

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

PRINTED: 08/20/2020
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 168427 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/04/2020 |
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| NAME OF PROVIDER OR SUPPLIER NEWTON HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH EIGHTH AVENUE EAST NEWTON, IA 50208 |
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| F 000 | INITIAL COMMENTS Correction Date: 9/15/2020 A COVID-19 Focused Infection Control Survey and an investigation of Complaints #88210 and #92222 was conducted by the Department of Inspections and Appeals on 7/22 - 8/4/2020. The facility was found to be in noncompliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. (See the Federal Code of Regulations (42-CFR) Part 483, Subpart B-C). | F 000 | | |
| F 677 SS=E | Total residents: 54 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and resident interview, the facility failed to provide sufficient staffing to ensure residents who are unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. (Residents #2, #3, #4, #5, #6) The facility reported census of 54 residents. Findings include: In an interview on 7/22/20 at 2:30 p.m. the Administrator stated their first case of COVID 19 was confirmed positive on 7/10/20 along with | F 677 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

8/28/2020

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 677 | <p>Continued From page 1</p> <p>three others. The Administrator stated they enacted their COVID 19 Unit, which quickly expanded due to multiple residents becoming infected.</p> <p>According to a COVID 19 tracking document provided by the facility:</p> <p>4 residents were confirmed positive on 7/10/20. 5 residents were confirmed positive on 7/11/20. 11 residents were confirmed positive on 7/14/20. 8 residents were confirmed positive on 7/15/20. 15 residents were confirmed positive on 7/19/20. 7 residents were confirmed positive on 7/25/20. 1 resident was confirmed positive on 7/16/20.</p> <p>Daily assignment sheets for the COVID 19 unit indicate:</p> <p>7/14/20 census 20 with 1 nurse, 1 aide assigned all three shifts. 7/15/20 census 28 with 1 nurse, 1 aide assigned all three shifts. 7/16/20 census 27 with 1 nurse, 2 aides 6a-10p and 1 nurse 1 aide overnight shift. 7/17/20 census 26 with 1 nurse, 1 aide 6a-2p, 2 aides 2p-6p, 1 aide 6p-6a. 7/18/20 census 24 with 1 nurse, 1 aide 6a-10a, 2 aides 10a-2p, 1 aide 2p-6p, 2 aides 6p-10p, 1 aide 10p-6a. 7/19/20 census 38 with 1 nurse, 1 aide 6a-6p, 2 aides 6p-10p, 1 aide 6p-6a. 7/20/20 census 38 with 1 nurse, 3 aides 6a-2p, 4 aides 2p-6p, 3 aides 6p-10p, 1 aide 10p-6a. 7/21/20 census 38 with 2 nurses 6a-2p, 1 nurse 2p-6a, 2 aides 6a-10p, 1 aide 10p-6a. 7/22/20 census 38 with 1 nurse, 3 aides 6a-6p, 2 aides 6p-6a. 7/23/20 census 38 with 1 nurse, 3 aides 6a-10p, 1 aide 10p-6a. 1 shower aide. 7/24/20 census 38 with 2 nurses 6a-6p, 1 nurse</p> | F 677 | | | |

