Citation Numb	#9003		Date: September 25, 2 Survey Dates:			nber 25, 2020
Danvil Facility Addres	lle Care Center ss/City/State/Zip: 0 S Birch St rille, IA 52623	VW, HL, JS	August 20, 2020 – September 1, 2		ember 1, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
59.10(8)	a written and implemented control program with policy guidelines issued by the Control prevention, U.S. Department Services. (I, II, III) CDC gwww.cdc.gov/ncidod/dhqp. DESCRIPTION: Based on observations, interviews, the facility far a comprehensive infection implement an effective sutilize proper hand hygicutilize transmission base with CDC recommendate prevent the spread of Coactive COVID-19 outbrewith two deaths. The far Findings include: According to Centers for Prevention (CDC) Interior Recommendations for Findings includers and control Guidant should:	program. Each facility shall have a infection control and exposure cies and procedures based on the enters for Disease Control and ent of Health and Human guidelines are available at prindex.html. Trecord review, and staff ciled to develop and implement on control program, failed to excreening process, failed to ene practices, and failed to ene practices, and failed to ed precautions in accordance cions in order to control and OVID-19. The facility had an eak affecting 14 of 25 residents incility reported a census of 25. Tr. Disease Control and m. Infection and Control Healthcare Personnel during 19 (COVID 19) Pandemic nice dated 7/15/20 facilities eryone entering a healthcare		(He	500 ld in ension)	Upon Receipt
					_	Page 1 of 1

Facility Administrator Date

Citation Numb	er: #9003		Date: September 25, 202			mber 25, 2020
Facility Addres	lle Care Center ss/City/State/Zip: 0 S Birch St rille, IA 52623	VW, HL, JS	Survey Dates: August 20, 2020 – September 1, 2020		ember 1, 2020	
				Tr.		
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	*Post visual alerts, and at strategic pla about wearing a fa source control and hand hygiene. *Provide supplies f cough etiquette ind sanitizer (ABHS), t receptacles at entremark. b. Limit and monitor points. c. Consider establishing facility to screen individual. d. Screen everyone (Heentering the healthcare with COVID 19 or expose 2 infection and ensure t control. *Actively take the absence of symmetric symmetric facility take the absence of symmetric facility take the symmetric facility take the absence of symmetric facility take the symmetric facility take the absence of symmetric facility take the sym	signs, posters at the entrance aces to provide instructions ce covering or facemask for how and when to perform for respiratory hygiene and cluding alcohol based hand issues and no touch ances. Ints of entry to the facility. If screening stations outside the uals before they enter. If althcare professionals, visitors of facility for symptoms consistent sure to others with SARS-CoV-hey are practicing source Their temperature and document aptoms consistent with COVID oner measured temperature >				

Facility Administrator	Date

Page 2 of 14

Citation Number: #9003	3		Date: September 25, 2			mber 25, 2020
Facility Name: Danville Care	Center		Survey Dates:			ember 1, 2020
Facility Address/City/ 410 S Birc Danville, IA	h St	VW, HL, JS	August 20, 2020 – September 1, 2020			
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
facility 2) Imp Source or face prever sneez a. HCl are in other s 3) Imp Equipi	quarantine becawith SARS-Corperly manage anywho has been added to a services. *HCP should respond to a services. *Visitors should to a services. *Visitors should to a services. *Residents should to a services to a service and the services to a service and the services to a service a service and the services to a service	vone with symptoms of COVID vised to self-quarantine: turn home and should notify ealth services to arrange further be restricted from entering the luld be isolated. Source Control Measures. The use of cloth face coverings a person's mouth and nose to ratory secretions when talking, accemask at all times while they cility, including breakrooms or y might encounter co-workers. Use of Personal Protective ealthcare Personnel.				
		ident contact, contact with tious material, and before				Page 3 of 1

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 lowa Code section 135C.43A (2013).

