

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

PRINTED: 11/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2020
NAME OF PROVIDER OR SUPPLIER RIVERVIEW MANOR HEALTHCARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 17980 SPENCER ROAD PO BOX 603 PLEASANT VALLEY, IA 52767		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction Date: 12-7-2020 A COVID-19 Focused Infection Control Survey and an Investigation of Complaints #90367, #93460, #94011, #94023, #94083, #94152 and #94201 was conducted by the Department of Inspections and Appeals on 10/29/20 -11/16/20. The facility was found noncompliant with CMS and the Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. Complaints #94152 and #94201 were substantiated with a deficiency. (See Code Federal Regulations (42CFR) Part 483. Subpart B-C). Total residents: 29	F 000			
F 880 SS=F	Infection Prevention & Control 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	F 880			

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

TITLE

(X6) DATE

Theresa Menke

Administrator

12-7-2020

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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>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 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>	F 880			

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F 880	<p>Continued From page 2</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. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, document review, and staff interviews, the facility failed to implement a comprehensive infection control program for effective screening of staff for COVID 19, provide Center for Disease Control and Prevention (CDC) guidance on personal protective equipment (PPE) extended use, perform hand hygiene, and sanitation of equipment. Staff A, B, C, D, worked with symptoms of COVID, then tested positive for COVID 19. Staff E entered the facility without screening with symptoms of COVID 19 and tested positive. Staff F failed to complete employee COVID screening prior to her shift. The facility identified a census of 29 residents.</p> <p>Findings include:</p> <p>1. A Facility 1:1 Education form with a topic of COVID symptom criteria documented Staff A, Housekeeping and Laundry, had been educated on the updated symptom list (for COVID) and screening form for all employees. Staff A signed the form on 9/4/20. The Housekeeping Supervisor's signature appeared on Employee A's education form signed 9/4/20.</p> <p>A Time Card, dated 10/11/20 to 10/21/20, provided by the facility, showed Staff A worked the following hours: a. On 10/16/20 - 5:53 a.m. until 1:54 p.m.</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>b. On 10/17/20 - 5:54 a.m. until 1:53 p.m.</p> <p>A Facility Daily COVID Employee Screening paper form, dated 10/15/20, showed Staff A on the 6:00 a.m. - 2:00 p.m. shift with a temperature of 99.9 degrees Fahrenheit with screen in and a temperature out of 99 degrees Fahrenheit. Staff A responded "Yes" in the column that symptoms of COVID 19 per the Center for Disease Prevention and Control (CDC) criteria were present on the COVID 19 screen form.</p> <p>The Facility COVID Employee Screening paper form, dated 10/16/20, failed to show Staff A's name on the screen form.</p> <p>The computerized employee COVID screen lists the following questions:</p> <ol style="list-style-type: none"> 1. Have you left the country within the last 45 days? 2. Do you have Covid-19 symptoms? 3. Have you been exposed to anyone with Covid-19? If yes, leave now and call you supervisor. <p>A Covid computerized employee screen summary, provided by the facility, documented the following for Staff A:</p> <ol style="list-style-type: none"> a. On 10/14/20 at 5:53 a.m. Staff A documented she had no symptoms of COVID on the screen. b. On 10/16/20 at 5:53 a.m. Staff A documented she had no symptoms of COVID on the screen. c. On 10/17/20 at 5:54 a.m. Staff A documented she had no symptoms of COVID on the screen d. On 10/18/20 at 5:53 a.m. Staff A documented she had no symptoms of COVID on the screen. e. On 10/19/20 at 5:54 a.m. Staff A documented she had symptoms of COVID on the screen. 	F 880			

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F 880	<p>Continued From page 4</p> <p>A Facility COVID Summary report, provided by the County Public Health, documented Staff A developed symptoms of COVID 19 on 10/16/20.</p> <p>During an interview on 11/3/20 at 11:55 a.m. Staff A reported she developed a cough and shortness of breath the evening of the 15th and came to work on 10/16/20. She reported the symptoms to the Director of Nursing, (DON), who stated she didn't have a temperature so she didn't meet COVID criteria and could continue to work. She reported after the DON told her to go back to work the Housekeeping Supervisor tried to take her temperature three different times but couldn't get a good reading on the thermometer. The supervisor tried to change the batteries and tried using a different thermometer. Staff A stated when the housekeeper supervisor would take her own temperature, the thermometer would work, but when she tried to use the thermometer on Staff A, she couldn't get a temperature reading. Staff A reported she continued to work on October 16 and 17 her normal hours and didn't report to the charge nurse or to the DON again, since she had been told she didn't meet COVID criteria. She just continued to work reporting that her cough and shortness of breath continued to worsen. On Monday, 10/19/20, she reported to work at 6 a.m. and informed the charge nurse her cough and shortness of breath were worsening. The charge nurse performed a rapid test which showed a positive COVID result and the charge nurse sent her home to quarantine.</p> <p>During an interview on 11/3/20 at 1:41 p.m. the Housekeeping Supervisor reported on that Friday, Staff A did check into work with a low grade fever, but no other symptoms. She stated the DON had checked her temperature after she</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>had already been working that day and stated her temperature was fine, to go back to work. The DON informed her to keep a watch on Staff A. She stated she checked staff A's temperature three different times that day with three different thermometers as she had some problems with the thermometer working. Staff A's temperatures were between 96 and 97 degrees Fahrenheit with those three checks. She reported she did not know the rapid test criteria for the facility or why a rapid test had not been done since the facility has a rapid test machine. She reported Staff A did have a rapid test 10/19/20 which showed a COVID positive result resulting in staff A being sent home.</p> <p>During an interview on 11/4/20 at 1:20 p.m. Staff A reported that on the day she ran the 99.9 degree temperature, the DON came down to recheck her temperature within about 15 minutes of her starting work. The DON couldn't get the thermometer to work correctly, reporting she had a weird readings of like 88 degrees and just told her to go back to work. Staff A reported again the Housekeeping Supervisor couldn't get the thermometer to work right. She tried changing the batteries and a different thermometer, but was not able to get a temperature to register on the thermometer. Staff A reported she had stayed at work because the DON basically told her if she didn't have a temperature she could work. Staff A reviewed the portion of the Employee COVID 19 Screening Policy, dated 9/1/20, with the Surveyor. She reported she did not know she had to report a temperature of 99 degrees to the Department Manager and no one from Human Resources followed up with her. She did not report to anyone since she didn't know she was supposed to. She stated she</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>doesn't remember being told about that policy, but she could have been.</p> <p>During an interview on 11/19/20 at 12:38 p.m., Staff A reported she had gone back and checked her schedule. She did not work on 10/15/20, so didn't know why her name appeared on an employee screen for dated 10/15/20. The day she ran the temperature prior to her shift had been 10/16/20. She didn't know why the facility would have an employee screen form with her temperature information documented for 10/15/20.</p> <p>2. A Facility 1:1 Education with a topic of COVID symptoms criteria for the updated symptom list and screening of employees showed Staff B, Social Service Designee, signed she received the education on 9/2/20. The 1:1 education form contained the signature of the Assistant Director of Nursing (ADON) for 9/2/20.</p> <p>A Time Card, dated 10/11/20 to 10/21/20 showed Staff B worked the following hours:</p> <ul style="list-style-type: none"> a. Worked 10/15/20 8:00 a.m. until 3:53 p.m. b. Worked 10/16/20 7:40 a.m. until 2:47 p.m. c. Worked 10/19/20 7:51 a.m. until 3:58 p.m. d. Worked 10/20/20 8:03 a.m. until 4:02 p.m. e. Worked 10/21/20 8:00 a.m. until 8:15 a.m. <p>A Facility COVID Employee Screening reflected the following:</p> <ul style="list-style-type: none"> a. On 10/15/20 Temperature in 97.4 degrees Fahrenheit, Temperature out 97.6. Staff B documented no symptoms of COVID 19. b. On 10/16/20 Temperature in 96.8, temperature out 97.2. Staff B documented no symptoms of 	F 880			

