

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/10/2020
NAME OF PROVIDER OR SUPPLIER DUBUQUE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2935 KAUFMANN AVENUE DUBUQUE, IA 52001		
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F 880	<p>Continued From page 1</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p>	F 880		

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F 880	<p>Continued From page 2</p> <p>Based on record review, observations, and interviews the facility failed to maintain infection control standards by allowing 3 staff members to work with symptoms of illness and failure of staff to wear personal protective equipment on 2 out of 4 days of observation, which placed the resident's health and safety in immediate jeopardy. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>1. Review of the Prevent COVID-19 screening log dated 4/17/20, identified Staff A, Certified Nurses Aid (CNA), with a new cough. Staff A was allowed to work in the facility.</p> <p>Review of the Employee Punch Report documented Staff A worked on 4/17/20, 4/19/20, and 4/20/20.</p> <p>The Staff Surveillance tool listed Staff A's last day of work on 4/20/20, and listed a symptom of a sore throat. Staff A reported a positive COVID-19 test on 4/23/20.</p> <p>Review of the Employee Absence Form dated 4/21/20, listed illness of a sore throat and stuffy sinuses for Staff A.</p> <p>During an interview on 6/2/20 at 3:43 p.m., the Administrator and Nurse Consultant (RNC) reported that on 4/17/20 the staff who completed the screening for Staff A felt Staff A should not work due to a new cough. The Administrator and RNC reported the previous Director of Nursing (DON) allowed Staff A to work her shift as she felt the new cough was a result of allergies.</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>During an interview with Staff A on 6/9/20 at 12:35 p.m., she reported when she arrived to work on 4/17/20 she requested to have the COVID-19 screener get the DON because of her symptoms of a cough and sore throat. Staff A reported the DON stated that with the phlegm in her throat it couldn't be COVID-19 and she was okay to work. Staff A continued to report feeling bad that week, and did not report to work on 4/21/20 due to illness. Staff A revealed the facility wanted a COVID-19 test completed on 4/22/20, after a resident tested positive for COVID-19. Staff A confirmed the test indicated she was positive for COVID-19 on 4/23/20. Staff A reported she did not have a face shield to wear during the last 4 night shifts she worked while she was feeling ill.</p> <p>2. Review of the Prevent COVID-19 screening log dated 4/27/20, identified the Administrator with an abnormal indication of a new cough and shortness of breath (SOB) and allowed her to work in the building.</p> <p>The Staff Surveillance tool listed the Administrator with no symptoms and a positive COVID-19 test on 5/2/20.</p> <p>During an interview with the Administrator on 6/3/20 at 12:42 p.m., she stated on the morning of 4/27/20 she had coughed one time prior to arrival to the facility. The Administrator reported she contacted the Director of Quality Assurance due to the symptom. The Administrator reported she had been instructed to hold her breath for 30 seconds. The Administrator reported she felt different after she held her breath, but she had been advised to monitor her symptoms.</p> <p>During an interview on 6/9/20 at 12:51 p.m., the</p>	F 880		

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F 880	<p>Continued From page 4</p> <p>Administrator confirmed working at the facility on 4/27/20, 4/28/20, 4/29/20, 4/30/20 and 5/1/20.</p> <p>3. Record review of the Prevent COVID-19 Employee Screening Log dated 5/9/20, documented Staff B, CNA, reported chills. The Employee Screening Log showed Staff B was allowed into the facility to work.</p> <p>Review of the Employee Punch Report verified that Staff B worked in the facility on 5/9/20, 5/10/20, 5/12/20, 5/13/20 and 5/14/20.</p> <p>Review of the COVID-19 Staff Surveillance tool identified Staff B with a positive COVID-19 test on 5/17/20.</p> <p>During an interview on 6/3/20 at 10:24 a.m., the Social Worker (S.W.) reported screening staff at times. The S.W. stated she was not sure what the protocol was if someone gave a "yes" answer to one of the screening questions. The S.W. indicated she would need to ask the DON or the Administrator.</p> <p>During an interview with the Business Office Manager (BOM) on 6/3/20 at 10:40 a.m., she stated she frequently screened staff into the facility. She reported if she received a "yes" response to the screening questions she would consult with the Director of Nursing, the Administrator or someone higher than her to approve entry into the facility. She reported if a staff member reported only a headache they would be allowed into the facility.</p> <p>Review of the Prevent COVID-19 screening log updated 4/9/20, lacked direction on the form as to what to do if someone indicated a "yes" to one of</p>	F 880		

