F&C #90 Facility N	Citation Number: F&C #9021 – Amended 01/22/2021 Facility Name: Dunlap Specialty Care Facility Address/City/State/Zip			Survey			y 19, 2021
Facility A	ddres	ss/City/State/Zip		October	13 – De	cember	5, 2020
1403 Harr Dunlap, I			JM				
Rule or Code Nature of Section		Nature of	Violation	Class	Fine A	mount	Correction date
58.19(2) j	Code Nature of ection		ive and the facility shall ing required nursing on of qualified nurses with nese rules: t. ent and timely intervention aset of adverse symptoms antal, emotional, or physical cord review, and family ed to provide accurate a for all residents that symptoms which represent ondition. In addition, the sphysician and family and failed to transfer a eath, cough, fatigue, and ercent to the emergency s for 1 residents identified		\$10,00 (Held i suspen	n	Upon Receipt
							Page 1 of 2
		, Administrator	Dat	_		_	

Facility Administrator

Date

Citation Number: F&C #9021 – Am	F&C #9021 - Amended 01/22/2021				Date: January	/ 19, 2021
Facility Name: Dunlap Specialty Ca			Survey D	y Dates: per 13 – December 5, 2020		
Facility Address/City	y/State/Zip		October	5, 2020		
1403 Harrison Road Dunlap, IA 51529		JM				
Rule or Code Nature of Section		iolation	Class	Fine A	mount	Correction date
Rule or Code Nature of V		sident #2 had diagnoses abetes, hypertension, we disease (COPD). The red 5/15 on the Brief est which meant he airment. The MDS also with transfers, ambulation set up help. The MDS axygen and did not with an onset date of Covid-19. The sident #2 revealed the diagnoses was notified that the end resident's brother gait was unsteady. The sident was unsteady. The sident was unsteady. The sident was unsteady.				
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Facility Administrator

Date

Citation Number: F&C #9021 – Amended 01/21/2021 Facility Name:				Date: Janua	ry 19, 2021
Facility Name: Dunlap Special	lty Care		Survey Da	tes:	
• •	ss/City/State/Zip		October 13	3 – December	5, 2020
	•				
1403 Harrison Dunlap, IA 515		JM			
Rule or Code Section Nature of Vio		lation	Class	Fine Amount	Correction date
from f. On beca Oxyg sats resid Durir talke room in the Revie follov a. Or oxyg b. Or calle them c. Or back room daug d. Or daug	n 10/13/20 at 12:42 PM, staff rece en and med pass supplement. In 10/13/20 at 1:38 PM, a hospital d the facility to report the resider and wanted him to be seen. In 10/13/20 at 1:43 PM, the reside with an order to send the reside a per family request. Staff notified	staff reported resident at of 74% on RA. sal cannula with O2 vician regarding the 11:45 AM, Staff A station by the dining had oxygen saturations tes revealed the eived an order for I emergency room (ER) at saling had called and to the emergency I the resident's able to transport the			
direc	ted staff to leave the resident at	tne facility, then.			Page 3 of 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 lowa Code section 135C.43A (2013).

Date

Facility Administrator

F&C #9021 – Amended 01/21/2021 Facility Name:				y 19, 2021
Dunlap Specialty Care	-	Survey D	Dates:	
Facility Address/City/State/Zip		October	5, 2020	
1403 Harrison Road				
Dunlap, IA 51529	JM			
Rule or Code Nature of V	/iolation	Class	Fine Amount	Correction date
During an interview on 10/13/20 at Resident #2 had tested positive for requiring more assistance with all of Review of the resident's Progress following: a. On 10/13/20 at 9:01 PM, Staff do O2 sats were 87% and the resident staff to stand and use the restroom b. On 10/14/20 at 12:41 AM, Staff resident's face was flushed and his resident presented with a cough be although his lungs remained clear, were variable on 5 liters of oxygen. c. On 10/15/20 at 7:10 AM, Therap consultant resident had O2 sats of oxygen, CPAP on, and heart rate 10 oxygen mask and notified the familiphysician ordered staff to send the d. On 10/15/20 at 7:56 AM, Staff shospital via ambulance and notified contact. e. On 10/15/20 at 11:46 AM Daugh concern with Staff A. f. On 10/20/20 at 9:20 PM, The horesident passed away at 7:45 PM.	Covid-19 and was of his cares. Notes revealed the commented the resident's trequired assist of one due to fatigue. documented the slungs were clear. The stream the resident's O2 Sats of the resident's O2 Sats of O4. Staff applied and sy and physician. The resident to the ER. ent the resident to the did the resident's family of the called and reported			Page 4 of 20
Facility Administrator	Dat			rage 4 01 20