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F 880	<p>Continued From page 7</p> <p>COVID 19.</p> <p>c. On 10/19/20 Temperature in 96.7, temperature out 97. Staff B documented no symptoms of COVID 19.</p> <p>d. On 10/20/20 Temperature in 96.9, temperature out 98.1. Staff B documented no symptoms of COVID 19.</p> <p>The computerized employee COVID screen lists the following questions:</p> <ol style="list-style-type: none"> 1. Have you left the country within the last 45 days? 2. Do you have Covid-19 symptoms? 3. Have you been exposed to anyone with Covid-19? If yes, leave now and call you supervisor. <p>A Computerized Employee COVID Screen Summary, provided by the facility showed the following raw punch dates and time for Employee B:</p> <ol style="list-style-type: none"> a. On 10/15/20 8:00 a.m. Answered no signs of COVID 19. b. On 10/16/20 2:47 p.m. Answered no signs of COVID 19. c. On 10/19/20 7:51 a.m. Answered no signs of COVID 19. d. On 10/20/20 8:03 a.m. Answered no signs of COVID 19. e. On 10/21/20 8:00 a.m. Answered no signs of COVID 19. <p>A COVID Report Summary provided by the County Health Department identified Staff B's COVID symptoms started on 10/15/20.</p> <p>During an Interview 11/3/20 at 12:15 p.m. Staff B reported that she did develop symptoms of a low grade sinus headache and a dry throat, but</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>thought since she wasn't running a fever, her allergies were flaring up so she didn't report to anyone on the 15th. Staff B stated she continued with the headache and dry throat through Monday, 10/19/20, when she had a nasopharyngeal test completed per the routine employee testing. She reported to work on 10/21/20 and the Housekeeping Supervisor informed her to go home and quarantine, she had tested positive for COVID 19.</p> <p>3. A Facility 1:1 Education with a topic of COVID symptoms criteria for the updated symptom list and screening of employees showed Staff C, Certified Nurse Aide (CNA), signed she received the education on 9/2/20. The 1:1 education form contained the signature of the Assistant Director of Nursing (ADON) for 9/2/20.</p> <p>A time card, dated 10/24/20 to 11/3/20 for Staff C, provided by the facility on 11/2/20 showed Staff C worked the following hours:</p> <p>a. On Saturday, 10/24/20 2:04 p.m. until 10:07 p.m.</p> <p>b. On Sunday 10/25/20 6:04 a.m. until 6:29 p.m.</p> <p>A hand written piece of paper dated 10/24/20 listed the following hand written columns: name, shift, temperature in, temperature out, signs and symptoms of COVID, Hand hygiene, Personal Protective Equipment (PPE), work sent home, and exposure. Staff C's name did not appear on the 10/24/20 employee screen.</p> <p>The computerized employee COVID screen lists the following questions:</p> <p>1. Have you left the country within the last 45 days?</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>2. Do you have Covid-19 symptoms?</p> <p>3. Have you been exposed to anyone with Covid-19? If yes, leave now and call you supervisor.</p> <p>The computerized employee COVID Screen Summary, provided by the facility, showed Staff C screened in on 10/24/20 at 2:03 p.m. and answered no to all the COVID questions.</p> <p>A report provided by the County Public Health, identified Staff C with COVID related symptoms on 10/24/20.</p> <p>A Facility COVID Employee Screening form for 10/25/20 documented Staff C on shift from 6:00 p.m. - 8:00 p.m. with a 97.2 temperature at the start of shift. Staff C answered no on the screen indicating no signs of COVID symptoms. The employee screen showed a 97.2 temperature at the end of the shift.</p> <p>A computerized employee COVID Screen Summary, provided by the facility, showed a raw punch 10/25/20 for 6:29 p.m. for the COVID screen questions which matched the clock out time for Employee C on 10/25/20. The Summary did not show a computerized screen punch for 6:04 a.m. to match the time card provided by the facility showing the facility completed the full COVID screen process.</p> <p>During an interview on 11/4/20 at 12:27 p.m. Staff C, CNA, reported she felt really nauseated and had a dry throat around 7:40 p.m. on 10/24/20. She reported her symptoms to the agency nurse. The agency nurse informed her she couldn't do anything, she would have to talk to an</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>administrative person. Staff C reported she called Staff J, the scheduler. Staff J contacted the Director of Nursing (DON). Staff J relayed a message that the facility could not do testing until Monday due to a corporate thing. She stated the DON didn't tell her she had to continue working but did not tell her to go home either. They were really short that night and the nurse wanted her to stay. She stated the nurse kept saying please do not go home. Staff C reported she felt a little pressured to stay that night and she continued to work her hours. Staff C stated when she reported to work on 10/25/20 at 6:00 a.m. feeling fine until around 6:00 p.m., someone from corporate had called the facility and stated that they wanted her tested, so the agency nurse performed the rapid test. They sat me in the chair in the nurses' station and tested me. She reported she tested positive for COVID and the charge nurse sent her home.</p> <p>During an interview on 11/5/20 at 10:02 a.m., Staff J reported she told the DON via telephone on 10/24/20 that Staff C wanted to be rapid tested. The DON told Staff J to email the corporate nurse consultant and the Administrator to report the employees symptoms. Staff J reported she sent out the email 10/24/20 at 7:56 p.m. as told to the Corporate Nurse, Administrator and DON. She reported that the DON and ADON follow the corporate direction if employees do not have a fever, despite other symptoms, they can work. The administrator has stated it is too expensive to rapid test so rapid testing has to be approved by the Corporate Nurse or the Administrator. Staff J reported another staff member working 10/24/20 sounded "terrible" when she answered the phone that evening and she did tell the nurse to rapids test</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER RIVERVIEW MANOR HEALTHCARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 17980 SPENCER ROAD PO BOX 503 PLEASANT VALLEY, IA 52767		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 11</p> <p>that employee as she is pregnant. That staff member tested positive resulting in the nurse sending her home. Staff J reported they were not happy with me for having the nurse rapid test the other employee. Staff C did not receive a rapids test that day and continued to work her shift until 10 p.m.</p> <p>4. A COVID Summary, provided by Scott Public Health identified Staff D, Dietary Aide, exhibited symptoms of COVID 19 started on 10/17/20.</p> <p>A time card dated 10/11/20 - 10/21/10, provided by the facility showed Staff D worked the following hours:</p> <p>a. On Monday, 10/19/20 12:14 p.m. until 8:57 p.m.</p> <p>b. On Tuesday, 10/29/20 12:07 p.m. until 8:51 p.m.</p> <p>A Facility Employee Screen form dated 10/19/20 showed Staff D screened in with a temperature of 97.1 degrees and documented no signs of COVID 19 present. Staff D screened out with a temperature of 97.7 degrees.</p> <p>A Facility Daily Employee Screen form dated 10/20/20 showed Staff D screened in 12:30 p.m. - 8:00 p.m. with a temperature of 97.0, answered no to symptoms of COVID 19 symptoms, and clocked out with a temperature of 97.6 degrees.</p> <p>During an interview on 11/3/20 at 11:06 a.m., the Dietary Supervisor reported they have such a small kitchen. She is very careful about letting employees work if they do not feel good.</p> <p>During an interview on 11/3/20 at 12:41 p.m., Staff U, Dietary Aide, reported she had worked</p>	F 880			

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F 880	<p>Continued From page 12 with Staff D when she had been sick at work.</p> <p>During an interview on 11/3/20 at 1:47 a.m., Staff S, Dietary Aide, reported the facility had been letting staff come to work with a sore throat and running nose. As long as the employee didn't have a temperature, they were allowed to work. She stated Staff D had head cold symptoms and thought it had been from being outside in the cold, but she had worked her shifts about two weeks ago.</p> <p>During an interview on 11/3/20 at 2:05 p.m., Staff D reported her symptoms started on 10/17/20 late at night with a cough that progressed to a runny nose and sniffles by the next day. Staff D confirmed she did work on October 19 and 20th from 12:30 p.m. to 8:00 p.m. She stated she did not report her symptoms on the employee COVID 19 screen form or the computer form. The 14th she had been out in the rain and cold weather all week and thought she had gotten run down and just developing cold symptoms. Staff D stated she reported her symptoms on 10/19/20 to the Dietary Supervisor and had the nasopharyngeal COVID test completed around 2:10 p.m. that day as part of routine employee testing. She never thought anything of it until she lost her sense of taste and smell the evening of 10/20/20. Staff D reported she became really worried and called the facility early on 10/21/20 around 8 a.m. The Assistant Director of Nursing, (ADON), informed her COVID 19 test returned positive and someone from human resources would be contacting her. Staff D reported she did not know why the facility had not done a rapid test on her when she first had symptoms.</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>5. A Time Card, dated 10/24/20 - 11/3/20, for Staff E, Minimum Data Set (MDS) Coordinator, showed Staff E did not work on Saturday, 10/24/20 and Sunday 10/25/20.</p> <p>A COVID Summary, provided by Scott Public Health identified Staff D, Dietary Aide, exhibited symptoms of COVID 19 started on 10/24/20.</p> <p>A Computerized summary of the Employee COVID Screen showed documented Staff E did not have a computerized employee screen for 10/25/20.</p> <p>A sign posted on the door going from the employee entrance area out to the hallway by the nurses station had the following: Do you have any of these symptoms? People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headaches New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea</p> <p>A sign posted on the door going from the Employee Entrance Area out to the hallway by the nurses' station states: Prevent the spread of disease and infection. DO NOT ENTER if you are experience any symptoms including flu- like symptoms, fever, cough, shortness of breath. Call your supervisor immediately if: (1) you develop symptoms; (2) You have been in close</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>contact with a person known or suspected to have COVID 19; (3) You have recently traveled from an area with widespread COVID-19.</p> <p>During an interview on 11/4/20 at 11:50 a.m., Staff E, Minimum Data Set (MDS) Coordinator, reported she did not work on 10/24/20, but developed a migraine like headache and body aches that day. On Sunday, 10/25/20, she reported she developed a fever in addition to the headache and body aches so she came into the facility to grab some work items from her office and do a quick rapid test for COVID 19 on herself. She reported she would not be able to be at the facility on 10/26/20, the normal employee COVID testing day. Staff E reported her rapid COVID 19 test came back positive and she called the Administrator and Director of Nursing, (DON), to inform of the positive test result. She reported she had been told to go home, rest and Iowa Public Health would be in contact with her. She reported she did not go through an employee screen since she had come to work just to get some work items out of her office and test herself. Staff E commented that she had come through the back employee service entrance where the time clock and PPE are. She reported she did wear her PPE into the facility, even though she did not complete the screen. Staff E had to come through the employee service area to the hallway by the nurses' station to her office across from the dining room.</p> <p>During an interview on 11/4/20 at 4:30 p.m., the Administrator reported Staff E had only been coming into the facility to test herself for COVID since she would not be in for the routine testing. She had not been aware that Staff E had not</p>	F 880			