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F 880	<p>Continued From page 5 the screening questions.</p> <p>Review of the Prevent COVID-19 screening log updated 5/4/20, lacked direction on the form as to what to do if someone indicated a "yes" to one of the screening question.</p> <p>During an interview on 6/3/20 at 11:05 a.m., the Registered Nursed Consultant (RNC) reported the education for the Prevent COVID-19 screening tool was in an email. The RNC reported the person who received the email passed on the education to the next screener at the time and they would pass it on to the next screener. The RNC indicated the facility failed to document the training and the facility lacked a written procedure for staff to follow.</p> <p>During an interview on 6/4/20 at 1:25 p.m., the Administrator reported she did not believe the facility had a policy for screening staff or visitors into the facility.</p> <p>During an interview on 6/9/20 at 11:56 a.m., Staff B reported that she had not felt well for an extended period of time but she did not know the date of symptom onset. Staff B stated each shift she would report a symptom to the facility staff screening her, the screener would enter the facility and speak with an unknown staff member and then return and approve for her to enter the facility. She reported feeling at times her temperature was abnormally high compared to her normal temperature and would report that to the screener. She explained she continued to be approved to work in the facility.</p> <p>The facility provided a Checklist for Long Term Care Facilities Experiencing COVID-19</p>	F 880		

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F 880	<p>Continued From page 6</p> <p>Outbreaks from the Iowa Department of Public Health, dated 3/27/20, directing the facility to screen all employees for fever and cough/breathing problems at the start and end of the shift. Ill staff should be sent home immediately.</p> <p>During an interview on 6/9/20 at 11:15 a.m., the DON reported she expected all staff in the facility to wear a facemask and a face shield or goggles while at work, unless they were in an office with a closed door.</p> <p>During an interview on 6/9/20 at 11:19 a.m., the DON stated the expectation is screening of people entering the facility is completed by management staff. If a staff member answers "yes" to any of the screening questions, the DON and Administrator conference with the staff member to evaluate the symptoms too determine which symptom is not a true symptom of COVID-19 and can be explained for some other reason.</p> <p>During an interview on 6/10/20 at 10:15 a.m., the Administrator stated the personal protective equipment (PPE) expectation is all staff will wear a face shield or goggles and a face mask at all times. The Administrator continued with resident care-staff are to add gloves and with a resident with COVID-19-add a gown. The Administrator confirmed a PPE shortage of face shields just before the first resident tested positive for COVID-19 (4/22/20). The Administrator reported the screening process currently is that management or a nurse does the screening, any screening questions that staff answered "yes" too are evaluated by the Administrator and DON.</p>	F 880		

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F 880	<p>Continued From page 7</p> <p>During an interview on 6/4/20, the Administrator confirmed 43 residents tested positive for COVID-19 and 11 of those residents passed away.</p> <p>4. An observation on 6/3/20 at 8:05 a.m., showed the RNC working at the nurse's station and failed to wear face shield.</p> <p>During an observation on 6/3/20 at 8:28 a.m., the RNC was located at the nurse's station by the dining room and lacked a face shield. The RNC left the nurse's station to go down the "B" hall the check on a resident calling out for help.</p> <p>During an observation on 6/4/20 at 2:44 p.m., the RNC sat within 1 foot of another nurse at the nurse's station by the dining room talking about Preadmission Screening and Resident Review (PASRR). The RNC's lacked a face shield and her face mask was down over her chin, not covering her nose and mouth.</p> <p>5. An observation on 6/3/20 at 8:13 a.m., showed Staff C, Cook, in the dining room attached to the main kitchen of the facility. Staff C failed to wear personal protective equipment (mask, face shield or goggles).</p> <p>An observation on 6/3/20 at 8:17 a.m., showed Staff D, Cook, and Staff E, Dietary Aide/Dishwasher, in the kitchen with no personal protective equipment worn.</p> <p>An observation on 6/3/20 at 8:25 a.m., showed Staff C pouring liquids into cups at the dining room counter. Staff C failed to wear personal protective equipment.</p>	F 880		