Date

Citation Numb	er: #9003		Date: September 25, 20			mber 25, 2020
	lle Care Center	VW, HL, JS	Survey Dates: August 20, 2020 – September 1, 20		ember 1, 2020	
	0 S Birch St ville, IA 52623					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	putting on and a gloves.	after removing PPE, including				
		erform hand hygiene by using or washing hands with soap and st 20 seconds.				
	hygiene supplie	ilities should ensure that hand as are readily available to all ery care location.				
	b. Personal Protective E Confirmed COVID 19.	Equipment for Suspected or				
	provide it to HC demonstrate an	Id select appropriate PPE and P and provide training and understanding of its use. g, disposal of, maintenance				
	*PPE includes t facemask, eye protection	he use of a respirator or on, gloves and gown.				
	p.m. revealed the front of the surveyor entry to the sanitized his hands and shield, then approached staff member, Staff A, co temperature and record required a temperature, questions related to who	donned a mask and face I the screening table. A second				Page 4 of 1

Facility Administrator Date

Citation Number: #9003		Date: September 25, 20		ber 25, 2020	
Facility Name: Danville Care Center Facility Address/City/State/Zip:	VW, HL, JS	Survey Dates: August 20, 2020 – September 1, 20		mber 1, 2020	
410 S Birch St Danville, IA 52623	, , , , , ,				
Rule or Code Nature Section	e of Violation	Class	Fine Amo	ount	Correction date
hands and donned apprequipment (PPE) before Observations on 8/20/20 member entered the factor of the control o	3/20/20 at 3:00 p.m. Staff F nis office space is close to the works he is usually the one that eratures in and out. Staff F ocess is to check temperatures. It to ask questions related to exposure to COVID 19. Staff greater than 100.0 F is reported to whether the employee can always for an agency and attation prior to starting. It ing a temperature at the ach shift. Staff are not required atted to COVID 19 symptoms or facility. 3/20/20 at 5:05 p.m., Staff G has worked at the facility stated screening is a				Page 5 of 1 4

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 lowa Code section 135C.43A (2013).

Date

Citation Number: #9003		Date: September 25, 2			mber 25, 2020
Facility Name: Danville Care Center		Survey I) – Sente	ember 1 2020
Facility Address/City/State/Zip: 410 S Birch St Danville, IA 52623	VW, HL, JS	August 20, 2020 – September 1, 2020			5111Del 1, 2020
Rule or Code Nature	e of Violation	Class	Fine A	mount	Correction date
During an interview on 8 Administrator indicated screening tool which we to COVID 19 symptoms require a staff member temperature before allowed. Review of the new screening to the screening tool which we to COVID 19 symptoms require a staff member temperature before allowed.	B/26/20 at 4:00 p.m., the she was developing a new ould include questions related and exposure. The form will to verify the questions and wing someone to work.				
on 8/26/20 Staff N (Nurs completed the form with was afebrile, but answe headache, sore throat a answering questions rel which would have restrict	se Aide) entered the facility and nout a verifying initial. Staff N red affirmative to having a and diarrhea. Despite ated to signs and symptoms cted her from working for 10 rorked her shift on 8/26/20, but				
member is standing by to mask pulled down below proceeded into the facilithe kitchen into the dinir mask, goggles or face s					
South Hall had a partition	at 2:00 p.m., revealed East on and Personal Protective ay. The floor contained several				Dogo 6 of 4
Facility Administrator				_	Page 6 of 1

Citation Numb	er: #9003		Date: September 25, 2			mber 25, 2020
Facility Addres	lle Care Center ss/City/State/Zip:) S Birch St ville, IA 52623	VW, HL, JS	Survey Dates: August 20, 2020 – September 1, 2		ember 1, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	used PPE. Room 2 und Resident #1. Room 4 of #3. Room 5 occupied by #4. Room 6 occupied by #	B/20/20 at 2:15 p.m., the by had a designated isolation ewly admitted residents, or emergency room or who side of the facility. The unit om 2, 3, 4, & 5) with a total of 8 aced on a 14 day isolation wear full PPE (mask, goggles, ring for these residents. The oreserve PPE supply, staff are E (gowns, masks, goggles) oom to room. Staff are to keep goggles in a paper sack. The efacility currently has no 9, although mentioned a ecently tested positive for at 2:45 p.m. Staff C (Licensed Room 5 on the isolation hall or goggles and not sanitizing ., Staff D (Nurse Aide) entered hall without wearing a gown. The ary Aide prepared plates of with her face mask pulled the Dietary Aide delivered the				Page 7 of 1