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F 880	<p>Continued From page 15 screened into the facility.</p> <p>During an interview on 11/10/20 at 10:31 a.m., Staff F, Agency CNA, reported she had been contracted by the facility in the past month, but had been coming to the facility for around two months. She reported she had orientation with the Director of Nursing who told her when working with a COVID positive resident to wear the white "marshmallow" body suit, Niosh 95 mask (N95 mask, special mask to filter out air particles) with a cloth mask over the N95, and a face shield. Staff D had never been screened in before her shifts or out after her shifts. She had never had her temperature taken before or after her shift. She said occasionally she would see a clipboard with a form to screen out and would document her temperature then, but not on a regular basis. Staff F reported she had not received any training in screening for symptoms of COVID 19 before and after her shift, or education regarding how long personal protective equipment (PPE) could be worn, or disinfecting the body suit (Tyvek 400 body suit). Staff F reported she had only become aware of the need to disinfect the body suit a week ago when Staff G from Housekeeping informed her.</p> <p>On 11/10/20 at 11:39 a.m., the Surveyor requested Staff F's employee time card from human resources. At 11:41 a.m. the Human Resource/Payroll Regional Director responded via email that Employee F did not punch the time clock.</p> <p>On 11/12/20 at 1:47 p.m., the Administrator, via email, responded Staff F had been contracted with the facility on 10/20/20. Staff A, Laundry, takes all new staff/agency and shows them</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>around the facility and lets them know our processes. The Administrator responded with the outbreak, she doesn't know that anything had been put writing ...there had been a lot of verbal instructions given to staff.</p> <p>A review of the Facility Daily COVID Employee Screen form showed the following:</p> <p>a. On 10/30/20 Showed three employees failed to document temperatures at the end of their shift on the paper form. Three employee failed to document temperatures at the start of the shift on the paper screen form.</p> <p>b. On 11/1/20 Showed six employees failed to document temperature at the end of their shift on the paper form.</p> <p>One employee failed to document the temperature at the beginning and end of their shift on the paper form.</p> <p>c. On 11/2/20 showed one employee failed to document their temperature at the beginning of the shift on the paper form.</p> <p>During an interview on 11/5/20 at 9:14 a.m. the Human Resource/Payroll Regional Director reported staff are supposed to come in the back employee service entrance and have to complete the paper and computer time clock COVID employee screen. They also do a paper sign in sheet where staff document their temperature before their shift and after their shift. The computer employee COVID screen is designed if they answer "yes" to any of the questions, it will flag an email to myself or the corporate nurse consultant for follow-up. We have advised all staff if they do not feel well during their shift, they are to notify the charge nurse. If they have</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>symptoms in the building, we are rapid testing them and sending them home. If they have a fever, they are to go home and be out for 72 hours without a temperature and without taking fever reducing medications. Reported she would follow- up with the employee around day two to see if they are still running temperatures. If the employee is still running a temperature we would keep them out longer. We would test them to be sure they are negative. She reported they started weekly testing of all employees in September.</p> <p>During an interview on 11/10/20 at 1:50 p.m., the Administrator reported all agency staff are to punch in and punch on the time clock. They are supposed to fill out the paper employee COVID screen form. All staff should be doing the whole employee COVID screen process. She reported the facility is still having issues with agency staff not punching the time clock. Agency staff are to report to the facility one hour prior to shift to receive orientation training. She stated she didn't know if the facility had anything physically regarding an orientation form for training to document. She reported Staff A in laundry usually does the orientation on first and second shift and the charge nurse will do orientation on third shift. Her expectation is every time an agency person comes one hour early for orientation they would go over PPE, specifically what to do and how to clean. The Administrator stated if staff have any symptoms of COVID per the CDC (Center for Disease Prevention and Control) guidelines, they are to be sent home. If a staff member doesn't feel good, a nurse would assess them for fever and symptoms. If they have a fever, we would rapid test them. If a positive rapid test, we would send them home. She reported the facility has provided training to</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>staff and told employees if they have symptoms, they are to report the symptoms in.</p> <p>During an interview on 11/10/20 at 2:07 p.m., the Assistant Director of Nursing, (ADON), reported if staff show any symptoms of COVID, they were instructed to call Human Resources, (HR). They could notify the facility HR or corporate HR. They (DON and ADON) were not given any direction other than to have employees call HR, whether employees were tested had to come from HR. The ADON felt the system could have been easier to manage or handle as they (DON/ADON) wouldn't always know what was going on. We had to get ahold of HR to find out how long employees would be out. She reported she would expect all staff to complete the employee screen process before the shift and screen out at the end of shift as part of preventing COVID. She would expect that staff would report signs of COVID.</p> <p>The Facility COVID-19 Screening Policy, dated 9/1/20, provided by the facility, directs the following:</p> <p>a. Employees will utilize the time keeping system to respond to COVID 19 questions. The employee will respond to three pre-programmed questions about the employee's overall health prior to each shift. In the event that the employee responds "yes" to any of the COVID 19 questions, it will trigger a report that is sent to the Quality Assurance Nurse and Human Resources department. They will in turn contact the building to have that employee evaluated. If the employee answered "yes" in error a COVID 19 question document will be filled out and kept with the daily sheet.</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>b. The employees are also required to sign in on the sheet at the time clock. The employee will have their temperature checked upon clock in and out (any temperature of 99.0 degrees or higher will be reassessed after the staff has left the facility. Temperature will be assessed in an outdoor area or in a non-clinical area of the facility. If the temperature is 99.0 or higher a reassessment the staff will be asked to clock out and go home and contact HR for further return to work criteria. If the staff temperature is 99.0 or higher at the time of temp out on shift end the staff must notify the department manager and will be excluded from work until HR has coordinated return to work criteria. Employees will be sanitize hand upon entrance to the facility and prior to entering the work floor and will be assessed for utilization of proper PPE upon entering the work floor.</p> <p>c. Any employee who has symptoms of illness (fever, COVID symptoms, etc.) at the time of clock in must clock out immediately and exit the facility. Employees who have been sent home or call in ill must coordinate return to work with the HR department in order to meet the CDC return to work criteria guidelines. If at any point in an employee's shift they begin to feel ill, they must immediately report to the charge nurse and will be assessed and sent home with instruction to coordinate with the HR department for return to work.</p> <p>The CDC's Preparing for COVID 19 in Nursing Homes Infection Control for Nursing Homes Guidance, dated June 25, 2020, directed the facility to evaluate and manage healthcare personnel by:</p>	F 880			

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F 880	Continued From page 20 a. Implement sick leave policies that are non-punitive, flexible and consistent with public health policies that support HCP to stay home when ill. b. Create an inventory of all volunteers and personnel who provide care in the facility. Use that inventory to determine which personnel are non-essential and whose services can be delayed if such restrictions are necessary to prevent or control transmission. c. As part of routine practice, ask Health Care Personnel (HCP) (including consultant personnel and ancillary staff such as environmental and dietary services) to regularly monitor themselves for fever and symptoms consistent with COVID 19. d. If HCP develop fever (temperature great to or less than 100.0 degrees Fahrenheit (F) or symptoms consistent with COVID 19 while at work they should inform their supervisor and leave the workplace. Have a plan for how to respond to HCP with COVID 19 who worked while ill (identifying and performing a risk assessment for exposed residents and co-workers). e. HCP with suspected COVID 19 should be prioritized for testing. Screen all HCP at the beginning of their shift for fever and symptoms of COVID 19. f. Actively take their temperatures and document absence of symptoms consistent with COVID 19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. g. Fever is either measured temperature >100.0 F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medication	F 880			

