Citation Numb #8085	er:			Date: August	20, 2020	
Facility Name: Newton Health				Survey Dates: July 22 – August 4, 2020		
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG		501y 22 – August 4, 2020		
Newton, IA 50208						
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

58.10(8)	<b>481—58.10(135C) General policies.</b> <b>58.10(8)</b> Infection control program. 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)	Class I	\$7,250 Held in Suspension	Upon Receipt
	DESCRIPTION:			
	Based on observation, record review and staff interviews, the facility failed to implement and monitor a complete and consistent screening process for staff and visitors to prevent a COVID 19 outbreak for 52 of 56 residents. The facility reported census was 54.			
	Findings include:			
	According to the facilities COVID 19 Pandemic Guidelines: *All employees, contractors, consultants and all other type of person entering the building will be subject to the screening process. Each employee			

Page 1 of 15

Facility Administrator

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

Citation Numb #8085	er:				Date: Augus	t 20, 2020
Facility Name: Newton Health				Survey Dates: July 22 – August 4, 2020		
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG		July 22 – August 4, 2020		
Newton, IA 50208						
Rule or Code Section	Nature of Violation			Class	Fine Amount	Correction date

will be screened prior to starting their shift each		
day they work.		
*The screening process will be in accordance with		
CDC guidelines with the following questions:		
1. Do you currently have any respiratory		
symptoms such as fever, cough, sore throat,		
shortness of breath, or any other type of upper		
respiratory symptoms?		
2. Have you traveled outside the country in the		
last 14 days to restricted areas?		
3. Have you been in contact with any person or		
entity who has been exposed, being investigated,		
or diagnosed with COVID 19?		
*Any person answering YES to above questions		
will be restricted from entering.		
*The facility will also screen related to		
temperature readings. Those individuals with a		
temperature reading above 99.1 orally will be		
restricted from entry.		
*For employees, contractors, and consultants who		
have no negative responses to the screening		
process, they will be required to wash their hands		
and proceed to their designated work area.		
A second in a tast the Encoder of Constant and C		
According to the Employee/Contractor Screening		
form used by the facility, staff are to print their		
name and title and answer;		

Page 2 of 15

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

Citation Numb #8085	er:			Date: August	t 20, 2020	
Facility Name: Newton Health			Survey		•	
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG		July 22 – August 4, 2020		
Newton, IA 50208						
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

