

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

PRINTED: 09/11/2020
FORM APPROVED
OMB NO. 0938-0391

*revised
a-11-20
CEO*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165383	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/28/2020
NAME OF PROVIDER OR SUPPLIER GREENFIELD REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 615 SE KENT STREET GREENFIELD, IA 50849	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction <u>9/16/20</u> The following deficiencies relate to a COVID-19 Focused Infection Control Survey and investigation of Complaint # 92766-C and Complaint # 92942-C that was conducted August 19 - 21, 2020. Both complaints were substantiated. Total residents: 37 See Code of Federal Regulations (42CFR) Part 482, Subpart B-C	F 000	<i>F 000 9/16/20</i>	<i>CEP</i>
F 880 SS=J	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cynthia A. [Signature]* UNHA TITLE *Administrator* (X6) DATE *9/16/20*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (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. (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 (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		9/16/20 CEL	

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F 880	Continued From page 2 §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: Based on observations, record review, and staff interviews, the facility failed to utilize proper infection control protocols in an attempt to prevent the spread of COVID-19 for 1 of 4 residents reviewed (Resident #1). On 8/11/20, 8/12/20, and 8/13/20 Staff A completed the screening tool/Health Assessment for COVID-19 prior to her shift. Staff A answered yes to the screening questions, including a question regarding whether or not she was exposed to the virus. Staff A informed staff that she was not feeling well and Staff D reported the concerns to the Director of Nursing. Staff A was allowed to enter the facility and worked with Resident #1 on 8/12/20. Staff A subsequently tested positive for COVID-19 in a test conducted 8/12/20 during routine facility-wide testing and received the results on 8/14/20. The facility tested Resident # 1 for COVID-19 on 8/19/20 during routine testing and received positive results on 8/21/20. Due to these findings, immediate jeopardy (IJ) was identified to residents' health and safety. The facility reported a census of 37 residents. Findings include: According to the Minimum Data Set (MDS) with an assessment reference date of 6/25/20, Resident #1 had the following diagnoses: Coronavirus disease, diabetes, dementia, and hypertension. The MDS showed there resident had a Brief Interview for Mental Status (BIMS) score of 14, which meant the resident displayed	F 880		9/16/20 CLO

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F 880	<p>Continued From page 3</p> <p>intact cognition. The MDS documented the resident required assist of 1 staff for dressing, personal hygiene, ambulation (walking), and bowel and bladder care.</p> <p>Review of State Hygienic Laboratory Report revealed Resident #1 was tested for SARS-CoV-2 RNA on 7/8/20, 7/15/20, 7/22/20, 8/8/20, and 8/12/20 with negative test results. The resident was tested on 8/19/20 with a positive test identified on 8/21/20 at 10:50 PM.</p> <p>Review of State Hygienic Laboratory Report showed Staff A Certified Nursing Assistant (CNA) was tested for SARS-CoV-2 RNA on 7/8/20, 7/15/20, 7/22/20, 8/5/20, and 8/8/20 with a negative result. Staff A was tested on 8/12/20, which yielded positive test results on 8/14/20 at 5:53 PM.</p> <p>Review of the working schedule for 8/11/20 shows Staff A CNA worked the evening shift and Staff B Licensed Practical Nurse (LPN) worked the day shift.</p> <p>Review of the Employee Screening Tool/Health Assessment dated 8/11/20 revealed Staff A CNA answered yes to the questions regarding a "runny" nose, a new headache, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. Staff A's temperature was recorded at 98.7 F. The screening showed the signature of Staff B LPN on the line which verified the questionnaire/temperature was reviewed.</p> <p>During an interview on 8/26/20 at 9:30 AM, Staff B LPN confirmed it was her signature on the</p>	F 880		9/16/20 Cel	

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F 880	<p>Continued From page 4</p> <p>Employee Screening Tool/Health Assessment for Staff A CNA dated 8/11/20. Staff B stated she did not ask Staff A CNA about answering yes to the questions on the screening tool. Staff B was asked if she looked at the screening tool before signing it and Staff B stated "I was naughty and didn't even look at the paper" and stated it "just becomes a habit."</p> <p>Review of the working schedule for 8/12/20 showed Staff A CNA and Staff C Certified Medication Aid (CMA) worked the evening shift.</p> <p>Review of the Employee Screening Tool/Health Assessment dated 8/12/20 showed Staff A CNA answered yes to questions regarding a runny nose, a new headache, new loss of taste and or smell, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. The temperature was recorded as 98.7 F and showed the signature of Staff C, CMA which verified the questionnaire/temperature was reviewed.</p> <p>During an interview on 8/25/20 at 2:35 PM, Staff C stated she remembered screening Staff A CNA and informed a nurse about the questions that were answered with a yes, but she could not remember which nurse she told. She reported she did not ask Staff A about the questionnaire answers.</p> <p>Review of working schedule for 8/13/20 showed Staff A CNA worked the evening shift with Staff D Registered Nurse (RN) and Staff E Director of Nursing (DON) working day shift.</p> <p>Review of the Employee Screening Tool/Health</p>	F 880		9/16/20 Cee	