Citation N		er: Amended 01/22/2021				Date: January	<i>,</i> 19, 2021	
Facility N Dunlap S	ame: pecial	ty Care		Survey I		s: December 5, 2020		
Facility A	ddres	s/City/State/Zip					,, ====	
1403 Harr Dunlap, I			JM					
Rule or Code Nature o Section		Nature of	· Violation	Class Fine Amount (Correction date		
Code Nature of Violation Class								
						_	Page 5 of 20	
F	acility	y Administrator	Dat	e				

Citation Numb	er: Amended 01/22/2021				Date: January	/ 19, 2021
Facility Name: Dunlap Specia			Survey I		cember !	5 2020
Facility Addres	ss/City/State/Zip		Cotober	15 50	CCIIIDCI (5, 2020
1403 Harrison	Road					
Dunlap, IA 515	29	JM				
Rule or Code Nature of Vice Section		vlation	Class	Fine A	Amount	Correction date
During that to the content of the co	ng an interview on 10/19/20 at 3: n she administered Resident #2's 10/14, she noted he had become ded more cues, exhibited increased ded more assist to sit up and eat. In an interview on 10/19/20 at 3: on 10/14/20 Resident #2 was mowhen she assessed him she did ress. She added she was not away an an order to send the resident to reported had she known, she wowen asked, she replied that if dent had been abnormal assessmenth, distress, or oxygen saturation are called the family and sent him to he called the family and sent him to he called the family and sent him to he service when any distress and we retire the service was not in any distress and we fortably, so she monitored him are nurse. She commented the local dissions recently due to being fulled have been sent if she had transported that night. In an interview on 10/20/20 at 11 she didn't feel it was an emergency and an interview on was an emergency and was able to get his oxygen saturations and was able to get his oxygen was able	a medications on 10/13 a more unsteady, ed lethargy, and 35 PM, Staff G stated ore sleepy than usual not notice any signs of are the physician had the ER on 10/13/20 uld have followed up her assessment of the nent (shortness of below 90%) she would to the hospital. 20 PM, Staff H stated ft on 10/13/20 to nd his oxygen 80's, so she kept him la. She stated the was resting nd reported it to the day hospital had denied and that is where he sferred him to the :40 AM Staff A stated acy to send Resident #2 e on 10/13/20 because				Page 6 of 20
Facilit	y Administrator	Dat	· e		_	