			-
1. Do you have any respiratory symptoms such as			
fever, chills, cough, sore throat, congestion, runny			
nose, shortness of breath or any other type of			
respiratory symptoms or any nausea, vomiting,			
diarrhea, headache, fatigue, muscle body aches,			
loss of taste or smell?			
2. Have you had any contact with any person or			
entity who is being investigated (test pending), or			
diagnosed with COVID 19 without the use of			
PPE?			
3. Have you traveled internationally in the past 14			
days to restricted international countries?			
4. Have a nurse check their temperature and route			
and record it. (must be less than 99.1 orally)			
5. Hands and shoes sanitized and mask and face			
protection provided.			
6. Employee signature.			
Ŭ			
In an interview on 7/28/20 at 8:09 p.m. the			
Director of Nursing (DON 1) stated she first			
developed symptoms of a runny nose and cough			
on or around $7/1/20$ which she thought was just			
allergies. The DON 1 stated she was afebrile.			
The DON 1 remained at work and worked the			
next day $(7/2/20)$ before taking off for the Fourth			
of July holiday. On Friday, $7/3/20$ a family			
	<ul> <li>fever, chills, cough, sore throat, congestion, runny nose, shortness of breath or any other type of respiratory symptoms or any nausea, vomiting, diarrhea, headache, fatigue, muscle body aches, loss of taste or smell?</li> <li>2. Have you had any contact with any person or entity who is being investigated (test pending), or diagnosed with COVID 19 without the use of PPE?</li> <li>3. Have you traveled internationally in the past 14 days to restricted international countries?</li> <li>4. Have a nurse check their temperature and route and record it. (must be less than 99.1 orally)</li> <li>5. Hands and shoes sanitized and mask and face protection provided.</li> <li>6. Employee signature.</li> <li>7. Screener signature.</li> <li>In an interview on 7/28/20 at 8:09 p.m. the Director of Nursing (DON 1) stated she first developed symptoms of a runny nose and cough on or around 7/1/20 which she thought was just allergies. The DON 1 stated she was afebrile. The DON 1 remained at work and worked the next day (7/2/20) before taking off for the Fourth</li> </ul>	<ul> <li>fever, chills, cough, sore throat, congestion, runny nose, shortness of breath or any other type of respiratory symptoms or any nausea, vomiting, diarrhea, headache, fatigue, muscle body aches, loss of taste or smell?</li> <li>2. Have you had any contact with any person or entity who is being investigated (test pending), or diagnosed with COVID 19 without the use of PPE?</li> <li>3. Have you traveled internationally in the past 14 days to restricted international countries?</li> <li>4. Have a nurse check their temperature and route and record it. (must be less than 99.1 orally)</li> <li>5. Hands and shoes sanitized and mask and face protection provided.</li> <li>6. Employee signature.</li> <li>7. Screener signature.</li> <li>In an interview on 7/28/20 at 8:09 p.m. the Director of Nursing (DON 1) stated she first developed symptoms of a runny nose and cough on or around 7/1/20 which she thought was just allergies. The DON 1 stated she was afebrile. The DON 1 remained at work and worked the next day (7/2/20) before taking off for the Fourth</li> </ul>	<ul> <li>fever, chills, cough, sore throat, congestion, runny nose, shortness of breath or any other type of respiratory symptoms or any nausea, vomiting, diarrhea, headache, fatigue, muscle body aches, loss of taste or smell?</li> <li>Have you had any contact with any person or entity who is being investigated (test pending), or diagnosed with COVID 19 without the use of PPE?</li> <li>Have you traveled internationally in the past 14 days to restricted international countries?</li> <li>Have a nurse check their temperature and route and record it. (must be less than 99.1 orally)</li> <li>Hands and shoes sanitized and mask and face protection provided.</li> <li>Employee signature.</li> <li>Screener signature.</li> <li>In an interview on 7/28/20 at 8:09 p.m. the Director of Nursing (DON 1) stated she first developed symptoms of a runny nose and cough on or around 7/1/20 which she thought was just allergies. The DON 1 stated she was afebrile. The DON 1 remained at work and worked the next day (7/2/20) before taking off for the Fourth</li> </ul>

Page 3 of 15

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

Citation Numb #8085	er:	]			Date: Augus	t 20, 2020
Facility Name: Newton Health		-		Survey Dates:		
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG		- July 22 – August 4, 2020		
Newton, IA 50						
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date	

П		1	
	member developed a temperature and diarrhea and		
	by Monday, 7/6/20, they were both tested for		
	COVID 19. The DON 1 was confirmed positive		
	with COVID 19 on 7/11/20. The DON 1 stated		
	her symptoms worsened with a cough and		
	shortness of breath and she went to the hospital		
	emergency room on $7/11/20$ or $7/12/20$ . The		
	DON 1 stated she returned to work on $7/19/20$ .		
	The DON 1 stated the screening process requires		
	staff to answer questions and check their		
	temperature. A nurse is supposed to verify the		
	answers and temperature, then sign the screening		
	tool. Staff are to be sent home if they have any		
	symptoms noted on the screening tool.		
	Review of the facilities Employee/Contractor		
	Screening tool from $7/1/20$ through $7/7/20$ noted		
	243 entries in which 164 entries or 67.5% did not		
	have a nurse signature verifying the answers and		
	temperatures of the employees entering the		
	building.		
	ounuing.		
	According to the Employee/Contractor Screening		
	tool, Staff A, Registered Nurse (RN), failed to fill		
	out the screening form on $7/1/20$ and on $7/2/20$ ,		

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

Citation Number: #8085					Date: August	20, 2020
Facility Name: Newton Health			Survey			
-	ss/City/State/Zip	HL, VW, TAG	– July 22 – August 4, 2020			
200 South Eig Newton, IA 50	hth Avenue East 208					
Rule or Code Section	Natur	e of Violation	Class Fine Amount date			Correction date
	Nature of Violation7/4/20, 7/5/20, 7/8/20, indicated affirmative for having symptoms related to COVID 19.In an interview on 7/23/20 at 5:15 p.m., Staff A, RN, stated sometime in mid-June her friend became positive for COVID 19 and at that time, she was quarantined and did not work for a couple weeks. On 6/24/20, the facility tested all of their staff and she was negative, but noted at around that time she had lost her sense of taste. Once she returned to work her loss of taste persisted and when she told her supervisors, they stated it was probably just her allergies and allowed her to continue to work. In early July her symptoms included headache and nausea. Staff A stated she continued to work despite indicating her symptoms on the screening tool. On 7/16/20, after an outbreak of COVID 19 in the facility, the facility tested all of their staff again and this time she was positive for COVID 19.According to the Employee/Contractor Screening tool on 7/3/20 and 7/4/20, Staff B, Certified Medication Aide (CMA) indicated affirmative for					