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| F 677 | <p>Continued From page 2</p> <p>6p-6a, 3 aides 6a-4p, 2 aides 4p-6p, 3 aides 6p-6a. 7/25/20 census 46 with 2 nurses 6a-6p, 1 nurse 6p-6a, 2 aides 6a-2p, 3 aides 2p-6p, 5 aides 6p-10p, 3 aides 10p-6a.</p> <p>In an interview on 7/23/20 at 2:05 p.m. Staff B, Certified Nurse Aide (CNA), stated she is assigned to the COVID 19 Unit, since already being positive and recovered from COVID 19. Staff B seemed frustrated and stated there is not enough staff or supplies to adequately meet the resident's needs. These people are sick and in bed. Residents are getting sores from staying in bed all day. We run out of bed sheets and pads and have to call laundry for more. Staff B stated concerns have been reported to management.</p> <p>In an interview on 7/28/20 at 12:53 p.m. Staff K, Registered Nurse (RN), stated she was frustrated with not having enough help and not being able to properly care for the residents. Staff K indicated early on when the COVID 19 just started there was often only a nurse and aide to take care of 20 plus residents who were sick and needy. Staff K stated the day that Resident #1 was sent to the hospital the first time (7/15/20), it was just her and an aide and Staff D, MDS Coordinator was helping. Staff K stated she doesn't know what the census was that day (28).</p> <p>In an interview on 7/27/20 at 12:45 p.m. Staff L, CNA, stated she had previously had COVID 19 and volunteered to work the COVID unit. Staff L stated she was a shower aide and just started 7/24/20, but today was pulled to the floor to help and hasn't given any showers. Staff L stated they are short staffed and administrative people helping like today is unusual. Staff L stated it is</p> | F 677 | | | |

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| F 677 | <p>Continued From page 3</p> <p>difficult to provide quality care when there is not enough help</p> <p>According to Resident #2's Minimum Data Set (MDS) assessment with assessment reference date of 7/15/20, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 13 indicating an intact cognitive status. Resident #2 required supervision to limited assistance with bed mobility, transfers, dressing, toilet use and personal hygiene needs. Bathing was coded as not observed during the assessment period. Resident #2's diagnosis included COVID 19, anxiety and hypertension.</p> <p>Resident #2 was moved to the COVID 19 unit when confirmed positive on 7/11/20. According to bathing records obtained 7/29/20, Resident #2 is to receive baths/showers every Monday and Thursday. The last recorded bath or shower was on Friday 7/10/20. Resident #2 has not had a shower or bath while on the COVID unit through 7/29/20.</p> <p>In an interview on 7/27/20 at 1:08 p.m., Resident #2 stated she has only had one shower since being on the COVID unit. (16 days).</p> <p>According to Resident #3's MDS assessment with assessment reference date of 6/10/20, Resident #3 had a BIMS score of 15 indicating an intact cognitive status. Resident #3 required supervision to limited assistance with bed mobility, transfers, dressing, toilet use and personal hygiene needs and physical assistance with bathing. Resident #3's diagnosis included COVID 19 and seizure disorder.</p> <p>Resident #3 was moved to the COVID 19 unit</p> | F 677 | | | |

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| F 677 | <p>Continued From page 4</p> <p>when confirmed positive on 7/11/20. According to bathing records obtained 7/29/20, Resident #3 is to receive baths/showers every Monday and Thursday. The last recorded bath or shower was on Sunday 7/12/20. Resident #3 has not had a shower or bath recorded since that time while on the COVID unit through 7/29/20 (17 days).</p> <p>According to Resident #4's MDS assessment with assessment reference date of 7/18/20, Resident #4 had a BIMS score of 15 indicating an intact cognitive status. Resident #4 required extensive assistance with bed mobility, transfers, dressing, toilet use and personal hygiene needs. Bathing was coded as not observed during the assessment period. Resident #4's diagnosis included COVID 19, coronary artery disease, congestive heart failure, diabetes mellitus, cerebral vascular accident and chronic obstructive pulmonary disease.</p> <p>Resident #4 was moved to the COVID 19 unit when confirmed positive on 7/11/20. According to bathing records obtained 7/29/20, Resident #4 is to receive baths/showers every Monday and Thursday. The last recorded bath or shower was on Saturday 7/18/20. Resident #4 has not had a shower or bath recorded since that time while on the COVID unit through 7/29/20 (11 days).</p> <p>In an interview on 7/27/20 at 12:15 p.m., Resident #4 stated she has only had one shower since being on the COVID unit (16 days).</p> <p>According to Resident #5's MDS assessment with assessment reference date of 7/4/20, Resident #5 had a BIMS score of 15 indicating an intact cognitive status. Resident #5 required extensive assistance with bed mobility and transfers and</p> | F 677 | | | |