Facility Name: Dunlap Specialty Care Facility Address/City/State/Zip 1403 Harrison Road Dunlap, IA 51529 M	Citation Numb	er: Amended 01/22/2021			Date: Janua	ary 19, 2021			
Facility Address/City/State/Zip 1403 Harrison Road Dunlap, IA 51529 Rule or Code Section Rule or Section Nature of Violation Class Fine Amount Correction date Class Class Fine Amount Correction date Class Class Class Fine Amount Correction date Class Cl	Facility Name:			Survey D	ates:				
Rule or Code Section Time. She stated that is why she called Medivac instead of the rescue squad and when Medivac wasn't able to provide transportation she called the resident's daughter so they could make other transportation arrangements. She added that she knew they had strong young nephews so she recommended that the daughter call them to help lift and transfer the resident into a car. She stated that is when the daughter said the family would not be able to do that and would have to keep him at the facility. Staff A acknowledged she should have called the physician back at that time to let him know Medivac could not transport the resident. With regard to the nurse's documentation on 10/9/20 at 5:16 PM, Staff A said she probably should have notified the family and doctor of Resident #2's oxygen saturations dropping into the 80's, but doesn't recall doing either one. During an interview with Resident #2's physician on 10/2/020 at 12:40 PM, he stated that if he gives staff an order to send a resident to the ER he wanted them sent via ambulance. He added the local EMS is very responsive and the Medivac should have never been called for the resident on 10/13/20. He reported he was actually very upset the facility even called him because he had given the facility strict instructions if any of the residents with Covid-19 had their O2 sats drop below 90% they should call the family and if the family wants them seen, then they are to call 911 and send them to the ER immediately. He stated on 10/9/20 when the resident's oxygen saturation dropped to 85 percent		•		October '	October 13 – December 5. 20				
Rule or Code Section Section Section Section Class Fine Amount Correction date	Facility Addres	ss/City/State/Zip				•			
Rule or Code Section Time. She stated that is why she called Medivac instead of the rescue squad and when Medivac wasn't able to provide transportation she called the resident's daughter so they could make other transportation arrangements. She added that she knew they had strong young nephews so she recommended that the daughter call them to help lift and transfer the resident into a car. She stated that is when the daughter said the family would not be able to do that and would have to keep him at the facility. Staff A acknowledged she should have called the physician back at that time to let him know Medivac could not transport the resident. With regard to the nurse's documentation on 10/9/20 at 5:16 PM, Staff A said she probably should have notified the family and doctor of Resident #2's oxygen saturations dropping into the 80's, but doesn't recall doing either one. During an interview with Resident #2's physician on 10/20/20 at 12:40 PM, he stated that if he gives staff an order to send a resident to the ER he wanted them sent via ambulance. He added the local EMS is very responsive and the Medivac should have never been called for the resident on 10/13/20. He reported he was actually very upset the facility even called him because he had given the facility strict instructions if any of the residents with Covid-19 had their O2 sats drop below 90% they should call the family and if the family wants them seen, then they are to call 911 and send them to the ER immediately. He stated on 10/9/20 when the resident's oxygen saturation dropped to 85 percent			18.4						
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the rescue squad and when Medivac wasn't able to provide transportation she called the resident's daughter so they could make other transportation arrangements. She added that she knew they had strong young nephews so she recommended that the daughter call them to help lift and transfer the resident into a car. She stated that is when the daughter said the family would not be able to do that and would have to keep him at the facility. Staff A acknowledged she should have called the physician back at that time to let him know Medivac could not transport the resident. With regard to the nurse's documentation on 10/9/20 at 5:16 PM, Staff A said she probably should have notified the family and doctor of Resident #2's oxygen saturations dropping into the 80's, but doesn't recall doing either one. During an interview with Resident #2's physician on 10/20/20 at 12:40 PM, he stated that if he gives staff an order to send a resident to the ER he wanted them sent via ambulance. He added the local EMS is very responsive and the Medivac should have never been called for the resident on 10/13/20. He reported he was actually very upset the facility even called him because he had given the facility strict instructions if any of the residents with Covid-19 had their O2 sats drop below 90% they should call the family and if the family wants them seen, then they are to call 911 and send them to the ER immediately. He stated on 10/9/20 when the resident's oxygen saturation dropped to 85 percent	Code Nature of Vi		olation	Class					
called and given the option of hospitalizing him then. During a second interview on 10/20/20 at 2:15 PM, Staff A verified another nurse had mentioned those standing orders	the recould that recould that recould that recould that recould that recould the recould she shadow would she shadow the	rescue squad and when Medivac sportation she called the resider d make other transportation arrashe knew they had strong young mended that the daughter call after the resident into a car. She ghter said the family would not be led have to keep him at the facility should have called the physician know Medivac could not transpound to the nurse's documentation of A said she probably should have or of Resident #2's oxygen sature, but doesn't recall doing either of the send a resident to the ER had ar to send a resident to the ER had ar to send a resident to the ER had ar to send a resident to the ER had ar to send a resident to the ER had ar to send a resident to the ER had ar to send a resident to the ER had are to send a resident to the physician to the ER had are to send a resident to the ER had are to send a resident to the ER had are to send a resident to the ER had a resident to the ER had are to send a resident to the physician to the physician to the physician to the physician to the physici	c wasn't able to provide at's daughter so they angements. She added g nephews so she them to help lift and stated that is when the able to do that and y. Staff A acknowledged a back at that time to let bot the resident. With a on 10/9/20 at 5:16 PM, we notified the family and rations dropping into the one. 2's physician on the family and rations dropping into the one. 2's physician on the gives staff and the wanted them sent via and the wanted them sent via and the called for the resident the stated on the family and they are to call 911 and they are to call 911 and they are to call 911 and they are to call 910 and they are to the family and they are to call 910 and they are to the family and they are the family and the family an			Page 7 of 20			

