scheduling appointments to limit the number of patients in waiting rooms, or creating a process so that patients can wait outside or in their vehicle while waiting for their appointment.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Arranging seating in waiting rooms so patients can sit at least 6 feet apart.</p> <p>Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having patients sit at least 6 feet apart.</p> <p>In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.</p> <p>For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:</p> <p>Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.</p> <p>Emphasizing the importance of source control and physical distancing in non-patient care areas.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52631		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.</p> <p>Designating areas and staggered schedules for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked. Centers for Medicare and Medicaid (CMS) document Ref: QSO-20-39-NH dated, September 17, 2020 included the following:</p> <p>Communal Activities and Dining While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>According to the undated COVID Positive Residents sheets revealed the following residents tested positive for COVID:</p> <ul style="list-style-type: none"> <li>a. Resident #22 on 1/4/21.</li> <li>b. Resident #6 on 1/7/21.</li> <li>c. Resident #10 on 12/29/20.</li> <li>d. Resident #11 on 12/29/20.</li> <li>e. Resident #12 on 12/29/20.</li> <li>f. Resident #24 on 12/31/20.</li> <li>g. Resident #5 on 1/7/21.</li> <li>h. Resident #23 on 12/31/20.</li> </ul> <p>During an observation in the dining room on 12/28/2020 from 11:26 a.m. to 11:55 a.m. revealed the following:</p> <ul style="list-style-type: none"> <li>a. 18 tables that had up to 2 residents seated across from each other.</li> <li>b. Resident #22 had her back to Resident #6. Resident #6 and #22's wheelchair wheels overlapped each other making the backs of their heads in close proximity of each other.</li> </ul>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).