Page 5 of 15

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

Citation Numb #8085	per:	]		Date: Augus	t 20, 2020
Facility Name: Newton Health			Survey [		
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG	July 22 – August 4, 2020		
Newton, IA 50					
Rule or Code Nature of Violation Section		re of Violation	Class	Fine Amount	Correction date

nn	
In an interview on 7/23/20 at 2:05 p.m., Staff	B,
CMA, stated on 7/3/20 she arrived to work wi	tha
headache, low-grade temperature and sore three	oat.
Staff B stated she indicated this on the screeni	ng
form and informed the Assistant Director of	
Nursing (ADON) she was not feeling well. T	he
ADON asked Staff B if she felt ok to stay and	
work and she responded I guess so and remain	
at work. On Saturday, 7/4/20, Staff B returned	
work, still not feeling well and stayed until ab	
noon before leaving. Staff B stated her sympt	
had gotten worse and on 7/6/20, the ADON st	ated
she needed to get tested. Staff B stated she go	ot 🔰
tested that day and on 7/10/20, got results	
indicating she was positive for COVID 19. St	aff
B stated she remained off work until returning	gon
7/20/20.	
In an interview on 7/30/20 at 1:30 p.m., the	
Assistant Director of Nursing (ADON) stated	on
7/3/20, Staff B had reported not feeling well, I	
had no cough or temperature and was allowed	
work. The ADON stated she had later heard S	
A, RN, sent Staff B home early on 7/4/20.	
According to the Employee/Contractor Screen	ing
tool, Staff C, Certified Nurse Aide (CNA) on	Ť I I I I I I

Page 6 of 15

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

Citation Number: #8085					Date: August	20, 2020
Facility Name: Newton Health		•	Survey I		st 4, 2020	
-	ss/City/State/Zip	HL, VW, TAG	- July 22 -	- Augu	51 4, 2020	
200 South Eig Newton, IA 50	hth Avenue East 208					
Rule or Code Section	Natur	e of Violation	Class	Fine	Amount	Correction date
	symptoms related to G In an interview on 7/2 CNA, stated on 7/4/20 migraine headaches a continued to work her Monday, 7/6/20, she cough. She was tellir not feeling well, inclu Coordinator, Staff E a stated she was asked so she would have to she insisted on being her the test. Staff C s for the next five days temperature. Staff C got results indicating 19. Staff C stated she to work until 7/27/20.	23/20 at 2:30 p.m. Staff C, 0 and 7/5/20 she was having nd a stomach ache, but r shifts. The next day on was achy and had a bad ng everyone at work she was uding Staff D, MDS and the ADON. Staff C if she wanted, tested and if be sent home. Staff C stated tested and the ADON gave tated she was sent home and had a very elevated stated that on 7/11/20 she she was positive for COVID e was not scheduled to return				

Page 7 of 15

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

Citation Numb #8085	er:			Date: August	20, 2020
Facility Name: Newton Health			Survey	Dates: – August 4, 2020	
-	ss/City/State/Zip nth Avenue East	HL, VW, TAG		August 4, 2020	
Newton, IA 50					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