Facility Administrator

Date

Citation I		er: Amended 01/22/2021				Date: Januar	y 19, 2021
Facility N Dunlap S Facility A	pecia			Survey October		ecember	5, 2020
1403 Har Dunlap, I			JM				
Rule o Code Sectio	•	Nature of Violati	on	Class	Fine A	Amount	Correction date
from the physician to send residents to the ER per family request with any O2 sats below 90%, but she said she could not find that order in writing anywhere or in the resident's orders so she elected not to follow that protocol.							
58.10(8)	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 . DESCRIPTION:				\$8,50 (Held in suspen	n	Upon Receipt
	Based on observations, record review, and staff interviews, the facility failed to follow proper infection control precautions and guidelines. The facility failed to follow current CDC guidance for staff returning to work after testing positive for Covid-19, staff did not appropriately use PPE with cares and when moving between resident rooms, and staff failed to provide adequate hand hygiene during cares for 5 of 5 residents reviewed (#4, 5, 6, 7, and #8). The facility reported a census of 48 residents. Findings include:						
						_	Page 8 of 20
	racılıt	y Administrator	Dat	e			

Citation Numb	per: Amended 01/22/2021			Date: Janua	ıry 19, 2021
Facility Name:	:	-	Survey D	ates:	
Dunlap Specia	•		October	r 5, 2020	
	ess/City/State/Zip				
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Rule or Code Section Nature of \		iolation	Class	Fine Amoun	Correction date
ncov work v%2 facill to W Infer follo Retu Sym retu HCF imm At le appo At le use Sym Note were work their	CDC website (https://www.cdc.gov/hcp/return-to-k.html?CDC_AA_refVal=https%3A2Fcoronavirus%2F2019-ncov%2Ities%2Fhcp-return-work.html) tivork for Healthcare Personnel with ction (Interim Guidance, updated owing guidance: urn to Work Criteria for HCP with aptom-based strategy for determinent to work. P with mild to moderate illness who with moderate illness who have passed since eared and east 10 days have passed since of fever-reducing medications and personal fever in the complex formulation of the complex first positive viral diagnostic test in the complex first appeared in the complex first	A%2F%2Fwww.cdc.go Fhealthcare- tled Criteria for Return ith SARS-CoV-2 d 8/10/20, gave the A SARS-CoV-2 Infection ining when HCP can who are not severely symptoms first e last fever without the and of breath) have improved munocompromised and a infection may return to ssed since the date of st. The who are severely			Page 9 of 20

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Date

F&C #9021	Citation Number: F&C #9021 Amended 01/22/2021 Facility Name:				Date: January	19, 2021
Facility Name Dunlap Speci			Survey I	Dates: · 13 – Dec	ember 5	i. 2020
Facility Addre	ess/City/State/Zip			10 200	ciliber c	, 2020
1403 Harrisor Dunlap, IA 51		JM				
Rule or Code Section	Nature of Viol	ation	Class	Fine Ar	nount	Correction date
	east 24 hours have passed since la of fever-reducing medications and					
Not wer wor sind As sev imn viru rep sym she kno imn dete	nptoms (e.g., cough, shortness of basider consultation with infection consider consultation with infection consider. HCP who are severely immunode asymptomatic throughout their ink when at least 10 days and up to be the date of their first positive viral described in the Decision Memo, a erely or critically ill patients, including nunocompromise, no longer had rest 15 days after onset of symptoms ication-competent virus more than aptoms. The exact criteria that determined the described replication competent virus for lown. Disease severity factors and the nunocompromising conditions shower mining the appropriate duration for mple, HCP with characteristics of severity factors.					
retu Tes to V In s con sym in tl	st appropriately managed with at learn to work. t-Based Strategy for Determining work. ome instances, a test-based strate sidered to allow HCP to return to wantom-based strategy were used. He Decision Memo, many individual shedding, limiting the utility of this	when HCP Can Return gy could be vork earlier than if the However, as described Is will have prolonged				
						Page 10 of
Facili	ty Administrator	Dat	 :е		-	