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F 880	<p>Continued From page 8</p> <p>An interview on 6/4/20 at 1:25 p.m., the Administrator reported a mask and eye coverings are required to enter the facility. She reported there may need to be more personal protective equipment used if an isolation area is entered.</p> <p>An observation on 6/4/20 at 2:28 p.m., revealed Staff F, Registered Nurse (RN), standing near the exit door of the hallway. Staff F faced the lounge area talking to other staff with out PPE in place. Staff F was approached by a resident wearing a mask in the hallway.</p> <p>During an observation on 6/4/20 at 3:10 p.m., Staff G, Licensed Practical Nurse (LPN), stood at the nurse's station with out a face mask or a face shield on.</p> <p>During an interview on 6/4/20 at 4:30 p.m., the RNC stated face shields are worn during direct resident care and are not needed in other areas.</p> <p>An interview on 6/10/20 at 9:37 a.m., the Dietary Services Manager reported staff must wear gloves as needed, goggles or face shields and face masks while working in the kitchen. She reported a face mask must be worn at all times while working in the kitchen. The face shield and face mask are required when staff are handling or serving food items. She reported she had seen staff not wearing personal protective equipment in the past.</p> <p>The facility provided an undated timeline that identified instances in which staff were reminded to wear the personal protective equipment at all times.</p> <p>The facility provided documentation of Personal</p>	F 880		

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F 880	Continued From page 9 Protective Equipment Guidance from the Iowa Department of Public Health, dated 4/1/20, directing healthcare workers to use a face mask and eye protection for all patient encounters. The facility abated the immediate jeopardy on 6/8/2020 by educating all department heads on the return to work criteria using the time based/symptom strategy and requiring the Administrator and DON approval. Re-education on handwashing and use of PPE was completed.	F 880		

The facility denies that the alleged facts as set forth constitute a deficiency under interpretations of Federal and/or State law. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provision of federal and/or state law

Credible Allegation of Compliance is June 8, 2020.

F880

Dubuque Specialty Care follows infection control standards and utilizes proper personal protective equipment in provision of care to protect residents well-being and safety. All Residents with potential to be affected are protected thru systemic changes, education and auditing.

Staff responsible for screening received education on 6/4 and a change was made in the screening process related to if any symptom is displayed then it requires a dual approval review, requiring 2 managers to determine etiology of symptoms and agree on approval before allowing access to the facility. Facility screenings for access to the facility can only be completed by a department head or a nurse.

6/4/2020 education was provided to all department heads that return to work criteria in relation to COVID 19 is the time/symptom based strategy and requires both the Administrator and Director of Nursing approval before allowing staff to return to work. Both parties must give their approval

6/2/2020 thru 6/5/2020 PPE and Hand washing Audits skill checks were completed on staff
6/4/2020 Dietary staff received education on the requirement related to food prep requires use of mask and face shield

6/4/2020 Education to direct care and ancillary staff related to when PPE should be in place and times when it can be removed. Exactly what PPE should be in place for isolation/quarantine rooms.

6/23 & 6/24 2020 Administrator & Director of Nursing met with Gina Anderson @ Telligen for education related to root cause analysis and infection control practice.

Administrator, D.O.N or designee will complete routine auditing of meal prep infection control practices, use of proper PPE, infection control practices in resident care, screener accuracy to ensure that problems do not recur

QAPI team will review audits to ensure that solutions are permanent

Directed Plan of Correction

Credible Allegation of Compliance is June 25th, 2020

Dubuque Specialty Care participated with Gina Anderson Telligen Representative in training related to Root Cause Analysis of Infection Control practice on 6/24/2020.