COVID 19 three times (6/24, 7/16, 7/30) by the facility and once at her doctors and all were negative. Staff G questioned about an entry on the screening tool on 7/15/20 in which she answered affirmative to exposure to someone with COVID 19 and recorded a temperature of 99.3. Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since. In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July. In an interview on 7/23/20 at 1:05 p.m., Staff D,	In an interview on 7/30/20 at 11:24 a.m., Staff G, LPN, stated on 7/4/20, 7/5/20, 7/6/20 and 7/9/20 she had been responding yes on the facilities screening tool related to nausea, vomiting and diarrhea. Staff G stated she thought the symptoms were related to her medication. Staff G stated the Director of Nursing allowed her to continue to work. Staff G stated she has been tested for		
<ul> <li>the screening tool on 7/15/20 in which she answered affirmative to exposure to someone with COVID 19 and recorded a temperature of 99.3. Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.</li> <li>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</li> </ul>			
<ul> <li>answered affirmative to exposure to someone with COVID 19 and recorded a temperature of 99.3. Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.</li> <li>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</li> </ul>	negative. Staff G questioned about an entry on		
<ul> <li>COVID 19 and recorded a temperature of 99.3.</li> <li>Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.</li> <li>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</li> </ul>			
Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.			
<ul> <li>she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.</li> <li>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</li> </ul>	-		
<ul> <li>she was scheduled on the COVID 19 positive halls and has been assigned there since.</li> <li>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</li> </ul>			
halls and has been assigned there since. In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.			
In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.	-		
Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.			
recall having any conversations with Staff G about her symptoms and working status in early July.	In an interview on 7/30/20 at 2:25 p.m., the		
her symptoms and working status in early July.			
In an interview on 7/23/20 at 1:05 p.m., Staff D,	her symptoms and working status in early July.		
In an interview on $I/2J/2O$ at 1.05 plint, Statt D,	In an interview on 7/23/20 at 1:05 n m Staff D		
MDS Coordinator, stated on $7/1/20$ she had an	± · · · · ·		
increase in allergy symptoms, runny nose, nasal			

Page 8 of 15

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

Citation Numl #8085	ber:			Date: August	20, 2020
Facility Name Newton Healt		-	Survey		
-	ess/City/State/Zip	HL, VW, TAG	July 22 -	– August 4, 2020	
Newton, IA 5					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

stuffiness, but no cough, shortness of breath, headache or temperature. Staff D stated she worked 7/1/20, 7/2/20 and until noon on Monday, 7/6/20. Her stuffiness continued and she was swabbed for COVID 19 and sent home. On 7/7/20 Staff D stated she visited her physician who thought it was sinusitis. Staff D stated that		
on $7/10/20$ she received her results, which were positive for COVID 19.		
During an observation on 7/22/20 at 2:48 p.m. Staff F, CNA, observed entering the room of		
Resident #5, who was on isolation precautions related to developing symptoms of COVID 19, but remained on the non-COVID hall. Staff F		
removed his gown, mask, exchanged them for a disposable gown, mask, and then donned gloves prior to entering the resident's room. Staff F did		
not sanitize his hands prior to donning gloves. When finished attending to Resident #5's needs which included some physical contact, Staff F		
doffed his gown, gloves and mask and disposed them in a box without a hazard bag lining it. Staff		
F then re-donned his original gown and N95 mask and again failed to complete hand hygiene. At 3:05 p.m. Staff F returned to Resident #5's room,		
again removing his cloth gown and N95 mask,		

Page 9 of 15

Facility Administrator

Date

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

Citation Num #8085	per:			Date: August	20, 2020
Facility Name Newton Healt		-	Survey		
-	ess/City/State/Zip	HL, VW, TAG	July 22 -	– August 4, 2020	
Newton, IA 5	•				
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

then donning a disposable gown, disposable mask and gloves all without completing hand hygiene. Staff F physically assisted Resident #5, then doffed his gown, gloves and mask, exited the room and re-donned his cloth gown and N95 mask again without washing or sanitizing his hands. Observations found no sanitizer available within the proximity of the room. On 7/23/20, Resident #5 tested for COVID 19 and discovered positive just days later.		
On 7/30/20 at 3:10 p.m., the facility was informed of an Immediate Jeopardy situation related to their screening process. The plan of correction included assigning a trained screener at the employee entrances to screen and monitor sanitation practices. A screening assignment sheet was used to identify who would be responsible for screening employees at designated times. The designated times were 5:00 a.m. to 6:00 a.m., 6:00 a.m. to 10:00 a.m., 1:30 p.m. to 2:30 p.m. and 5:30 p.m. to 6:30 p.m.		
During an observation on 8/3/20 at 2:00 p.m. Staff F, CNA entered through the employee entrance for the negative COVID halls. There was no screener present and Staff F filled out the		