Citation Num	ber: Amended 01/22/2021				Date: January	19, 2021
Facility Name	: :		Survey [Dates:		
Facility Addr	ess/City/State/Zip		October	13 – Dec	cember 5	5, 2020
1403 Harrison Dunlap, IA 51		JM				
Rule or Code Section	Nature of Vi	olation	Class	Fine A	mount	Correction date
(e.good con con day) The HC Re me Impore Re res negmon Inter Clin nC HC Re res negmon Inter Re res negmon Inter Clin nC HC Re res negmon Inter Re	sed strategy could also be consider, those who are severely immunification with local infectious disencerns exist for the HCP being infections exist for the HCP being infections. The criteria for the test-based strategory who are symptomatic: Solution of fever without the use of edications and Provement in symptoms (e.g., countain), and Sults are negative from at least two piratory specimens collected = 24 gative specimens) tested using an elecular viral assay to detect SARS erim Guidelines for Collecting, Hamical Specimens for 2019 Novel CooV). The who are not symptomatic: Sults are negative from at least two piratory specimens collected = 24 gative specimens collected = 24 gative specimens) tested using an elecular viral assay to detect SARS gative specimens) tested using an elecular viral assay to detect SARS gative specimens) tested using an elecular viral assay to detect SARS gative specimens) tested using an elecular viral assay to detect SARS gative specimens) tested using an elecular viral assay to detect SARS	ases experts if ectious for more than 20 gy are: of fever-reducing agh, shortness of consecutive hours apart (total of two a FDA-authorized S-CoV-2 RNA. See andling, and Testing coronavirus (2019-vo consecutive hours apart (total of two a FDA-authorized S-CoV-2 RNA. See andling, and Testing coronavirus (2019-vo consecutive hours apart (total of two a FDA-authorized				
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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

Facility Administrator

	Citation Number: F&C #9021 Amended 01/22/2021				Date: January	19, 2021
Facility Name: Dunlap Specia			Survey I	5 2020		
Facility Addre	ss/City/State/Zip		October	13 – Dei	ceniber (5, 2020
1403 Harrison Dunlap, IA 515		JM				
Rule or Code Nature of Viol Section		ation	Class	Fine A	mount	Correction date
	Interim Guidelines for Collecting, ical Specimens for 2019 Novel ColV).					
polic	Infection Prevention and Control Novey on hand hygiene, gloves and gooted the following:					
	The single most effective means or ransmission of infection is hand an contact with residents, including or	ntisepsis before and				
	Washing hands can accomplish ho and water or by using waterless					
char	During providing care for resident nged after contact with infective main high concentrations of microor	aterial that may				
- Wearing gloves is not a substitute for hand hygiene. Gloves will be removed and discarded before leaving the resident's room, followed by hand hygiene.						
	Don gowns upon entry into the roon ove the gown and observe hand he resident care environment.					
at 1 ⁻ and	ng an interview with the Nurse Col 1:10 AM, she stated the facility's co all but 2 residents were currently p added that the right hall has all Co					
	•				1	Page 12 of 20