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F 880	<p>Continued From page 5</p> <p>Assessment dated 8/13/20 showed Staff A CNA answered yes to questions regarding a runny nose, new headache, new loss of taste and or smell, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. The sheet revealed Staff A's temperature as 98.3 F and Staff D RN's signature verifying the questionnaire/temperature was reviewed.</p> <p>During an interview on 8/25/20 at 2:50 PM Staff D RN reported they remembered screening Staff A, CNA. She stated Staff A looked tired and run down and one could tell she did not feel good. Staff D stated she reported the screening tool answers to her supervisor, Staff E. Staff D states Staff E asked if Staff A was running a fever; when staff D said no, Staff E cleared Staff A to enter the building and work. Staff D stated she was concerned and asked Staff A if she reported not feeling well to the administrative staff. Staff D states that Staff A replied "I told them and they didn't care".</p> <p>In an interview on 8/25/20 at 3:10 PM, Staff E reported she worked the floor on 8/13/20 from 2 pm to 10 pm and did not recall Staff D informing her of Staff A's responses to the screening tool, and added Staff A never approached her about not feeling well. When Staff E was asked about the protocol for "yes" answers on the screening tool, she said there should be further questioning and assessment of the employee. Staff E stated she never talked to Staff A about the Employee Screening Tool/ Health Assessment.</p> <p>In an interview with Staff An on 8/25/20 at 3:40 PM, she verified recalled that Staff D questioned</p>	F 880		9/16/20 Cle

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F 880	<p>Continued From page 6</p> <p>her about the Employee Screening Tool/ Health Assessment questions and that she (Staff A) told the charge nurse and her coworkers that day that she did not feel well. She clarified she was being "very vocal" about not feeling well, but the other staff mocked her ("Oh, she thinks she has it"), did not take her seriously and would have been upset if she asked to go home. Staff A added she would have been asked to find a replacement to work if she wanted to go home. Staff A reported she informed Staff G Assistant Director of Nursing (ADON) that her roommate had tested positive for COVID-19.</p> <p>An interview conducted with Staff G revealed a Staff A told Staff G that she had concerns since her roommate tested positive for COVID-19, although Staff G could not remember what day or time the telephone conversation took place.</p> <p>Review of the Documentation Survey Report for August 2020 showed Staff A assisted Resident #1 with dressing, locomotion, personal hygiene, bathroom assistance, and delivery of snacks on 8/12/20. The report also identified Staff A also delivered snacks to the resident on 8/13/20.</p> <p>Review of the progress notes revealed the following entries:</p> <p>a. On 8/22/20 at 10:48 am, staff told Resident #1 and daughter of the positive COVID-19 results and room change.</p> <p>b. On 8/42/20 a returned fax verified Resident #1's medical provider was aware of the positive COVID-19 results.</p> <p>c. On 8/25/20 at 8:09 am, staff documented Resident #1 still on droplet precautions due to positive COVID test.</p>	F 880		9/16/20 CLP

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F 880	<p>Continued From page 7</p> <p>The COVID-19 action plan dated 8/7/20 directed all community staff are screened prior to their shift for fever and respiratory symptoms along with completion of a health assessment. Anyone noted to have a temperature equal to or greater than 100.0 will not be allowed to work. Any questions answered with a YES response will be reviewed to identify if the employee was appropriate to work. If a staff member becomes ill during their shift, they are to immediately remove themselves from resident care areas, and notify the administrator and Infection Preventionist. The employee is to leave the workplace and not interact with other staff, visitors, or residents.</p> <p>In an interview Staff F DON, she stated it was never brought to her attention that Staff A had answered yes to her question on the screening tool or that Staff A was not feeling well. She verified she was the DON on duty on 8/11/20 and 8/13/20 and started vacation on 8/13/20, with Staff E as acting DON at that time. Staff F reported her expectations are for staff to review the screening tool and further investigate yes answers to the possible cause of the signs and symptoms.</p> <p>The facility was notified of the Immediate Jeopardy on 8/26/20, and they abated the IJ on 8/27/20 by taking the following actions:</p> <p>A. Facility conducted an education for all the Nurses, CNA's and CMA's to read the entire screening questionnaire for any YES answers before permitting anyone into the facility.</p> <p>B. Educated staff to notify nurse management if they have signs/symptoms or outside exposures</p>	F 880		9/16/20 Cee

