

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10 th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

58.10(8)	<p>481—58.10(135C) General policies. 58.10(8) 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) CDC guidelines are available at www.cdc.gov/ncidod/dhqp/index.html.</p> <p>DESCRIPTION:</p> <p>Based on observation, record review and staff interview, the facility failed to implement proper infection control practices/procedures when providing care and when screening staff prior to commencing work with residents. The facility failed to ensure resident safety related to infection control by allowing staff to take their own temperatures and complete their own screenings related to COVID-19 at the beginning of their shift and take their own temperature at the end of the shift. The facility allowed staff to work with symptoms consistent with COVID-19. The facility was notified of the 1st COVID-19 positive resident on 8/21/20. On 8/30/20, 19 more residents tested positive for COVID-19. 1 resident passed away from COVID-19. 8 staff tested positive for COVID-19 from 8/21/20-8/28/20. This resulted in an</p>	I	\$10,000 (Held in Suspension)	Upon Receipt
-----------------	---	----------	--	-------------------------

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>immediate jeopardy situation for the facility. The facility reported a census of 93 residents.</p> <p>Finding include:</p> <ol style="list-style-type: none"> 1. Review of facility form titled, Start of Shift to Prevent COVID-19 Employee Screening Log, Staff N, Licensed Practical Nurse (LPN) intermittently documented she had symptoms of cough, vomiting and/or diarrhea, muscle pain, headache and new loss of taste or smell at the beginning of her shift from 7/27/20-8/17/20 and was not asked to go home. On 8/23/20, Staff N documented at the beginning of her shift that she had a cough, sore throat, muscle pain, headache and new loss of taste of smell and was not asked to go home. Staff N documented a temperature of 100.0 at the end of her shift. On 8/24/20, Staff N was tested for COVID-19 with positive results. Review of time card punch detail for Staff N revealed she worked from 8/23/20 at 7:16 PM until 8/24/20 at 7:42 AM. 2. On 9/2/20 at 3:05 p.m. the Administrator stated staff screen themselves and take their own temperature. She stated if staff have symptoms they come to the Administrator in regards as what to do and the Administrator calls a nurse on the phone for further assessment of the staff member. 			
--	---	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10th Avenue North Fort Dodge, IA 50501				
		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>3. Review of facility form titled, Start of Shift to Prevent COVID-19 Employee Screening Log, Staff O, Certified Nursing Assistant (CNA) revealed she did not take her temperature at the beginning or end of her shift on 6/30/20 as no thermometer available. Records reveal Staff O was tested for COVID-19 on 8/21/20 with positive results on 8/24/20. Review of time card punch detail for Staff N revealed Staff O worked 8/24/20 6:04 AM-3:18 PM.</p> <p>4. Review of facility form titled, Start of Shift to Prevent COVID-19 Employee Screening Log, Staff P, CNA revealed she had a sore throat and muscle pain at the beginning of the shifts 7/19/20 and 7/20/20 and was not asked to go home. On 8/24/20, Staff P documented she had a cough at the beginning of her shift. Time card punch detail revealed she worked from 1:43 PM 8/24/20 until 2:30 AM 8/25/20. Staff P was tested for COVID-19 8/27/20 with positive results 8/27/20.</p> <p>5. Review of facility form titled, Start of Shift to Prevent COVID-19 Employee Screening Log, Staff Q, CNA revealed she had new shortness of breath, vomiting and/or diarrhea, chills and headache intermittently from 7/26/20-8/23/20 and was not asked to go home. On 8/24/20, Staff Q documented symptoms that included new</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010					Date: 10/5/20
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20			
Facility Address/City/State/Zip 2721 10 th Avenue North Fort Dodge, IA 50501					
		SB			
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date	