Facility Administrator Date

Citation Numb	per: #9003		Date: September 25, 2			mber 25, 2020
	lle Care Center	VW, HL, JS	Survey Dates: August 20, 2020 – September 1, 20		ember 1, 2020	
410	O S Birch St ville, IA 52623					
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Administrator indicated ill and she was functioning Preventionist. The Admithe facilities, infection consurveillance plan, source process, isolation protocess, isolation protoceplan. The Administrator multiple documents from departments but has not into policy form. During an interview on 8 (Nurse Aide) stated she not receive much orients stated on the isolation hafter each resident contre-use their gowns indecisolation. During an interview on 8 (Nurse Aide) stated she month. Staff G stated of full PPE. Gowns are repaper sack with the staff gown is used for all of the exchanged after each control of the poutbreak and explaint to date. Four residents	the Director of Nurses was out ing as the facilities Infection ininistrator was asked to provide ontrol policies related to their e control protocols, screening cols and emergency staffing restated she had gathered in the CDC and public health it formally put the information. 3/20/20 at 5:00 p.m., Staff D worked for an agency and didication prior to working. Staff D wall, she changes her gown act. Staff D stated other aides finitely with all residents on an about a similar the isolation hall they wear used and placed in a brown for name on the sack. One he residents in isolation and not ontact. 3/24/20 at 11:55 a.m., the facility had a status of COVID-ned the progression of events on the isolation hall had OVID-19 and one died from				Page 8 of 1

Facility Administrator Date

Citation Numbe	r: #9003		Date: September 25, 2			mber 25, 2020
Facility Name: Danville	e Care Center		Survey I		0 – Senta	ember 1 2020
	s/City/State/Zip: S Birch St Ile, IA 52623	VW, HL, JS	August 20, 2020 – September 1, 2020			eniber 1, 2020
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	and moved to the design North). Initially three state COVID 19, and several symptoms. Staff J reporteeling well with body at temperature. She was a home ill at 12:00 p.m. Tresidents and staff are to they have initiated twice once a week for all residents and staff are now weak stated staff are now weak shield, N95 masks, shown ow designated COVID symptomatic hall (East In During an interview on a (Occupational Therapist started feeling ill late on contact with Residents at stated she had a temper report to work. She is the confirmed positive for COVID hall revealed no instead dust masks. The Symptomatic Hall containing gowns, surgice The COVID Hall and the	rted to work on 8/23/20 not ches and a cough, but no allowed to work, but went. The Administrator stated all ested if having symptoms and a week testing for all staff and dents. The Administrator aring full PPE, gowns, face a coverings and gloves on the hall (East South) and North). 8/24/20 at 5:31 p.m., Staff H at Assistant) stated she first 8/11/20. She had been in 41, #2 and #4 that day. Staff H arature the next day and did not ested on 8/12/20 and had OVID-19 on 8/13/20. on 8/25/20 at 6:00 p.m., on the supply of N95 masks, but he floor of the COVID Hall and ontained several brown bags cal masks and hair coverings. Symptomatic Hall failed to by doors identifying precaution				Page 9 of 1
Facility	Administrator				_	ge • 31 •

Citation Numb	er: #9003		Date: September 25, 20			mber 25, 2020
Facility Name: Danvi	lle Care Center		Survey		0 – Septe	ember 1. 2020
410	ss/City/State/Zip: 0 S Birch St ville, IA 52623	VW, HL, JS	August 20, 2020 – September 1, 2020			1, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	Aide) entered a resident wearing full PPE. Staff removed her gown, glow failed to perform hand he Symptomatic Hall and repaper sack and put on groom without hand hygicand removed her gloves hand hygiene. During an interview on 8 (Nurse Aide) stated her COVID Hall and the Synthe brown bags contained had a bag. Staff L state and is uncomfortable with PPE. During an observation of K (Maintenance) entere and mask, had no contained hall without doffing freturned to the COVID hand surgical mask and put the wall to allow face shelft the COVID hall wither hand hygiene. During an observation of (Nurse Aide) removed here	at 6:20 p.m. Staff L (Nurse t room on the COVID Hall L exited the room and ves and shoe coverings, Staff L rygiene. Staff L entered the emoved a used gown from a gloves and entered a resident's ene. Staff L exited the room s, but again did not complete assignment included the mptomatic Hall. Staff L stated ed PPE for re-use. Each staff ed she worked for an agency ith the way the facility uses on 8/26/20 at 12:07 p.m., Staff d the COVID Hall with gown act with residents, and then left PPE or hand hygiene. Staff K Hall minutes later in a gown proceeded to place screws in proceeded to place screws in proceeded to place screws in sields to be hung. Staff K again out doffing PPE or performing				Page 10 of 1

Facility Administrator Date

Citation Number: #9003			Date: September 25, 2	
Facility Name: Danville Care Center Facility Address/City/State/Zip: 410 S Birch St Danville, IA 52623	VW, HL, JS	Survey Dates: August 20, 2020 – September		ember 1, 2020
Rule or	lature of Violation	Class	Fine Amount	Correction date
bags. Staff M starthis manner. During an observation (Nurse Aide) exited Symptomatic Hall performing hand have could wear the Symptomatic Hall. During an observation (Nurse Aide assigned Symptomatic Hall proximity, less that Asymptomatic Hall proximity, less that Asymptomatic Hall proximity, less that the Symptomatic Hall proximity has the Symptomatic Hall proximity, less that Asymptomatic Hall proximity, less that	e facility failed to utilize biohazard ed she is told to dispose of trash in the covered at the	n L d		Page 11 of 1

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 lowa Code section 135C.43A (2013).