Facility Administrator

Date

Code Section Nature of Violation Class residents and that is where they are staffing Covid-19 positive staff that are asymptomatic, center hall is full)
Facility Address/City/State/Zip 1403 Harrison Road Dunlap, IA 51529 Rule or Code Section Nature of Violation Class Fine Amount Correspond to the control of the)
Rule or Code Section Rule or Code Section Residents and that is where they are staffing Covid-19 positive staff that are asymptomatic, center hall is full	
Rule or Code Section Rule or Code Section Residents and that is where they are staffing Covid-19 positive staff that are asymptomatic, center hall is full	
Code Section Rature of Violation Class residents and that is where they are staffing Covid-19 positive staff that are asymptomatic, center hall is full	
Code Section Rature of Violation Class residents and that is where they are staffing Covid-19 positive staff that are asymptomatic, center hall is full	
positive staff that are asymptomatic, center hall is full	rection date
isolation with Covid-19 positive residents, and left hall has two residents that are Covid-19 negative and they have them cohorted at the end of the hall. Observation on 10/13/20 at 12:45 PM, revealed Staff B in a resident's room on center hall assisting Resident #4 with her meal wearing full PPE. She exited Resident #4's room, walked across the hall to assist Resident #5 in her room with her meal, but failed to change or remove her PPE. At 12:55 PM Staff B, exited the room without removing or changing her PPE and went to Resident #6's room to assist her with using the bathroom. Staff B shut the door, provided privacy, and explained cares. She then assisted the resident into the sit to stand lift sling, fastened it, took her into the bathroom, lowered the resident's pants and brief and then adjusted the lift. While still wearing the same PPE (including the same gloves first noted at 12:45 PM), she adjusted the blankets on Resident #6's recliner and grabbed some perineal wipes off the dresser. Staff B then re-entered the bathroom, raised the lift and provided perineal care with the wipes. She used one	
wipe for each swipe and started by cleaning the front vaginal area before moving to the rectal area, but did not remove the soiled gloves after she finished providing perineal care. She then pulled up the resident's brief and pants and moved the resident (while she remained on the lift) back to her recliner. While still wearing the same gloves, Staff B moved the resident's table away from her recliner, used the lift controls to lower the resident into the recliner, and removed the sling from around the resident. The aide then handed her the television remote, call light, and ice water. Staff B then left the room and went half way down the	age 13 of
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Citation Numb	er: Amended 01/22/2021				Date: January	19, 2021
Facility Name: Dunlap Specia			Survey I	Dates:	ember 5	5. 2020
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1403 Harrison Dunlap, IA 515		JM				
Rule or Code Section	Nature o	of Violation	Class	Fine Am	nount	Correction date
never Obsigo ir ice final staff was to part of the final staff was gloved grabulated and control of the final staff recling with assistant oxygous for the final staff recling for the final s	hed her hands or used hand ass ice and water to the resi- ing an observation of care or used Resident #7's door, and dent. Staff D washed her han a staff leaned the Resident # Staff D held the resident who dent's pants and brief. Staff of ront groin area with one wip bed a wipe from the clean ced left hand and wiped the r	d hand sanitizer. It the center isolation hall to the ice chest, filled it with en went back to center hall. gown and gloves, but never sanitizer prior to beginning dents. In 10/13/20 at 2:20 PM, Staff d explained cares to the ands and donned gloves. If forward and applied a gait hile Staff C lowered the C provided perineal care to e in her left hand, then container with her dirty ectal area. She then container with her dirty gloved ea a second time. Staff C liner on the bed, pulled the discarded it on the bed, into the pants and pulled wearing the same gloves, sident #7 back into his to move it out of the way arm and hand were itioning. While wearing the d side table, applied his his position with a wedge ght. Staff D removed her				Page 14 of 2