**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>c. Resident #10 sat with her back to Resident #11 with approximately 5 feet apart (counting 12 inch x 12 inch floor tiles).</p> <p>d. Resident #12 sat with his back to Resident #24 with approximately 4 feet apart (counting 12 inch x 12-inch floor tiles).</p> <p>e. Resident #5 sat with her back to Resident #23 with approximately 5 feet apart (counting 12 inch x 12 inch floor tile).</p> <p>During an observation on 12/28/2020 at 3:27 p.m., revealed 16 Residents in the dining room playing bingo without face coverings. Staff N (Activity Staff) called bingo while standing between two tables. Staff N failed to utilize a mask, goggles or face shield.</p> <p>5. Review of the COVID-19 Start/End of Shift of Daily Employee/Agency Screening Log revealed Staff K (Nurse Aide) entered the facility with signs and/or symptoms of COVID on the following occasions:</p> <p>a. On 11/3/20, headache and sore throat allowed to work.</p> <p>b. On 11/4/20, with a fever greater than 100 degrees F. Temperature 100.9 at the beginning of shift and yes to muscle pain and headache allowed to work.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>c. On 11/12/20, had a temperature of 100.1 answered no to fever greater than or equal to 100.0 allowed to work.</p> <p>d. On 11/29/20, answered yes to chills, sore throat allowed to work.</p> <p>e. On 11/30/20, answered yes to fever greater than or equal to 100.0, chills, headache allowed to work.</p> <p>f. On 12/3/20, answered yes to fever greater than or equal to 100.0, chills, headache, sore throat allowed to work.</p> <p>According to the Employee Timesheets Staff K worked 11/1/20, 11/2/20, 11/3/20, 11/4/20, 11/9/20, 11/10/20, 11/11/20, 11/12/20, 11/14/20, 11/15/20, 11/16/20, 11/17/20, 11/18/20, 11/19/20, 11/20/20, 11/23/20, 11/24/20, 11/25/20, 11/27/20, 11/28/20, 11/29/20, and 11/30/20.</p> <p>According to the undated COVID Positive Employees sheet Staff K received one COVID test and had a positive result on 12/29/20 and had a return to work date of 1/8/21.</p> <p>The typed statement dated 1/6/21 at 9:48 a.m., the Director of Nurses documented Staff K called in to work on 12/1/20 and 12/2/20 due to headache, sore throat and dizziness. Staff K had a diagnoses of ear infection and on an antibiotic. Staff K returned to work on 12/3/20 and answered yes to fever greater than 100.0, chills, headache, and sore throat. Staff K</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>called for Staff P (Licensed Practical Nurse) and informed her she saw her doctor, had sinus drainage and an ear infection. Staff P called the DON to inform of the situation. The DON allowed staff K to enter the facility for work.</p> <p>During an interview on 1/12/21 at 10:53 a.m., Staff K (Nurse Aide) explained she went to the doctor back in the beginning of December had an ear infection and prescribed antibiotics. When asked if she had been tested for COVID-19 at the doctor, she explained she gets ear infections a lot ever since she was young so she was not tested.</p> <p>During an interview on 1/14/21 at 10:20 a.m., Staff K acknowledged she did not know what nurse checked her in during the screening process. Staff K explained she had signs and symptoms of COVID- 19 and had a nurse check to see if she ran a fever during the day.</p> <p>During an interview on 1/12/21 at 1:19 p.m., Staff P (Licensed Practical Nurse) acknowledged she worked on 12/3 and 12/4 one of the days as a Nurse Aide and the other as a Nurse. Staff P explained on that day Staff K answered yes to questions and had temperature. Staff P called the DON to explain the signs and symptoms and the DON acknowledged she already knew about them and Staff K had been to the doctor and had a reason for the signs and symptoms. The DON instructed Staff P to allow Staff K (Nurse Aide) to work. Staff P explained she did not keep track of the screening sheets she knew the Administrator and DON kept them, but did not know if</p>			
--	--	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b>  120 North 13 <sup>th</sup> Street Albia, IA 52531		VW, JS		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>anyone had been designated to monitor the screening sheets.</p> <p>6. Review of the Prevent COVID Start/End of Shift Daily Employee/Agency Screening Log, Staff O (Dietary) answered yes to a sore throat on 11/22/20, 11/24/20, 11/29/20, 12/2/20 and 12/3/20.</p> <p>According to the Employee Timesheets Staff O (Dietary) worked 11/16/20, 11/18/20, 11/21/20, 11/22/20, 11/23/20, 11/24/20, 11/25/20, 11/27/20, 11/28/20, 11/29/20, 12/1/20, 12/2/20, 12/3/20, 12/8/20, 12/11/20, 12/13/20, and 12/15/20.</p> <p>During an interview on 1/12/21 at 11:59 a.m., Staff O (Dietary) explained that before to the current survey the staff entered the facility and answered the screening questions and did not have to let anyone know. The DON recently informed the staff if they answer yes to any question they need to call a nurse. Staff O reported she did not let anyone know the days she arrived to work with a sore throat.</p> <p>7. Review of the Prevent COVID Start/End of Shift Daily Employee/Agency Screening Log, Staff F (Nurse Aide) answered yes to muscle pain and headache on 12/9/20, 12/10/20, 12/11/20, and 12/15/20.</p> <p>The testing log revealed Staff F had a test for COVID on 12/8/20 and 12/11/20 with negative results. Staff F tested again on 12/29/20 and had a negative result.</p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> #9062		<b>Date:</b> March 2, 2021		
<b>Facility Name:</b> Monroe Care Center		<b>Survey Dates:</b> December 28, 2020 – January 14, 2021		
<b>Facility Address/City/State/Zip:</b> 120 North 13 <sup>th</sup> Street Albia, IA 52531				
VW, JS				
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>According to Employee Timesheet Staff F worked on 12/8, 12/9/20 12/10/20, 12/11/20, 12/12/20, 12/14/20, and 12/15/20.</p> <p>During an interview on 1/12/21 at 3:05 p.m., Staff F acknowledged he had muscle pain and headache and confirmed he worked on 12/9, 12/10 12/11 and 12/15. Staff F contacted the charge nurse. Staff F explained he tested negative for COVID at the clinic but could not remember the date. Staff F could not recall any of the nurses he talked to that allowed him to work.</p> <p>8. According to the Prevent COVID Start/End of Shift Daily Employee Screening Log dated 12/8/20 Staff R (Registered Nurse) failed to document a check in temperature and Staff R answered yes to a new cough, a headache and chills on 12/29/20.</p> <p>The Employee Timesheet revealed Staff R worked on 12/8/20 and 12/29/20.</p> <p>The undated COVID Positive Employees sheet documented Staff R tested positive for COVID on 12/29/20.</p> <p>During an interviewed on 1/14/21 at 11:37 a.m., with the Administrator and Director of Nurses (DON) present, the DON explained they do not have a form to document on after someone answers yes to signs or symptoms of COVID-19. The charge nurse initialed and allowed staff to enter the building after the staff explained the symptoms. When asked about the screening forms the DON acknowledged when filled</p>			
--	--	--	--	--

Page 21 of 22

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

**Iowa Department of Inspections and Appeals  
Health Facilities Division  
Citation**

<b>Citation Number:</b> <b>#9062</b>		<b>Date:</b> <b>March 2, 2021</b>		
<b>Facility Name:</b> <b>Monroe Care Center</b>		<b>Survey Dates:</b> <b>December 28, 2020 – January 14, 2021</b>		
<b>Facility Address/City/State/Zip:</b> <b>120 North 13<sup>th</sup> Street Albia, IA 52531</b>		<b>VW, JS</b>		
<b>Rule or Code Section</b>	<b>Nature of Violation</b>	<b>Class</b>	<b>Fine Amount</b>	<b>Correction date</b>

	<p>out they are placed in her mail box. The medical record person puts them in order and files them. The DON explained she had all the screening sheets on file.</p> <p><b>FACILITY RESPONSE:</b></p>			
--	---	--	--	--

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Date

**If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty-five percent (35%) pursuant to Iowa Code section 135C.43A (2013).**