Date

Citation Number: #9003			Date: Septe	ember 25, 2020	
Facility Name: Danville Care Center		Survey Dates:		tember 1. 2020	
Facility Address/City/State/Zip: 410 S Birch St Danville, IA 52623	VW, HL, JS	/ tugue	- August 20, 2020 – September 1, 2020		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	
asked if they hav shifts. Staff O states has not. This sur Symptomatic Hal wearing full PPE, before approachi stated 11 residen The COVID Hall Symptomatic Hal continued to worl the COVID Hall in exited the COVID Hall in exited the COVID har hands and do Symptomatic Hall. The Facility Matri residents positive symptoms and 2 passed away on During an observe (Nurse Aide) the gloves, mask and Staff L donned a entered the Symphad a positive Could light of the poremoved the trassing sanitized her handstated she has not stated she had not stated	on the COVID and Symptomatic halls. Both staff are asked if they have watched the PPE video prior to their shifts. Staff O stated she has and Staff N stated she has not. This surveyor entered the COVID Hall and Symptomatic Hall. The DON exited the COVID hall wearing full PPE, doffing gloves and hand sanitizing before approaching the medication cart. The DON stated 11 residents currently had confirmed COVID-19. The COVID Hall had a census of 10. The Symptomatic Hall had a census of 1. The DON continued to work at the medication cart, then entered the COVID Hall in full PPE. Moments later the DON exited the COVID Hall doffing all PPE, then sanitizing her hands and donning PPE before proceeding to the Symptomatic Hall. The Facility Matrix Identified the facility had 14 residents positive for COVID, 10 residents with COVID symptoms and 2 residents positive for COIVD who passed away on 8/22/20 and 8/26/20. During an observation on 8/29/20 at 8:14 p.m. Staff L (Nurse Aide) the COVID hall. Staff L removed her gloves, mask and gown and performed hand hygiene. Staff L donned a new gown, mask and face shield and entered the Symptomatic Hall in which one resident had a positive COVID status. Staff L answered the call light of the positive resident, exited the room and removed the trash. Staff L removed PPE and sanitized her hands before exiting the hall. Staff L stated she has not watched the PPE training video prior to her shift and was planned to do so afterwards.			Page 12 of 1.	
Facility Administrator		 Date		3 .	

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: #9003	Date: September 25,		e: ptember 25, 2020	
Facility Name: Danville Care Center		Survey I		eptember 1, 2020
Facility Address/City/State/Zip: 410 S Birch St Danville, IA 52623	VW, HL, JS	August 20, 2020 – September 1, 202		
Rule or Code Nature	e of Violation	Class	Fine Amou	Correction date
facility of the Immediate On 8/31/20 the facility a by implementing a new form, implemented a de educated staff on prope Protective Equipment, o symptomatic unit and th on how to properly hand implemented red tape to wing, educated staff on educated staff on the ex to the spread of COVID-	bated the Immediate Jeopardy staff and visitor surveillance signated staff to screen, rutilization of Personal lesignated staff to the e COVID unit, educated staff dle contaminated laundry, a alert staff of the isolation proper hand hygiene, and expectations and policies related 19.			Page 13 of 1

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 lowa Code section 135C.43A (2013).

Date

		_				
Citation Number	er:				Date:	
	#9003				Septer	mber 25, 2020
Facility Name:			Surve	y Dates	 S:	
Danvill	e Care Center			,		
			Aug	ust 20. :	2020 – Septe	ember 1, 2020
Facility Addres	ss/City/State/Zip:	VW, HL, JS	7.0.9	, .	-0-0 00,000	,,
	S Birch St					
Danv	ille, IA 52623					
Rule or		<u>u</u>				Correction
Code	Natur	e of Violation	Clas	s Fin	e Amount	date
Section			0.000			
"			"			

Facility Administrator	Date

Page 14 of 14