Citation Numb 8055	er:			Date: June 1	7, 2020
Facility Name: Dubuque Specialty Care		*	Survey I May 26-	Dates: June 10, 2020	
Facility Address/City/State/Zip 2935 Kaufman Ave.					
Dubuque, IA 52001		DO			
Rule or Code Nature Section		e of Violation	Class	Fine Amount	Correction date

58.10(8)	481—58.10(135C) General policies.	I	\$10,000	Upon Receipt
	58.10(8) <i>Infection control program.</i> Each facility shall have a written and implemented infection control and exposure control program with policies and procedures based on the guidelines issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. (I, II, III) CDC guidelines are available at www.cdc.gov/ncidod/dhqp/index.html.		(Held in Suspension)	
	DESCRIPTION:			
	Based on record review, observations, and interviews the facility failed to maintain infection control standards by allowing 3 staff members to work with symptoms of illness and failure of staff to wear personal protective equipment on 2 out of 4 days of observation. The facility reported a census of 48 residents.			
	Findings include: 1. Review of the Prevent COVID-19 screening log dated 4/17/20, identified Staff A, Certified Nurses Aid (CNA), with a new cough. Staff A was allowed to work in the facility.			
	Review of the Employee Punch Report documented Staff A worked on 4/17/20, 4/19/20, and 4/20/20.			

Facility Administrator

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Dubuque Specialty Care M Facility Address/City/State/Zip 2935 Kaufman Ave. Dubuque, IA 52001 DO Rule or Image: Constraint of the second	urvey E lay 26-J	Dates: June 10, 202		Correction
935 Kaufman Ave. DO Rule or Code Section Nature of Violation C The Staff Surveillance tool listed Staff A's last day of work on 4/20/20, and listed a symptom of a sore throat. Staff A reported a positive COVID-19 test on 4/23/20. Review of the Employee Absence Form dated 4/21/20, listed illness of a sore throat and stuffy sinuses for Staff A. During an interview on 6/2/20 at 3:43 p.m., the Administrator and Nurse Consultant (RNC) reported that on 4/17/20 the staff who completed the screening for Staff A felt Staff A should not work due to a new cough. The Administrator and RNC reported the previous Director of Nursing (DON) allowed Staff A to work her shift as she felt the new cough was a result of allergies. During an interview with Staff A on 6/9/20 at 12:35 p.m., she reported when she arrived to work on	Class	Fine Amo	ount	
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4/17/20 she requested to have the COVID-19 screener get the DON because of her symptoms of a cough and sore throat. Staff A reported the DON stated that with the phlegm in her throat it couldn't be COVID-19 and she was okay to work. Staff A continued to report feeling bad that week, and did not report to work on 4/21/20 due to illness. Staff A revealed the facility wanted a COVID-19 test completed on 4/22/20, after a resident tested positive for COVID-19. Staff A confirmed the test indicated she was positive for COVID-19 on 4/23/20. Staff A reported she did not have a face shield to wear during the last 4 night shifts she worked while she was feeling ill. 2. Review of the Prevent COVID-19 screening				

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2935 Kaufma Dubuque, IA		DO				
Rule or Code Section	Natu	ure of Violation	Class	Fine Amount	Correction date	
	shortness of breath (SOB work in the building.) and allowed her to				
	The Staff Surveillance too with no symptoms and a p on 5/2/20.					
	During an interview with th 6/3/20 at 12:42 p.m., she of 4/27/20 she had cough arrival to the facility. The <i>A</i> she contacted the Directo due to the symptom. The she had been instructed to seconds. The Administrat different after she held he been advised to monitor h	stated on the morning ed one time prior to Administrator reported r of Quality Assurance Administrator reported o hold her breath for 30 or reported she felt r breath, but she had				
	During an interview on 6/9 Administrator confirmed w 4/27/20, 4/28/20, 4/29/20,	orking at the facility on				
	3. Record review of the Pr Employee Screening Log documented Staff B, CNA Employee Screening Log allowed into the facility to	dated 5/9/20, , reported chills. The showed Staff B was				
	Review of the Employee F that Staff B worked in the 5/10/20, 5/12/20, 5/13/20	facility on 5/9/20,				
	Review of the COVID-19 identified Staff B with a po 5/17/20.					
	During an interview on 6/3	3/20 at 10:24 a.m., the			Page 3	

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Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	Social Worker (S.W.) report times. The S.W. stated she protocol was if someone ga one of the screening question indicated she would need to Administrator. During an interview with the Manager (BOM) on 6/3/20 a stated she frequently screen facility. She reported if she response to the screening of consult with the Director of Administrator or someone h approve entry into the faciliti staff member reported only would be allowed into the faciliti staff member reported only would be allowed into the faciliti to the screening questions. Review of the Prevent COV updated 4/9/20, lacked dire what to do if someone indic the screening questions. Review of the Prevent COV updated 5/4/20, lacked dire what to do if someone indic the screening question. During an interview on 6/3/2 Registered Nursed Consult the education for the Preven screening tool was in an em reported the person who ree passed on the education to the time and they would pas screener. The RNC indicate document the training and t	was not sure what the twe a "yes" answer to ons. The S.W. b ask the DON or the e Business Office at 10:40 a.m., she ned staff into the received a "yes" questions she would Nursing, the higher than her to ty. She reported if a a headache they acility. YID-19 screening log ction on the form as to rated a "yes" to one of YID-19 screening log ction on the form as to rated a "yes" to one of 20 at 11:05 a.m., the ant (RNC) reported nt COVID-19 hail. The RNC ceived the email the next screener at ss it on to the next ed the facility failed to			