Page 10 of 15

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

Citation Numb #8085	er:			Date: August	20, 2020
Facility Name: Newton Health			Survey I	Dates: - August 4, 2020	
-	ss/City/State/Zip hth Avenue East	HL, VW, TAG	July 22 -	- August 4, 2020	
Newton, IA 50					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date

screening questions and took his own temperature.		
Staff F then proceeded to the Nurse's Station,		
where he was then escorted back into the entry		
hallway by the assigned screener, DON 2. Staff F		
then re-entered the negative COVID halls and		
began working while the assigned screener, DON		
2, remained at the screening table.		
According to the Screening Assignment sheet for		
8/3/20, the Director of Nursing (DON 2) was		
assigned from 1:30 p.m. to 2:30 p.m.		
In an interview on $8/3/20$ at 2:05 p.m., the interim		
Director of Nursing (DON 2) stated she was the		
scheduled screener from 1:30 p.m. to 2:30 p.m.		
The DON 2 stated she was on a phone call and did		
not get to the screening table until 1:45 p.m.		
Observations noted DON 2 escorting Staff F from		
the nurse's station, back into the entry hallway at around 2:02 p.m.		
around 2.02 p.m.		
In an interview on 8/3/20 at 2:08 p.m., Staff F,		
CNA, stated he entered the facility and answered		
the screening questions, took his temperature,		
sanitized his hands and disinfected his feet		
without a witness. Staff F stated he is the only		
one who comes in at 2:00 p.m. for the negative		

Page 11 of 15

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

Citation Numb #8085	er:	-			Date: August 20, 2020	
Facility Name: Newton Health Care Center Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG	Survey Dates: — July 22 – August 4, 2020		1	
Newton, IA 50						
Rule or Code Section	Nature of Violation		Class	Fine A	Amount	Correction date
	COVID side and checked in at the Nurse's Station before proceeding to work. Staff F stated he was requested by the DON 2 to return to the entry hallway. Staff F stated he was not informed by anyone of the new screening process.					

8 J		
In an interview on 8/3/20 at 3:06 p.m. Staff H, Maintenance Staff, stated he arrived at work around 9:30 a.m. that morning and filled out the screening questions, sanitized his hands, disinfected his feet and proceeded to the Nurse's Station to have the ADON check his temperature. Staff H stated there was no one sitting at the screening table when he arrived.		
According to the Screening Assignment sheet for 8/3/20, Staff I, CNA was assigned from 5:00 a.m. to 10:00 a.m. that morning.		
In an interview on 8/4/20 at 9:40 a.m. Staff J, CNA, assigned as the screener from 6:00 a.m. to 10:00 a.m. stated when they first started screening employees back in March, they had a designated screener at the entrance, but at some point they just stopped doing it.		

Page 12 of 15

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

Citation Numb #8085	er:			Date: Augus	t 20, 2020
Facility Name: Newton Health			Survey	Dates: - August 4, 2020	1
-	ss/City/State/Zip hth Avenue East	HL, VW, TAG		- August 4, 2020	,
Newton, IA 50					
Rule or Code	Natur	e of Violation	Class	Fine Amount	Correction date
Section					

person to work if showing signs and symptoms of COVID.	
<ul> <li>The screening process education included:</li> <li>Staff instructed to enter by the front door.</li> <li>The front doors will remain locked and anyone who enters must ring the doorbell to enter the facility.</li> <li>The Screener will be positioned at the locked front door during specified hours.</li> <li>If staff arrive outside the specified hours and the screener is not present, the employee will have to ring the doorbell for entrance, and whoever answers the doorbell will get the assigned screener.</li> <li>During observations on 8/4/20 from 5:57 a.m. to 7:10 a.m., the facility had a screener positioned at the front entry as staff arrived. The assigned screener appropriately screened employees as they entered the facility and checked temperatures as staff left. There were no concerns with the facilities current screening process.</li> </ul>	

Page 13 of 15

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

Citation Numb #8085	er:				Date: Augus	t 20, 2020	
Facility Name: Newton Health Care Center				Survey Dates: July 22 – August 4, 2020			
Facility Address/City/State/Zip 200 South Eighth Avenue East		HL, VW, TAG		July 22 - August 4, 2020			
Newton, IA 50208							
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date		

Based on the results of the corrective measures taken by the facility lowered the scope and severity of the deficiency from a L level to a F level.		
FACILITY RESPONSE:		

Page 14 of 15

Facility Administrator

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

Citation Number: #8085					Dat Aug		20, 2020
Facility Name: Newton Health Care Center Facility Address/City/State/Zip		HL, VW, TAG		Survey Dates: July 22 – August 4, 2020			
200 South Eighth Avenue East Newton, IA 50208							
Rule or Code Section	Nature of Violation		Class	Fine Amou	unt	Correction date	
α							

Page 15 of 15

Facility Administrator

Date

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