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Facility Name: Dunlap Specialty Care Facility Address/City/State/Zip			Survey	Dates:	ember 5	5, 2020
403 Harrison Dunlap, IA 515		JM				
Rule or Code Section	Nature o	of Violation	Class	Fine Ar	mount	Correction date
whill Duri C ai and repo glov resi staff was sam toot her Duri E er Res resi don side inco pac she Afte she #5's lotio sam resi	m. Staff C picked up the liner e wearing the same PPE and ing an observation of care or and Staff D entered a resident donned gloves. They provid distinct Resident #8 to the resident was dry. As the resident for propped her with pillows. Staff dher hands, and left the rate gloves, gathered supplies hettes, water, and mouth watered a resident room on the sident #5's cares. Hospice Staff and wore gloves. Staff and gloves, and assisted the etoward the wall while the hospital the Hospice Staff finished parabled the wipes contained to be bedside chair, applied a clean bottle from the bedside table gloves. She then applied in dent's legs and then pulled usferred the resident to her wiff lowered the wheelchair peditions.	d proceeded up the hall. 10/13/20 at 2:35 PM, Staff troom, washed their hands, ed privacy and then right side. Staff C used her intinence and stated the taly on her right side, the taff D removed her gloves, room. Staff C, wearing the and provided oral care with sh. Staff C then removed and left the room. 10/13/20 at 2:50 PM, Staff e center hall to assist with aff was in the room with the washed her hands, a resident to roll to her right respice staff provided Staff used wipes from a cusing one wipe at a time; rash can next to the bed. Providing incontinence care, and tossed it into Resident an brief, and removed a ble while still wearing the otion to both of the pher pants. Both staff heelchair and the Hospice				

Citation Numb	er: Amended 01/22/2021				Date: January	19, 2021	
acility Name: Junlap Specia			Survey I	Dates:	ember 5	5, 2020	
403 Harrison unlap, IA 515		JM					
Rule or Code Section	Nature of Vi	olation	Class	Fine Amount		Correction date	
brak hygi	es before removing her gloves a ene.	and performing hand					
while the i stop right Cov	10/13/20 at 3:05 PM, Staff C left as wearing only her mask and glanurse's station by the dining room ped her and reminded her she cause she had id-19. At that time 2 other staff stan 6 feet away from Staff C.	asses on and walked to m. The nurse consultant could not to leave the tested positive for					
	facility Covid-19 Isolation Plan output	dated 4/7/20					
patie equi	All employees working in an iso ent care must wear appropriate ppment (PPE) as indicated by CE adard, Control and Droplet Preca	personal protective OC guidelines for					
- go ir	Staff not assigned to work in the not isolation rooms or the isolation						
at 3:	ng an interview with the Nurse C 45 PM she stated she expected ds and utilize PPE according to t	staff to wash their					
	facility's Staff Member Covid-19 f C tested positive on 10/4/20 ar a 10 day return to work date of	nd was asymptomatic					

Citation Numb	Amended 01/22/2021		Survey		Date: January	19, 2021
Dunlap Specia				· 13 – Dec	ombor 5	: 2020
Facility Addre	ss/City/State/Zip		October	13 – Dec	eniber 3	, 2020
1403 Harrison Dunlap, IA 515		JM				
Rule or Code Section	Nature of	Violation	Class	Fine Ar	nount	Correction date
Duri state had until her scoul work the fever The Staf work The date from Duri state posi back work then The Staf	current working Certified Nurse d 9/24/20 - 10/21/20 revealed f C from the schedule. Ing an interview with Staff C or ed that she tested positive for no symptoms except for a sturthe weekend of 10/10/20. She she could work but she had to don't leave the hall until 10/15/30 anywhere in the building. She acility and screened at the entrook her breaks down that he facility's Staff Member Covidate of 10/17/20. Current working Certified Nurse d 9/24/20 - 10/21/20 revealed a work on 10/3/20 and she return gan interview with Staff I on ed she started having symptom tive for Covid-19 on 10/5/20. See don all of the halls of the faccontracted pneumonia and we facility's Staff Member Covid-14 and the facility's Staff Member Covid-15 and the facility's Staff Member Covid-16 A tested positive on 10/1/20, a 10 day return to work date of the facility's Staff Member Covid-16 A tested positive on 10/1/20, a 10 day return to work date of the facility's Staff Member Covid-16 A tested positive on 10/1/20, a 10 day return to work date of the facility's Staff Member Covid-17 and the facility's Staff Member Covid-18 and the facility's Staff Member Covid-19 and the facility of the facility's Staff Member Covid-19 and the facility's Staff Member Covid-19 and the facility of	In 10/14/20 at 3:30 PM, she Covid-19 on 10/4/20 and offy nose, which she had e reported the facility told of stay down right hall and 20 and then she could be added that she entered and of right hall door and all. 19 Positive form indicated with a 10 day return to sing Assistant Schedule I the facility removed Staff I turned to work on 10/12/20. 10/14/20 at 3:44 PM, she ms on 10/3/20 and tested She reported she went e she felt better and had cility. She added she had was off work again.				Dogo 47 of
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Facilit	y Administrator	Dat	:e		-	