	<p>shortness of breath or difficulty breathing and headache. At the end of the shift on 8/24/20, Staff Q documented a temperature of 99.3. Time card punch detail revealed Staff Q worked 5:31 PM 8/24/20 until 6:46 AM 8/25/20. Staff Q was tested for COVID-19 on 8/28/20 and the results were positive.</p> <p>6. A Minimum Data Set (MDS) completed for Resident #2 dated 6/9/20 revealed a Brief Interview for Mental Status (BIMS) score of 6 indicating severe cognitive impairment. The resident required extensive assist with transfers, dressing and personal hygiene. Diagnoses included Diabetes Mellitus (DM), Parkinson's Disease and Fracture. A care plan intervention dated 4/27/20 revealed potential risk for COVID-19 infection related to recent outbreak with interventions in place to reduce the risk of exposure and infection including all staff, providers, vendors to enter the front door to have temperature taken and screen performed prior to entering the facility.</p> <p>Form titled Analytical Report from the State Hygienic Laboratory revealed Resident #2 had lab drawn for COVID-19 detection on 8/27/20, analyzed on 8/29/20, released on 8/30/20 with positive results. Review of progress notes</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>indicated resident passed away on 9/1/20 at 4:30 AM.</p> <p>7. In an interview with the Director of Nursing on 9/1/20 at 2:30 PM, she revealed on 8/21/20 the facility had their first resident test positive for COVID-19. On 8/21/20, Webster County Public Health Department sent COVID-19 testing kits to the facility for staff and residents that had close contact with Resident #1 to be tested. On 8/25/20 received results that 3 staff members tested positive. On 8/27/20, the owner requested the Director of Nursing to test all of the residents that hadn't recently been tested. On 8/30/20 received results that 19 additional residents had tested positive.</p> <p>Observations:</p> <p>8. During initial tour of the facility on 9/1/20 at 10:40 AM, observation revealed Staff A, Certified Nursing Assistant (CNA), cleaning off a resident's face without goggles or a face shield in place.</p> <p>9. Observation on 9/1/20 at 3:20 PM, revealed Staff B, Laundry and Staff C, Housekeeping, conversing while standing less than 6 feet apart in front of the time clock located in the hallway. Staff B wore a mask below her nose and goggles on top of her head. After observation, Staff B pulled up her mask while goggles remained on top of</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10 th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>her head. Staff C wore her goggles on top of her head. After observation, Staff C removed her goggles from on top of her head and placed them over eyes.</p> <p>10. Observation on 9/2/20 at 9:50 AM, revealed Staff D, Registered Nurse (RN) sitting behind the nurse's station between the 100 and 200 hallway working on the computer. Staff D had her face mask hanging from her right ear and goggles on top of her head. Two staff stood at the medication cart less than 6 feet from Staff D.</p> <p>11. Observation on 9/2/20 at 11:00 AM, revealed Staff E, Certified Medical Assistant (CMA) stood at the medication cart in the hallway with resident's rooms with goggles on top of her head.</p> <p>12. Observation on 9/2/20 at 4:20 PM, revealed Staff F, CNA stood at the nurse's station near the main entrance without goggles or a face shield in place. Staff G, RN sat at the nurse's station working on the computer without goggles or a face shield.</p> <p>13. Observation on 9/14/20 at 1:20 PM, revealed Staff C, Housekeeping, cleaning in room 310 with her goggles on her forehead above her eyes and her face mask on her chin. Two residents were present in the room at the time without</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>facemasks. After observation, Staff C pulled her goggles down over her eyes and pulled her face mask over her mouth.</p> <p>14. Observation on 9/15/20 at 12:00 PM, revealed Staff Q, CNA in the dining hall pushing a resident in a wheelchair to the dining room table with her face mask below her nose and her face shield pushed up above her nose. After observation Staff Q pulled her face shield down however her face mask remained below her nose.</p> <p>15. In an interview with the Director of Nursing on 9/2/20 at 10:10 AM, she revealed she expected staff to wear a face mask, goggles/face shield at all times unless outside the facility or on break and no else is around them.</p> <p>16. Observation on 9/2/20 at 10:45 AM, Staff J, Certified Medication Aide (CMA), took an Accucheck blood glucose meter into a resident's room and placed the meter on the resident's side table without a barrier. Following the blood glucose monitoring procedure, Staff J returned the meter to the medication cart and placed it on the cart without a barrier. After placing the meter on the cart, Staff J used a Wipe Out antibacterial wipe to wipe down the meter and then immediately placed the meter on a barrier on top of the medication cart to air dry.</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	<p>On the facility form titled, Blood Sugar Monitoring, under procedure it stated to follow manufacturer's directions for the equipment used in the facility.</p> <p>Per the Accucheck manufacturer's disinfecting procedures, the meter is to be kept wet with disinfection solution contained in the wipe for a minimum of 2 minutes.</p> <p>17. In an interview with the Director of Nursing on 9/2/20 at 11:00 AM she revealed the Accucheck machines are shared between residents. She expected barriers used at all times in resident rooms and on medication carts with the Accucheck machines and they are to be wrapped in antibacterial wipes for 2 to 5 minutes following use.</p> <p>Abatement:</p> <p>The facility abated the immediate jeopardy to a F level on 9/8/20 by beginning to actively check staff temperatures, implementing new forms that would identify the staff member actively checking temperatures and education to staff on the new screening policies and forms. The State agency notified the facility of the immediate jeopardy on 9/3/20.</p>			
--	--	--	--	--

Facility Administrator

Date

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

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

Citation Number: #9010		Date: 10/5/20		
Facility Name: QHC Fort Dodge Villa LLC		Survey Dates: 9/1-3/20, 9/8-9/20, 9/14-15/20, 9/22/20		
Facility Address/City/State/Zip 2721 10 th Avenue North Fort Dodge, IA 50501		SB		
Rule or Code Section	Nature of Violation	Class	Fine Amount	Correction date

	FACILITY RESPONSE:			
--	--------------------	--	--	--

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).