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F 880	<p>Continued From page 21</p> <p>(e.g. NSAIDS (medications that reduce fevers). Clinical judgment should be used to guide testing of individual situations.</p> <p>h. HCP who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposure to other facilities with recognized COVID 19 cases.</p> <p>According to the CDC symptoms of Coronavirus document, dated May 13, 2020, people with COVID 19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with the following symptoms may have COVID 19:</p> <ul style="list-style-type: none"> Fever or chills Cough Shortness of breath or difficulty breathing Fatigue, muscle or body aches Headache New loss of taste or smell Sore throat Congestion or running nose Nausea or vomiting Diarrhea <p>6. During the COVID-19 Infection Control Survey the following infection control observations and interviews were made:</p> <p>During an interview on 10/29/20 at 6:33 a.m. Staff R, Licensed Practical Nurse, (LPN), stated she had been wearing the N95 mask since the day before, she did not know how long they were supposed to wear the N95 mask or change them out. She wore a white body suit that she had worn since the week before, did not know how long they were supposed to wear them, but they</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>wore them throughout the facility with their N95 mask and face shield. If they went into room 11, the COVID negative room, staff had to remove the body suit, apply a cloth isolation gown, take off the N95 mask, apply a cloth mask, and apply a face shield from the cart outside the room. When coming out of the room, they remove the gown, cloth mask and face shield and reapply their prior PPE.</p> <p>During an observation on 10/29/20 at 7:08 a.m., the Administrator presented in a body suit and regular mask on her face (not N95) and face shield on. She reported staff are to wear N95 masks for 14 days, she had given the Housekeeping Supervisor a box of N95 masks to pass out the day before. Staff had bags to put their masks and face shields in for reuse.</p> <p>During an observation on 10/29/20 at 7:16 a.m., Staff S, Dietary Aide, wore a N95 mask that looked dirty around the edges, reported she'd worn it for a week and a half, replaced it then because a strap had broken. She wore a face shield and reported they only had four face shields in the kitchen, there was a sign out sheet for staff to sign that they were using one of the face shield and pointed to a clipboard hanging on the wall next to a face shield. She stated there were 8 or 9 dietary employees, only four worked in the kitchen at a time.</p> <p>During an observation on 10/29/20 at 9:40 a.m., the Administrator showed the Surveyor the stock supply of PPE supply from the beauty shop, DON office and the back employee service area.</p> <p>On 10/29/20 at 12:02 p.m., Staff H, CNA and Staff T, CNA, were in hallway outside of room 11</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>(non-COVID room). Staff H and T took off their Tyvek 400 suits, rolled them up and placed the suits between the wall and the hand rail with a portion of both suits hanging down on the floor. They applied long sleeved isolation gowns. Staff H and T removed their N95 masks, applied white cloth masks, and proceeded into room 11 still wearing the same face shields worn into the COVID positive rooms. Staff H reported she had been wearing the same body suit since she came back to work on 10/27/20. She had spilled coffee on the lower pant leg of the suit where a visible stain remained. Neither Staff H or T knew how long they could wear their body suits or masks.</p> <p>On 10/29/20 at 12:34 p.m., the Dietary Supervisor, stated they had gotten their N95 masks now and thought staff were to change the N95 masks every 5 days, or if they looked soiled. The Dietary Manager wore a face shield and reported the facility had received more face shields. The Surveyor observed four white lab coat type garments made from a heavier material hanging on the wall right outside the kitchen door. She reported said staff applied them over their uniform when they had to go out of the kitchen to use the rest room.</p> <p>Upon entrance to the facility on 11/2/20 at 9:45 a.m., the Administrator asked the surveyor to utilize both a hand written COVID-19 screening form and a computerized form. The Administrator took the surveyor temperature and laid the thermometer down on the table. The surveyor noted a gritty substance on the laptop keys when completing the computerized screen. The Administrator then asked the surveyor to complete hand hygiene utilizing an alcohol based hand sanitizer. The Administrator walked back</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>into the office and did not sanitize the thermometer or the laptop keyboard. The Administrator reported the facility to be in outbreak status with a census of 29 residents. Twenty eight of the twenty-nine resident were COVID positive.</p> <p>During a facility walk through on 11/2/20 at 10:15 a.m., the surveyor noted multiple staff wearing full Tyvek 400 body suits, with Niosh 95 (N95) masks and face shields going in and out of resident rooms. Agency staff wore Tychem 4000 body suits, N95 masks and face shields in and out of rooms.</p> <p>On 11/2/20 at 11: 23 a.m., a resident, not included in the sample, sat in a dining room chair at the nurses' station without a mask on.</p> <p>During an interview on 11/2/20 at 1:25 p.m., Staff H, CNA, reported she had worn her body suit (Du PontTyvek 400) since coming back to work on 10/27/20 and the suit contained a tag on the inside that stated single use only, then dispose, but the tag had gotten ripped out. Her body suits had a large area of brownish smudges down the front front of the suit and the material appeared thin and worn.</p> <p>During an interview on 11/2/20 at 1:26 p.m., Staff M reported the charge nurse told her how to put on and take off her PPE this morning prior to the shift. She had been told to spray the body suit (Tychem 4000) and face shield with the Lemon 256 spray and wipe down at the end of her shift. She reported she did not know how long the body suit, N95 mask or face shield could be used.</p> <p>During an observation on 11/2/20 at 1:30 p.m.,</p>	F 880			

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F 880	<p>Continued From page 25</p> <p>Staff I, CNA, exited room 30 with gloves on. She walked part way down the hallway, opened the garbage can, removed gloves and tossed inside. Staff I failed to perform hand hygiene after touching the garbage can and before entering room 24 to assist a random resident not included in the sample to laying down.</p> <p>During an interview on 11/2/20 at 2:15 p.m., Staff H, reported she uses her N95 mask for five days or until soiled or wet. She stores her N95 in a paper bag in the back employee service entrance.</p> <p>During an observation on 11/2/20 at 2:16 p.m., Staff I, CNA., in the back employee entrance unzipped the body suit (Tychem 4000) removing the top part of the suit, stepped out of the legs of the body suit with the top portion of the suit dragging on the floor. Staff I held the body suit up in one hand and sprayed four sprays of the TMA Lemon 256 disinfectant spray down the front of the suit. Staff B turned the suit around and sprayed four sprays of the disinfectant down the backside of the body suit. Staff I sprayed down her face shield with the TMA Lemon 256 disinfectant on each side and immediately wiped shield down with paper towels. Staff I failed to ensure all surfaces of the body suit were sprayed down and did not perform a visual inspection on the suits after use. Staff B failed to allow the disinfectant spray to stay on the face shield for 5 minutes. Staff B failed to perform hand hygiene after disinfecting the body suit or before exiting the back employee entrance.</p> <p>During an observation on 11/2/20 at 2:30 p.m. Staff J, Dietary Aide, entered the facility from the back employee entrance wearing a cloth face</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>mask. He took his own temperature and laid the thermometer back down on the table. He completed the COVID screening on the computer monitor, then entered the back door of the kitchen. Staff J failed to sanitize the thermometer, computer screen or perform hand hygiene when coming into the facility or before entering the kitchen.</p> <p>During an interview on 11/2/20 at 2:50 p.m., Staff R, Licensed Practical Nurse, (LPN), reported they have been trained to apply the PPE by performing hand hygiene, then step into the body suits and zip up. The N95 masks are put on by the loops over the head. The PPE can be used for two weeks unless soiled or damaged. The N95 masks are removed by the straps and stored in paper bags in the back employee entrance. Staff F reported they spray down the body suit (Tyvek 400) so that it is damp, not wet. The spray needs to sit on the body suit for 10 minutes. The face shields are also disinfected with the lemon disinfectant for 10 minutes.</p> <p>During an observation on 11/3/20 at 7:01 a.m., Staff N, CNA, carried clean linens down to room 21. She stated this was her first day at the facility and she had not received any training in donning/doffing PPE, how to disinfect the PPE or how long to use the PPE. She wore a white body suit (Tychem 4000), N95 mask and face shield.</p> <p>During an observation on 11/3/20 at 7:50 a.m., Staff N assisted in repositioning the resident in room 4, not included in the sample, came out of the room to the nurses' station to get garbage bags. Staff N went back down to room four and placed a garbage bag in the trash and failed to perform hand hygiene before leaving room</p>	F 880			

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F 880	<p>Continued From page 27</p> <p>number four and proceeding to the next resident room across the hall.</p> <p>During an observation 11/3/20 at 7:57 a.m., fourteen breakfast meals set up on disposable trays. Observed Staff K, CNA, came out of room 8, without performing hand hygiene removed a breakfast tray from the cart and entered room 7. She set up the room tray in room 7, threw the lid covers in the garbage can touching the garbage bag with her hands. Staff K came out of room 7, rolled the meal tray cart down the hallway without performing hand hygiene. Staff K took breakfast trays and provided set up in rooms 6, 9, 12, and 14 without performing hand hygiene. Staff L, CNA, delivered a breakfast tray to room 5 providing set up, then to room 9 without performing hand hygiene. Staff did not offer hand hygiene to residents in any of the rooms observed prior to the meal being served.</p> <p>During an observation on 11/3/20 at 8:29 a.m., Staff M observed coming out of room 11 (Non-COVID room) wearing a washable gown, N95 mask, face shield and gloves. Staff M removed a washable gown and disposed of in laundry bag and disposed of gloves in garbage can. Without performing hand hygiene, staff M put the body suit back on that had hung in the railing. Staff M donned a new pair of gloves and removed the N95 mask to dispose of in garbage. Without performing hand hygiene Staff M put on a different N95 mask. Staff M continued to use the same face shield that had been worn in room 11 without sanitizing. Staff M did not sanitize the hand rail where the body suit had been stored. Staff M entered room 12 without performing hand hygiene.</p>	F 880			