Citation Numb	er: Amended 01/22/2021				Date: January	19, 2021	
Facility Name: Dunlap Specia	lty Care		Survey l	Dates: · 13 – Dec	cember 5	5, 2020	
Facility Addres	ss/City/State/Zip						
1403 Harrison Dunlap, IA 515		JM					
Rule or Code Section	Nature of Vi	olation	Class	Fine Amount		Correction date	
An of the state expl had He r direct 19 n	current working Nurse Schedule 1/20 revealed the facility had no schedule, although she did not we observation on 10/13/20 at 11:45 hurse's station by the dining rooring an interview with Staff A on 1 stated she tested positive for Co't have any symptoms. She stated where work just down right hall dents on center hall had tested partners. She added that she compared that the nurse's station never went down left hall. She sovid-19 was in the Assisted Living that the ALF staff or residents so they would send staff over to led wear masks and goggles where facility's Staff Member Covid-19 for Justed positive on 10/6/20 and a date of 10/15/20. In gan interview with Staff J on 1 feed he tested positive for Covid-19 ained he had woken up tired with a headache on 10/10/20, but had eported he returned to work on sotted he could work, but he had to egative residents. He added that is but only went to the doorway of	tremoved Staff A from york on 10/7/20. AM revealed Staff A at m, talking on the phone. 0/20/20 at 11:40 AM, ovid-19 on 10/6/20 but ed the facility was going but since all the positive she was able to pleted her by the dining room but tated that the first case in Facility (ALF). She is would call them for a assist. She stated they in they went to the ALF. Positive form indicated d had a 10 day return to 0/20/20 at 6:40 PM, he in aches on 10/6/20 and id no other symptoms. 10/13/20 and the facility of stay away from Covidit he worked on all of the				Page 18 of	
Facilit	y Administrator	Dat	·е		_	ū	

Facility Name: Dunlap Specialty Care Facility Address/City/State/Zip 1403 Harrison Road Dunlap, IA 51529 Rule or Code Section Rule or Code Section Tesidents and then occasionally to the ALF to check on the residents and answer call lights. The facility's Staff Member Covid-19 Positive form indicated the Social Service Director tested positive on 10/5/20 with a 10 day return to work date of 10/15/20. During an interview with the Social Service Director on 10/28/20 at 2:55 PM, she stated she had felt "off," so she scheduled a test and with was positive Covid-19 results on 10/5/20. She reported she went home and then began to experienced chest tightness, shortness of breath, and diarrhea. She added she returned to work on 10/13/20. FACILITY RESPONSE:	Citation Num	ber: Amended 01/22/2021				Date: January	<i>i</i> 19, 2021	
Rule or Code Section Rule or Code Section Nature of Violation Class Fine Amount Correction	Facility Name Dunlap Spec Facility Addr	e: ialty Care ess/City/State/Zip				cember \$	er 5, 2020	
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Page 19	res The the 10 Du 10/sch 10/exp dia	e facility's Staff Member Covid-19 le Social Service Director tested post day return to work date of 10/15/20 ring an interview with the Social Ser/28/20 at 2:55 PM, she stated she heduled a test and with was positive (5/20. She reported she went home perienced chest tightness, shortness irrhea. She added she returned to verience to the state of the stat	Positive form indicated sitive on 10/5/20 with a contract of the contract of t					
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Citation Number F&C #9021 A Facility Name: Dunlap Special	Amended 01/22/2021		Survey D	ates:	, 19, 2021
	s/City/State/Zip		October	13 – December (5, 2020
1403 Harrison Dunlap, IA 515		JM			
Rule or Code Section	Nature of Vi	olation	Class	Fine Amount	Correction date
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					Page 20 of 2

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

Facility Administrator