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	written procedure for staff	to follow.				
	During an interview on 6/4 Administrator reported she facility had a policy for scru- into the facility. During an interview on 6/9 B reported that she had no extended period of time bu date of symptom onset. St she would report a symptor screening her, the screene facility and speak with an u and then return and appro facility. She reported feelin temperature was abnorma her normal temperature ar the screener. She explaine approved to work in the fa The facility provided a Che Care Facilities Experiencin Outbreaks from the Iowa II Health, dated 3/27/20, dire screen all employees for fo cough/breathing problems the shift. III staff should be immediately. During an interview on 6/9 DON reported she expected to wear a facemask and a while at work, unless they closed door.	e did not believe the eening staff or visitors /20 at 11:56 a.m., Staff of felt well for an ut she did not know the aff B stated each shift or to the facility staff er would enter the unknown staff member ve for her to enter the ag at times her Illy high compared to nd would report that to ed she continued to be cility. ecklist for Long Term ng COVID-19 Department of Public ecting the facility to ever and at the start and end of sent home /20 at 11:15 a.m., the ed all staff in the facility face shield or goggles				
	During an interview on 6/9	/20 at 11:19 a.m., the				

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	DON stated the expectation people entering the facility i management staff. If a staff "yes" to any of the screenin and Administrator conferen member to evaluate the syn which symptom is not a true COVID-19 and can be expl reason. During an interview on 6/10 Administrator stated the pe equipment (PPE) expectation a face shield or goggles an times. The Administrator co care-staff are to add gloves with COVID-19-add a gown confirmed a PPE shortage before the first resident test COVID-19 (4/22/20). The A the screening process curre management or a nurse do screening questions that sta are evaluated by the Admir During an interview on 6/4/2 confirmed 43 residents test COVID-19 and 11 of those away. 4. An observation on 6/3/20 the RNC working at the nur to wear face shield. During an observation on 6 RNC was located at the nur dining room and lacked a fa	is completed by f member answers ag questions, the DON ce with the staff mptoms too determine e symptom of ained for some other 0/20 at 10:15 a.m., the rsonal protective on is all staff will wear d a face mask at all ontinued with resident and with a resident b. The Administrator of face shields just ted positive for administrator reported ently is that es the screening, any aff answered "yes" too histrator and DON. 20, the Administrator ed positive for residents passed 0 at 8:05 a.m., showed rse's station and failed /3/20 at 8:28 a.m., the rse's station by the			Page 6	

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	 left the nurse's station to go check on a resident calling. During an observation on 66 RNC sat within 1 foot of and nurse's station by the dining Preadmission Screening an (PASRR). The RNC's lacke her face mask was down ow covering her nose and mou 5. An observation on 6/3/20 Staff C, Cook, in the dining main kitchen of the facility. Spersonal protective equipmed or goggles). An observation on 6/3/20 at Staff D, Cook, and Staff E, I Aide/Dishwasher, in the kitc protective equipment worn. An observation on 6/3/20 at Staff C pouring liquids into a coordinate of the facility. Spersonal protective equipment worn. An observation on 6/3/20 at Staff C pouring liquids into a coordinate of the facility. Spersonal protective equipment worn. An observation on 6/3/20 at Staff C pouring liquids into a coordinate of the facility. Spersonal protective equipment worn. An observation on 6/3/20 at Staff C pouring liquids into a coordinate of the facility. Species of the species of	out for help. /4/20 at 2:44 p.m., the other nurse at the g room talking about id Resident Review d a face shield and ver her chin, not th. at 8:13 a.m., showed room attached to the Staff C failed to wear ent (mask, face shield at 8:17 a.m., showed Dietary chen with no personal at 8:25 a.m., showed cups at the dining to wear personal 25 p.m., the ask and eye coverings cility. She reported personal protective on area is entered. at 2:28 p.m., revealed RN), standing near the off F faced the lounge ithout PPE in place.			

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	During an observation on 6/ Staff G, Licensed Practical I the nurse's station without a shield on. During an interview on 6/4/2 RNC stated face shields are resident care and are not ne An interview on 6/10/20 at 9 Services Manager reported gloves as needed, goggles of face masks while working in reported a face mask must I while working in the kitchen face mask are required whe serving food items. She rep- staff not wearing personal p the past. The facility provided an und identified instances in which to wear the personal protect times. The facility provided docume Protective Equipment Guida Department of Public Health directing healthcare workers and eye protection for all pa	Nurse (LPN), stood at a face mask or a face 20 at 4:30 p.m., the e worn during direct eeded in other areas. 0:37 a.m., the Dietary staff must wear or face shields and the kitchen. She be worn at all times . The face shield and en staff are handling or orted she had seen rotective equipment in ated timeline that a staff were reminded tive equipment at all entation of Personal ance from the Iowa h, dated 4/1/20, s to use a face mask			

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