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F 880	<p>Continued From page 28</p> <p>During an interview on 11/3/20 at 8:35, Staff M reported they gave her personal protective equipment (PPE) but did not tell her how to use it, except to spray the face shield and body suit down with the disinfectant spray in the back and the end of the shift.</p> <p>During an observation on 11/3/20 at 8:55 a.m., Observed Staff O, LPN, remove the Tyvek 400 body suit that hung on the corner of the picture frame in the North hallway outside of room 11 (non-Covid room). Without performing hand hygiene staff O put on an isolation gown. Staff O took off his face shield which had been worn in a COVID positive rooms and placed on top of the linen cart without a clean barrier. Staff O removed his existing N95 mask and put on a new mask without performing hand hygiene. Staff O put his existing face shield that had been worn in COVID positive rooms back on without sanitizing and entered room 11 (non-Covid room). At 9:00 a.m. Staff O came out of room 11, removed the gown and placed in the laundry hamper. Without performing hand hygiene, staff O removed the body suit from the corner of the picture frame and put back on. Staff O took off the face shield and place on top of the linen cart. Staff O then performed hand hygiene and re-applied the N95 mask and took his face shield from on top of the linen cart and put back on. Staff O failed to sanitize the face shield, area where the body suit had been hanging, complete hand hygiene during doffing to donning PPE and before returning to medication pass.</p> <p>During an observation on 11/3/20 at 9:20 a.m., Staff M, CNA, passed breakfast trays on the North hallway wearing a body suit and N95 mask. Staff M failed to have a face shield on while</p>	F 880			

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F 880	<p>Continued From page 29</p> <p>passing room trays on the North hallway. During an interview at that time, Staff M reported she had forgotten her face shield in the breakroom and should have been wearing her face shield to go into resident rooms.</p> <p>During an interview on 11/3/20 at 10:22 a.m., Staff H, reported the Tyvek (400) body suits are lightly sprayed down with the lemon 256 spray for 5 minutes, then wipe the suit down. She reported the N95 masks can be worn for up to 5 days, unless soiled. The face shield should be sanitized with the lemon 256 spray for 5 minutes then wiped down and hung up.</p> <p>During an observation on 11/3/20 at 12:10 p.m., Observed Staff K and M delivered lunch trays to rooms 24, 25, 27, 29, 30 without performing hand hygiene between the room/tray passes. The doors on the rooms remained open to be able to visualize staff D. Staff D observed touching bed side tables, unwrapping food, assisting resident to sit up. Staff D and M did not offer hand hygiene to the residents.</p> <p>During in interview on 11/3/20 at 12:41 p.m., Staff U, Dietary Aide, reported the facility had sent out a link to watch some You-Tube videos on how to use PPE. They wanted us to wear the N95 mask for up to 7 days. We were required to keep track of the 7 days on our own. We would have to ask a nurse or medication aide to get us a new one as the masks were locked in the ADON's office.</p> <p>During an interview on 11/3/20 at 1:01 p.m., Staff V, Dietary Cook, reported she received an N95 mask about 2 weeks ago. She stated they didn't tell us anything as far as how long to wear the N95 masks.</p>	F 880			

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F 880	<p>Continued From page 30</p> <p>During an interview on 11/3/20 at 1:47 p.m., Staff S, Dietary Aide, reported she used her N95 for approximately two weeks before getting a new one. Reported she covers with a medical mask and she had been using the same medical mask for a long time, which included a broken strap on the mask which she had repaired.</p> <p>During an interview on 11/3/20 at 2:05 p.m., Staff D, reported she believed she had to get a new N95 mask every other shift. She had hear about that through the hospitals, not the facility. She hadn't received direction from the Dietary Supervisor to know how long to use the N95 mask. The medical masks had been replaced every 2-3 days before. She reported before the face shields, she just wore her glasses. She tried to wear the goggles over her glasses, but that didn't work. She had been told by the DON she could wear her eye glasses as eye protection.</p> <p>During an observation on 11/3/20 at 2:33 p.m., a N95 mask and face shield lay on top of a box of gloves on the three drawer isolation bin the North hallway. Staff P, CNA, came out of room 11 (non-Covid room) and removed her isolation gown and a cloth face mask and placed in the laundry hamper. Without completing hand hygiene, she took the body suit that had been tucked in the hand rail and put back on. Staff P reapplied the N95 mask and faced shield that had been laying on top of the three drawer isolation bin without a clean barrier on top of the glove boxes. Staff P placed the old face shield on top of the linen cart without disinfecting. Staff P reported that she had received PPE training from Staff H and felt comfortable using PPE. Staff P failed to disinfect the hand rail where the body</p>	F 880			

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F 880	<p>Continued From page 31 suit had been stored.</p> <p>During an interview on 11/3/20 at 3:22 p.m., the ADON/Infection Preventionist, (IP), reported during the infection control interview the staff are taught to remove the body suits without touching the outside of the suits. They clean with the TMA Lemon spray for 5 minutes. They are taught according to the PPE checklist. She reported there is no formal visual inspection of the body suits after use. Staff are just told if there are tears or holes to get a new body suit.</p> <p>During an observation on 11/4/20 at 8:28 a.m., Staff Q entered room 11 (non-Covid room) without a face shield and gown on to wash her hands. Staff Q did wear an N95 mask. Staff Q came back out of room 11 and took a body suit that had been tucked in the railing and put her feet into the suit with the top part of the body suit dragging on the floor, put arms into the suit and zipped up. She took a face shield that had not been on a clean barrier, from the top of the housekeeping cart and placed on her head by the band and placed the old face shield on top of the PPE bin without cleaning or placing on a clean barrier. During an interview at 8:35 a.m., she reported before entering room 11, she takes off the body suit and tucks in the rail, puts on a washable gown, takes off her N95 and lays on top of the PPE three drawer bin, puts on a cloth face mask and puts on the face shield that is laying on top of the PPE bin. Staff Q did not sanitize the face shield she had just worn until after the surveyor questioned how she would clean. Staff Q sprayed down the face shield with a 1:10 bleach spray, wiped down immediately and placed back on top of the PPE bin. Staff Q failed to disinfect the hand rail where the body suit had</p>	F 880			

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F 880	<p>Continued From page 32 been stored.</p> <p>During an observation on 11/4/20 at 8:35 a.m., Staff O, leaned against the wall outside of room 11 (non-Covid room) and took off his body suit and hung on the corner of the picture frame outside the room door. He took off his N95 that he had worn into COVID positive rooms during medication pass and donned a cloth face mask from the PPE bin without performing hand hygiene. Staff O Placed a face shield on his head, then donned a washable isolation gown. He then picked up a face shield laying on top of the PPE bin and tried to place over his existing face shield. The face shields touched. He placed the outer face shield back on top of the PPE bin on top of the glove boxes. Staff O donned gloves without performing hand hygiene and entered room 11.. At 8:45 a.m. Staff O exited room 11 and walked to the nurses' station still wearing the same PPE to get straws from the medication cart, then returned to room 11. At 8:46 a.m. Staff O exited room 11. Removed his face shield and placed in the hand rail of the North hallway without disinfecting. Removed the cloth mask and isolation gown, placing in the hamper. Without performing hand hygiene, put on his N95 mask, took the face shield from the hand rail and placed back on without disinfecting. Proceeded to the nurses' station to sanitize hands, then came back room 11. Staff O took his body suit from the corner of the picture frame and put back on. Without performing hand hygiene, proceeded to room 21. The PPE bin outside of room 11 observed to have a half full bottle of hand sanitizer in the top drawer. Surveyor noted a face shield laying on top of adult briefs and gloves on top of the PPE bin. A bottle of 1:10 bleach spray dated 10/29/20 sat on the hand rail outside of</p>	F 880			

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F 880	<p>Continued From page 33</p> <p>room 11. Staff O did not sanitize the area where the body suit had been placed or the hand rail where the face shield had been placed.</p> <p>During an observation on 11/4/20 at 9:32 p.m. Staff O prepared medications for a random resident, not included in the sample. Staff O punched out the following medications from medication cards:</p> <ul style="list-style-type: none"> a. Amlodipine 5mg one tab by mouth daily b. Atarax 25mg one tablet by mouth three times a day c. Lisinopril 10 mg by mouth one tablet daily. <p>Staff O placed his left hand behind the card, using his right hand punched the pill through the card into his bare left hand, then placed the pill in a plastic cup for all three medications. During the medication administration observed the cap for the resident's Dulera inhaler fell on the floor. Staff O left the cap to the inhaler on the floor while he finished administering the medications. Once done administering the medication, Staff O picked the cap up from the floor and placed back on the inhaler without disinfecting the cap. Staff O left the room after medication administration and placed the Dulera inhaler back in the medication cart.</p> <p>During an interview on 11/9/20 at 9:27 a.m., Staff C, CNA, reported she had adequate amounts off PPE supplied to her, but never received adequate training in when the PPE should be replaced. She had worn her body suit (Tyvek 400) for five different days up to her shift on 10/24/20. She reported she hadn't been instructed on when to dispose of the body suit and get a new one. She had not been given any instruction on when to change out her N95 mask. The DON/ADON had</p>	F 880			