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F 880	<p>Continued From page 8 to COVID.</p> <p>C. Facility documented they will not allow any staff member or contracted employee to enter the facility until they have read and acknowledged the education.</p> <p>D. Nurse Management team will examine thoroughly the screening sheets every shift to make sure screenings are being done properly and the education and proper protocol for screening are being followed.</p> <p>E. Screeners will apply a dated sticker to each staff member's name badge each day they work to signify they have been properly screened and deemed safe to enter the building.</p> <p>F. Facility Management team will conduct sticker audits throughout the day to ensure only staff that have passed the entrance screening are allowed into the facility.</p> <p>G. Facility will hold an all-staff mandatory meeting on 8/27/20 at 1:30 PM to review the screening process.</p>	F 880		9/16/20 Cee	



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The response or providers plan of correction contained herein shall not be or construed as an admission of the validity of the citation or alleged deficiency to which it is addressed.

Accept this as the facility's credible allegation of compliance.

Greenfield Rehabilitation and Health Care has completed the following interventions as a result of the findings from survey ending August 28th, 2020.

F 880

Greenfield Rehabilitation and Health Care assures that the facility maintains an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

On 8/26/20 an emergency QA meeting was held with the facility medical director (via telephone), the Regional Corporate Nurse Consultant, the facility Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director and Marketing/Admissions Coordinator to review the JJ Abatement plan of action.

On (8/25/20) & (8/26/20) all Covid screening staff including licensed nurses, CMA's & departmental managers were re-educated on the screening questionnaire tool sheet. Staff has been educated to review the sheet for any YES answers that need further interviewing or assessment. Trained screening staff have been educated to notify the DON and/or the ADON and the Administrator immediately for any symptomatic screening tool findings. 100% of staff including Contracted staff were re-educated by 8/26/20.

All facility staff have been re-educated to report any symptomatic screening concerns to the DON and the Administrator immediately prior too or during their shift. The facility does not allow any staff member or visitor to enter the building with a fever of 100.0F or with other identified screening or reported infectious symptomatic concerns.

On 8/26/20 the nurse management team began auditing thoroughly the screening tool sheets every shift to make sure staff were being appropriately screened and audits conducted for appropriate protocol were being followed.

On 8/27/20 screening staff were trained to apply a dated sticker to each staff members name badge each shift that they work to identify they have been properly screened and deemed safe to enter the facility. The facility management team also began sticker audits throughout the shifts to ensure staff had been appropriately screened and could enter the building.

On 09/14/20 Staff B LPN received written re-education for not following Covid screening assessment appropriately.

On 8/27/20 an ALL STAFF meeting was held to review the screening process, what signs and symptoms to report and with whom to report questions/concerns to and proper infection control procedures.

On 9/14/20 and 9/15/20 and 9/16/20 all Staff including Contractual Staff have viewed the CDC Video trainings on PPE Lessons, Sparkling Surfaces, Clean Hands and Keep Covid Out. 100% completion on 9/16/20.

On 9/14/20 the DON contacted Telligen for a root cause analysis of infection control practices. The DON & Administrator actively participated in this training webinar on 9/15/20. The DON/Infection Preventionist will utilize the provided Root Cause Analysis (RCA) Resources made available during this education for on-going Quality Assessment & Performance Improvement.

Weekly Covid testing for all staff, including Contracted Staff has continued. On 8/25/20 all staff and all residents were tested with 100% negative results. On 9/01/20 all staff and all residents were tested with 100% negative results. Testing performed on 9/9/20 for all staff were also 100% negative. Testing performed on 9/15/20 for all staff with results pending.

Covid Screening tool audits will continue to be performed by the Nurse Management team each shift. The facility management team will continue sticker audits on employee name badges throughout the shifts. Identified concerns will be addressed immediately. Results of audits will be reported to the monthly QAPI committee for intervention and follow-up.

Substantial date of compliance 09/16/2020

Cyrdi Gent, LNAHA
Administrator