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F 880	<p>Continued From page 34 the masks locked in the office.</p> <p>During an interview on 11/9/20 at 11:28 a.m., Staff O reported the facility had just told them last week to start changing out the body suits daily. Prior to that, he did not know how often they were supposed to change out the body suits. He reported he usually didn't wear a body suit more than a few days as the body suits would rip or tear out. Regarding the N95 masks, in the beginning they used them for a week, but they would change them out if they went into a COVID negative room. They had never given any real guidance on how long to use the N95 masks, but could always get a new one if needed.</p> <p>During an interview on 11/9/20 at 12:38 p.m., Staff A, Laundry, reported they really didn't train her on how to put on and take off PPE. They had it on a You-Tube video that everyone had to gather around one laptop in the dining room. I watched the training video, but she reported it had been hard to see and hear the educational video. Regarding the body suit and N95 masks, they never really said how long the equipment should be used. Staff A reported when they started using the body suits, they were told to hang them up and spray with the disinfectant. She reported she had received an N95 mask on November 3rd and had continued to use it up to the point of the interview on 11/9/20. She reported she had assisted Staff G on Friday as her body suit ripped out in the crotch area. She reported the Minimum Data Set (MDS) Coordinator told her to duct tape her body suit and continue to wear it.</p> <p>During an interview on 11/9/20 at 12:54 p.m., the Dietary Supervisor reported they had received</p>	F 880			

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F 880	<p>Continued From page 35</p> <p>N95 masks on 10/16/20 and been told to use the N95 masks for two weeks and keep in a brown paper bag.</p> <p>During an interview on 11/9/20 at 1:27 p.m., Staff G, Housekeeping, reported they gave us an N95 mask for the whole time. She received her N95 mask on 10/19/20. She wore for about 5 days, then the rubber string broke and she got a new one. They never really came out with any guidance when to get a new N95 mask. Reported she had come back to work on 10/26/20 and they were having employees reuse the body suits and spray them down with disinfectant and keep wearing them. If you were to get a tear or a hole in the suits, you had to repair them with duct tape and continue to wear for the shift. She reported she tore her body suit out on Friday (11/6/20) and Staff A assisted her to tape her body suit back together. She reported she did wear the body suit in a few rooms before she had been able to repair the body suit. Staff G reported the body suits are out accessible, but not the N95 and face shields. The nurses have to unlock those items.</p> <p>During an interview on 11/9/20 at 3:44 p.m., Staff W, LPN, reported the facility had never given direction on how long the body suits could be used for. We were disinfecting the Tyvek suits with the TMA Lemon Disinfectant for 10 minutes and reusing the suits. Regarding the N95 masks, they said if the mask became soiled to get a new one.</p> <p>During an interview on 11/9/20 at 4:22 p.m., Staff X, CNA, reported the facility didn't tell us how long we could use the body suits, but thought there had been some directive given. Regarding PPE,</p>	F 880			

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F 880	<p>Continued From page 36</p> <p>they didn't give us directives on how long the N95 masks were good for, but the mask never went out of the facility.</p> <p>During an interview on 11/10/29 at 5:11 a.m., Staff Y, CNA, reported she didn't know how long they were supposed to wear the body suits as they had not received direction on that. They started wearing the Tyvek suits when they had a positive resident case, there had been no instruction on how long to wear them. She reported after she returned to work there had been new direction given to wear the Tyvek suits for one day. Staff Y thought maybe other staff had received additional instruction, but working on the night shift there isn't ways to communicate information to them.</p> <p>During an interview on 11/10/20 at 9:56 a.m., Staff BB, Registered Nurse, (RN), reported the Administrator had just instructed staff to wear the body suits for one day, prior to that, they were given no instructions. She didn't know how long to wear the body suits or the N95 masks. Staff BB reported the PPE is accessible now, but PPE had not been made accessible until after the outbreak started. Prior to that, all equipment, even gloves, were locked up in the DON's office. On the night, shift if they needed something, she would have to call the DON and she often didn't answer her phone so they had to make do with what they had. She couldn't contact the Administrator as he phone number had not been written down anywhere.</p> <p>During an interview on 11/10/20 at 10:31 a.m., Staff Z, CNA, reported she had not been trained to disinfect her body suit. She had only become aware of it last Friday, (11/6/20), at the end of her</p>	F 880			

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F 880	<p>Continued From page 37</p> <p>shift. She reported last Friday, Staff G told her to disinfect her body suit.</p> <p>During an interview on 11/10/20 at 1:06 p.m., Staff AA, CNA, reported she had been instructed to use the same body suit for two weeks and spray the suit down with the disinfectant spray for 10 minutes after use. The N95 masks were to be worn for two weeks with the face shields being disinfected with bleach wipes at the end of the shift or when dirty.</p> <p>During an interview on 11/10/20 at 1:50 p.m., the Administrator reported they had told staff that if they place PPE in the hand rail outside of a COVID negative room, they need to spray down the hand rail with the bleach spray. She reported her expectation is staff would be to perform hand hygiene between meal tray pass. Reported she does not watch what the staff do all the time, but would expect staff are disinfecting equipment and using PPE per the CDC guidelines.</p> <p>During an interview on 11/10/20/at 2:07 p.m., the ADON reported they had not given any direction to staff on cleaning the thermometers or the computer screens between employee use. They had only given direction to use the hand sanitizer and spray resident equipment down between each use, such as the vital signs equipment. She reported agency staff come to the facility early and do the PPE training - how to don/doff PPE. They do not specifically receive education on where PPE is located. The expectation is they ask the charge nurse if they need any PPE. When staff go into a clean room (non-Covid), they would have to sanitize their face shields before entering or change to a new face shield. They have to change out of their body suit and</p>	F 880			

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F 880	<p>Continued From page 38</p> <p>put on a gown. Staff are to apply a cloth face mask over their N95 mask before entering the clean (non-Covid) room. They body suits are sprayed down at the end of the shift with the lemon disinfectant spray and hung up. She reported she expected the staff to be performing hand hygiene between meal pass for infection control.</p> <p>On 11/12/20 the Administrator submitted a document, dated 9/17/20, titled All Staff Huddle which directed the following:</p> <p>a. Airborne isolation - use N95 mask, staff can utilize the same N95 for up to 2 weeks unless damaged. Masks can be left in a brown bag and can be kept in the isolation bin located outside of the room. The nurses will have extra masks and brown bags in the med room if you need one.</p> <p>b. Use the face shield on top of the isolation cart and spray with disinfectant when done.</p> <p>During an interview on 11/12/20 at 2:50 p.m. The ADON, reported they started wearing the N95 and Tyvek body suits as soon as the COVID outbreak occurred. Prior to that they had been using the medical masks and face shields. Staff were directed to use the same N95 mask unless torn, ratty or not fitting right. Staff were directed they could wear the body suits until the suits were worn or torn. The directive had been given by the Administrator. The ADON reported knowing about the CDC PPE extended use guidelines, but not being really familiar with them. Stated some of that guidance is really gray so we usually just go to the Administrator for that direction. She reported the facility had not done any further training regarding PPE extended use since the training done on 8/21/20. She reported she would expect staff to perform hand hygiene when</p>	F 880			

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F 880	<p>Continued From page 39</p> <p>changing from one set of PPE to another set of PPE. She had directed that staff would wear the same N95 masks into a non-COVID room and apply a cloth mask over the top of the N95 mask. She reported nurses should be punching medications from the medication cart directly into a medication cup. Medications should not be touched with bare hands. She expected staff to use PPE appropriately.</p> <p>The Facility's Administration of Medication Policy, updated 8/30/19, provided by the facility, identified the following standard: all medications are administered safely and appropriately to aide residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Step #8 under the procedure directed to prepare or pour each dose of medication into an appropriate container or measuring device. Do not "touch" any medication, (i.e. pour it into your hand(s) prior to administration).</p> <p>The Facility Hand Washing Policy and Procedure, dated 9/26/29, provided by the facility, directed employees to wash their hands to prevent the spread of infection and bacteria within the facility and to maintain infection control practices. The objective of the policy stated to promote aseptic practices and to prevent contamination and cross contamination of colonization by potentially pathogenic organisms to susceptible individuals including employees and residents. The Policy directed staff to perform hand washing as follows: Wash hands when coming on duty to the facility. Wash hands when there is obvious soiling/contamination Before and between all resident contacts After contact with any source of likely contamination: infected or heavily colonized</p>	F 880			

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F 880	<p>Continued From page 40</p> <p>residents or objects/devices contaminated with bodily fluids, ie: catheters, suction tubing and canisters, urinals, wheelchairs, walkers, bed rails, call lights door knobs, etc. Before and after contact with any wounds or body fluids Before gloving and after gloves are removed Before and after eating At the end of each shift Before serving any food or fluids After personal hygiene and toileting, coughing, sneezing and after eating After handling resident belongings</p> <p>The 8/21/20 Staff Education on PPE/Isolation provided to the employees documented the following:</p> <p>a. Reminder to follow the isolation signs on the doors. For example, if it is contact precautions before entering the room you will need to change out the face mask, gloves and gown. If it says droplet precautions before entering the room you will need a new face mask, goggles, gown, and gloves.</p> <p>b. At this time you should be using a new mask and gown when entering these rooms then disposing of them in the biohazard bin. You should be using the goggles provided in the isolation bins and spraying them with the disinfectant after each use (disinfectant must sit for 10 minutes). Disinfectant is in the bottom drawer of the isolation bins.</p> <p>c. Wash hands, wash hands, wash hands. You can carry provided hand sanitizer with you and use throughout shift along with washing your hands.</p> <p>d. Biohazard Bins = yellow trash bag is for linen</p>	F 880			

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F 880	<p>Continued From page 41</p> <p>and red bag is for trash. Extra trash bags and disinfectant in the hopper room.</p> <p>e. You should have a face mask and face shield at all times while in the building.</p> <p>f. Remember to sign in with a temperature before/after shift and to put on PPE after clocking in, before entering the hallways. Keep track of your PPE and either leave on the hooks provided or bring with you every time you work.</p> <p>The education failed to address use of body suits or PPE extended use per the CDC.</p> <p>A Personal Protective Equipment (PPE) Competency Validation, Donning/Doffing, Standard Precautions and Transmission Based Precaution Audit Form, submitted by the ADON, dated 9-2016 addressed donning/doffing of gown, mask/respirator, goggles/face shield and gloves. The audit sheet failed to address donning/doffing of body suits/coveralls, or extended PPE use.</p> <p>The Facility Covid 19 staff PPE Policy and Procedure, dated 3/30/20, provided by the facility documented the following: This policy is to aid in the prevention of spreading any suspected or confirmed Novel Corona Virus during outbreak period or pandemic.</p> <p>All Pearl Valley Rehabilitation staff will be required to utilize the facility designated PPE during their scheduled shift while there is an active season or outbreak period.</p> <p>PPE that will be utilized will follow the CDC and Iowa Department of Public Health recommendations.</p> <p>Minimum level of PPE will be utilized for all employees during their scheduled work shift for the entire shift</p>	F 880			

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F 880	<p>Continued From page 42</p> <p>and be put on and discarded per infection control procedures.</p> <p>Facility shall supply the required PPE to all employee of Pearl Valley Rehabilitation and Nursing.</p> <p>Agency staff shall be responsible for dispensing their own PPE for their assigned staff member per the</p> <p>minimum requirements of the facility.</p> <p>Please refer to the PPE requirements for PUI or confirmed Corona Virus.</p> <p>Staff will wear surgical face mask, face shield, or N95 respirator for all direct care while active outbreak or</p> <p>during activity season.</p> <p>Face protection will be replaced per the CDC recommendation and facility policy.</p> <p>All other PPE will be added to the daily protocols as the recommendations are proceeding.</p> <p>Eye protection shall be utilized by all direct care staff during outbreak and or activity season.</p> <p>Residents will also wear a non-surgical mask or face protection for all direct care which will be stored in the</p> <p>resident room and laundered per the CDC recommendations.</p> <p>Should a resident have any suspected or confirmed virus the facility shall provide droplet precaution isolation</p> <p>PPE for the staff to utilize during their scheduled work shift.</p> <p>PPE shall be changed out per the facility protocols and infection control policy.</p> <p>The Du Pont Considerations for healthcare, first responders, and occupational health professionals on the disinfection and reuse of Tyvek® garments during the COVID-19 pandemic lists the following manufacturer information on the</p>	F 880			

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F 880	<p>Continued From page 43</p> <p>Tyvek 400 body suit:</p> <p>a. DuPont offers a range of Tyvek® garments intended to address the limited supply of personal protective equipment (PPE) relating to the Proclamation Declaring a U.S. National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak 1 and the World Health Organization (WHO) declaration of the virus outbreak as a Public Health Emergency of International Concern (PHEIC) 2. Tyvek® is a unique DuPont fabric and should not be confused with other nonwoven materials (MPF, SMS, etc.).</p> <p>b. Information below is only reflective of DuPont (Trademark) Tyvek® garments. Tyvek® coveralls are composed of flash spun, high-density polyethylene which creates a unique, nonwoven material available only from DuPont, providing limited protection against infective agents. Tyvek® industrial protective garments are single-use products and not intended for reuse. DuPont does not recommend washing or disinfecting Tyvek® garments for reuse.</p> <p>c. Tyvek® protective coveralls are for single use only and are to be discarded after each use. We recommend proper doffing and disposal of contaminated garments. The wearer should follow best practices of good hand hygiene after PPE removal to prevent the spread of infection.</p> <p>d. To date there is no available method for decontamination and reuse of a disposable Tyvek® garment that meets the criteria below:</p> <ul style="list-style-type: none"> o Is harmless to the user o Ensures original performance properties o Removes the viral threat o Does not compromise the integrity of both the garment fabric and trim components (thread, tape, elastic, zippers, adhesive storm flap, etc.). 	F 880			

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F 880	<p>Continued From page 44</p> <p>The Manufacturer directions list the following, inspection of garments after treatment:</p> <p>The garment should be considered as a system and comprises not just the Tyvek® barrier, but also the seams (taped, sewn or welded), closures, elastics, etc. The integrity of the system is critical to the level of protection provided. If the user chooses to treat the garment for reuse in any way, then the garment should be inspected for visual evidence that the system is defective. Although the inspection is no guarantee of the barrier properties, this inspection looks for gross defects in the barrier system.</p> <p>Garment inspection steps:</p> <ol style="list-style-type: none"> 1. Lay the garment on a clean, smooth surface. 2. The inspection should include all areas of the suit. 3. Use a flashlight inside the suit to examine for holes, cuts, or tears. Confirm that any suspected visual imperfection is actually a void by using a small amount of water to confirm penetration. NOTE: For taped seam garments, visible stitch holes which are covered by seam sealing tape do not constitute a defect. 4. Examine garment seams. For taped seam garments, look for areas where seam tape has lifted away from the suit or where seam tape does not fully cover stitch holes. For bound seam garments, look for areas where the binding (top) fabric piece is missing or not fully attached. For serged seam garments, look for areas where the sewing thread is missing or not 	F 880			

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F 880	<p>Continued From page 45 fully attached.</p> <p>5. Examine the entire garment for signs of damage. A breach, rupture, or hole of any component of the suit is cause for rejection. Note that for taped seam garments, the fabric and seam areas may have visual blemishes that do not affect barrier performance. Such blemishes can include areas adjacent to the seam tape that appear to be dull, white, or frosted.</p> <p>6. Examine the garment zipper and zipper cover flap to make sure they are in good working order. Operate the zipper. The adhesive on the zipper cover flap likely will no longer function upon treatment and reuse.</p> <p>The Du Pont manufacturer directions for disinfection, while not recommended, listed the following methods of disinfection for the Tyvek 400 body suits: Steam (autoclaving) Dry heat treatment Ultraviolet (UV) irradiation Gamma and electron beam irradiation Ethylene oxide (EO) (sterilization process) Hydrogen peroxide/hydrogen peroxide gas plasma sterilization</p> <p>Surface treatments (sprays, spot cleaning, etc.). Tyvek® is a nonwoven material and is porous. Spot cleaning or surface treatment with chemical sprays or wipes to disinfect the surface may not be effective at getting to virus particles trapped within the structure. The structure may also trap the chemicals, which could then irritate the wearer's skin.</p>	F 880			

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F 880	<p>Continued From page 46</p> <p>The Du Pont Tychem Garment User Manual, revised February 2013, under Wearer Qualifications the following direction is given:</p> <p>Do not wear these garments unless you are properly trained in their usage. You must be in good physical condition to wear these garments. Consult a physician before donning one of these garments to ensure you are capable of wearing these garments under the expected work conditions and environment.</p> <p>Under Garment Inspection the following directions are given: (applies to all categories of Tychem® garments). You must inspect all Tychem® garments at the following times:</p> <ol style="list-style-type: none"> 1. Immediately upon receipt from supplier 2. Before it is placed in service to be worn. 3. After a garment is worn and before the garment is placed in service to be worn again. Do not use contaminated, damaged or altered garments. 4. Annually. <p>Inspection determines if the performance of the garment has been compromised. Perform the first inspection as soon as you receive the garment. This ensures that no damage occurred during shipping. Inspect your garment before wearing, especially if the garment has been worn before. Do not use contaminated, damaged or altered Tychem® garments. Inspect stored garments once a year.</p> <p>The Du Pont Cleaning Guidelines for DuPont (Trademark) Tychem® garments for COVID-19, dated 3/24/20, directed the following: DuPont (Trademark) Tychem® garments are designed as</p>	F 880			

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F 880	<p>Continued From page 47</p> <p>Multiple Use, Single Exposure Disposable garments based on chemical contamination exposure and permeation from the resultant chemical contact. Tychem® 2000 and other Tychem® fabrics with taped seams have been tested and have passed the requirements of ASTM Standards F1670 and ASTM F1671, the recognized blood and viral penetration test methods in North America, respectively.</p> <p>COVID-19 is a biological viral contaminate, therefore, causing surface contamination; consequently, the exterior of Tychem® garments are able to be cleaned, disinfected and reused a limited number of times for COVID-19 applications. (*)</p> <p>For cleaning use warm water, mild dishwashing liquid and a soft brush to remove any dirt from exterior surfaces.</p> <p>As per CDC guidelines for disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective to disinfect exterior surfaces.</p> <p>Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). From this list, diluted hydrogen peroxide or sodium hypochlorite (house-hold bleach) can be used to disinfect Tychem® garments.</p>	F 880			

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F 880	<p>Continued From page 48</p> <p>Thoroughly rinse the garments with clean, fresh water and allow to air-dry. If the interior of the garment is suspected of being contaminated, DO NOT attempt to clean, disinfect and reuse the garment; handle and dispose of the garment according to all applicable regulations.</p> <p>(*) NOTE: In the absence of data, DuPont is unable to provide guidance on the number of times a garment can be safely reused. It is the responsibility of the safety professional in charge to determine that a garment can be Retire Tychem® garment if it fails to pass inspection or the garment is altered, abraded, cut, torn, punctured or otherwise breached. Follow manufacturers instruction for storage and inspection.</p> <p>Garment Inspection Steps:</p> <ol style="list-style-type: none"> 1. Lay the garment on a clean, smooth surface. 2. The inspection should include all areas of the suit: body, visor (if present), and gloves (if present). 3. Use a flashlight inside the suit to examine for holes, cuts, or tears. Confirm that any suspected visual imperfection is actually a void by using a small amount of water to confirm penetration. NOTE: For taped seam garments, visible stitch holes which are covered by seam sealing tape do not constitute a defect. 4. Examine garment seams. For taped seam garments, look for areas where seam tape has lifted away from the suit or where seam tape does not fully cover stitch holes. For bound seam garments, look for areas 	F 880			

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F 880	<p>Continued From page 49</p> <p>where the binding (top) fabric piece is missing or not fully attached. For serged seam garments, look for areas where the sewing thread is missing or not fully attached.</p> <p>5. Examine the entire garment for signs of damage. A breach, rupture, or hole of any component of the suit is cause for rejection. Note that for taped seam garments, the fabric, visor (if present), gloves (if present), and seam areas may have visual blemishes that do not affect barrier performance. Such blemishes can include areas adjacent to the seam tape that appear to be dull, white, or frosted.</p> <p>6. Examine the garment visor (if present) to ensure it offers a clear visual field.</p> <p>7. Examine the garment gloves (if present) to ensure that they are in good condition and properly attached to the suit. Gently pull on the gloves to ensure that they are firmly attached to the suit. NOTE: You can potentially damage the gloves by pulling with excessive force.</p> <p>8. Examine the garment zipper and zipper cover (if present) to make sure they are in good working order. Operate the zipper. Lubricate the zipper using paraffin wax, if needed. Engage the hook and loop tape (if present) on the zipper storm flap(s) to ensure appropriate adhesion. If the garment has double sided adhesive tape on the storm flap(s), ensure that there is tape along the length of each flap; do not remove protective tape covering until the suit is donned for use.</p> <p>9. Examine any garment snaps, etc. to ensure</p>	F 880			

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F 880	<p>Continued From page 50</p> <p>they are in good working order.</p> <p>10. Examine elastic (if present) to ensure it is not damaged.</p> <p>11. Examine garment labels to ensure they are attached and are legible.</p> <p>The CDC Hand Hygiene in Health Care Setting, dated 1/30/20, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, under Hand Hygiene Guide directed hand hygiene to be performed in the following situations:</p> <p>Immediately before touching a patient</p> <p>Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices</p> <p>Before moving from work on a soiled body site to a clean body site on the same patient</p> <p>After touching a patient or the patient's immediate environment</p> <p>After contact with blood, body fluids, or contaminated surfaces</p> <p>Immediately after glove removal</p> <p>The CDC's Preparing for COVID 19 in Nursing Homes Infection Control for Nursing Homes Guidance, dated June 25th, 2020 included the following guidance to Implement Source Control Measures:</p> <p>HCP should wear a facemask at all times while they are in the facility.</p> <p>When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of</p>	F 880			

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F 880	<p>Continued From page 51</p> <p>facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.</p> <p>Strategies for Optimizing the Supply of N95 Respirators. Updated June 28, 2020. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html</p> <p>Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same hospital unit). It can also be considered to be used for care of patients with tuberculosis, varicella, and measles, other infectious diseases where use of an N95 respirator or higher is recommended. When practicing extended use of N95 respirators, the maximum recommended extended use period is 8-12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. N95 respirators should be removed (doffed) and discarded before activities such as meals and restroom breaks.</p> <p>The CDC guidance for Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators, dated October 19, 2020 recommends limiting the number of donnings for an N95 FFR to no more than five per device. It may be possible to don some models of FFRs more than five times [2].</p>	F 880			

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F 880	<p>Continued From page 52</p> <p>One study reported that fit performance decreased over multiple, consecutive donnings and fit varied among the different models of FFRs examined [3]. If manufacturer guidance on how many times a particular FFR can be donned is not available, the CDC recommends limiting the number of uses to no more than five per device based on published data on changes in FFR fit from a limited number of FFR models over multiple donnings.</p> <p>The Center for Disease Control and Prevention, Strategies for Optimizing the Supply of Eye Protection, Updated Oct. 27, 2020. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pe-strategy/eye-protection.html. Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices. Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one health care personnel (HCP) and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below. Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility). HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene. HCP</p>	F 880			

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F 880	<p>Continued From page 53</p> <p>should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below.</p> <p>Strategies for Optimizing the Supply of Isolation Gowns. Updated Oct. 9, 2020. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pe-strategy/isolation-gowns.html</p> <p>Consider the use of coveralls. Coveralls are less convenient to use in most healthcare settings. Their one-piece design covers the back and lower legs, in addition to arms and the front of the body, making them useful for situations in which vigorous physical mobility is anticipated (e.g., emergency medical services). If coveralls are used, the material and seams should be appropriate to serve the intended barrier function effectively. Facilities should anticipate challenges and potential hazards to staff related to doffing coveralls and should provide training and practice in their safe use and designated places for donning and doffing, before providing them for patient care. In the United States, the NFPA 1999 standard external icon specifies the minimum design, performance, testing, documentation, and certification requirements for new single-use and new multiple-use emergency medical operations protective clothing, including coveralls for HCP. Use of gowns beyond the manufacturer-designated shelf life for training.</p>	F 880			

Riverview Manor Healthcare, LLC
17990 Spencer Road
PO Box 503
Pleasant Valley, IA 52767
Phone: 563-332-4600

Facility ID #165376

Provider's Plan of Correction
Date Survey Completed: November 16, 2020

F 000: Initial Comments:

The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies by Riverview Manor Healthcare, LLC. To remain in compliance with State and Federal regulations, the facility has taken or will take the following actions set forth in this plan of correction.

F880 Infection Prevention & Control:

The facility does and will continue to implement a comprehensive Infection Control Program to mitigate the transmission of the COVID-19 virus with effective staff screening, guidance regarding personal protective equipment extended use, proper hand hygiene and equipment sanitation.

All residents have the potential to be affected by the deficient practice.

All staff, including, but not limited to nursing, has been re-educated on the facilities screening in and out procedures, appropriate PPE to wear, how long to wear it, performing proper hand hygiene and proper equipment sanitation.

Staff were given the Employee Covid-19 Screening Policy again and instructed on the importance of properly screening before entering the facility. The ADON, or designee, will be responsible for keeping and reviewing the Daily Employee Covid-19 Screening Log. The Covid 19 Staff PPE Policy and Procedure, the IDPH Personal Protective Equipment (PPE) Checklist dated 11-19-2020 and Reusable PPE Cheat Sheet dated September 10, 2020 were reviewed with staff. The Hand Washing Policy and Procedure as well as properly sanitizing equipment was reviewed and the ADON, or designee, will be conducting a Hand Washing Clinic for all staff to sign off on.

All findings will be submitted through quarterly Quality Assurance and Quality Assurance Performance Improvement processes for further system improvement.

Date of Compliance: *Amended to*
November 17, 2020 TAG
December 7, 2020