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| F 677 | <p>Continued From page 5</p> <p>limited assistance with dressing, toilet use and personal hygiene needs and physical assistance with bathing. Resident #5's diagnosis included COVID 19 and Parkinson's disease.</p> <p>Resident #5 was moved to the COVID 19 unit when confirmed positive on 7/25/20. According to bathing records obtained 7/29/20, Resident #5 is to receive baths/showers every Monday and Thursday. The last recorded bath or shower was on Saturday 7/18/20. Resident #5 has not had a shower or bath recorded since that time (11 days).</p> <p>According to Resident #6's MDS assessment with assessment reference date of 4/22/20, Resident #6 had a BIMS score of 7 indicating a severely impaired cognitive status. Resident #6 required extensive assistance with bed mobility, transfers, dressing, toilet use and personal hygiene needs and physical assistance with bathing. Resident #6's diagnosis included COVID 19, Non-Alzheimer's dementia, renal insufficiency, diabetes mellitus and morbid obesity.</p> <p>Resident #6 was moved to the COVID 19 unit when confirmed positive on 7/19/20. According to bathing records obtained 7/29/20, Resident #6 is to receive baths/showers every Monday and Thursday. The last recorded bath or shower was on Saturday 7/18/20. Resident #6 has not had a shower or bath recorded since that time while on the COVID unit through 7/29/20 (10 days).</p> <p>In an interview on 7/27/20 at 12:15 p.m. Resident #6 stated she thought she has had a shower since being on the COVID unit, but couldn't remember when.</p> | F 677 | | | |

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| F 677 | Continued From page 6 | F 677 | | | |
| F 880 SS=L | <p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</p> <p>§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 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</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</p> | F 880 | | | |

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| F 880 | <p>Continued From page 7</p> <p>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:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(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: Based on observation, record review and staff interviews, the facility failed to implement and monitor a complete and consistent screening process for staff and visitors to prevent a COVID 19 outbreak for 52 of 56 residents. The facility reported census was 54.</p> <p>Findings include:</p> | F 880 | | |

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| F 880 | <p>Continued From page 8</p> <p>According to the facilities COVID 19 Pandemic Guidelines:</p> <p>*All employees, contractors, consultants and all other type of person entering the building will be subject to the screening process. Each employee will be screened prior to starting their shift each day they work.</p> <p>*The screening process will be in accordance with CDC guidelines with the following questions:</p> <ol style="list-style-type: none"> 1. Do you currently have any respiratory symptoms such as fever, cough, sore throat, shortness of breath, or any other type of upper respiratory symptoms? 2. Have you traveled outside the country in the last 14 days to restricted areas? 3. Have you been in contact with any person or entity who has been exposed, being investigated, or diagnosed with COVID 19? <p>*Any person answering YES to above questions will be restricted from entering.</p> <p>*The facility will also screen related to temperature readings. Those individuals with a temperature reading above 99.1 orally will be restricted from entry.</p> <p>*For employees, contractors, and consultants who have no negative responses to the screening process, they will be required to wash their hands and proceed to their designated work area.</p> <p>According to the Employee/Contractor Screening form used by the facility, staff are to print their name and title and answer;</p> <ol style="list-style-type: none"> 1. Do you have any respiratory symptoms such as fever, chills, cough, sore throat, congestion, runny nose, shortness of breath or any other type of respiratory symptoms or any nausea, vomiting, diarrhea, headache, fatigue, muscle body aches, loss of taste or smell? | F 880 | | | |

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| F 880 | <p>Continued From page 9</p> <p>2. Have you had any contact with any person or entity who is being investigated (test pending), or diagnosed with COVID 19 without the use of PPE?</p> <p>3. Have you traveled internationally in the past 14 days to restricted international countries?</p> <p>4. Have a nurse check their temperature and route and record it. (must be less than 99.1 orally)</p> <p>5. Hands and shoes sanitized and mask and face protection provided.</p> <p>6. Employee signature.</p> <p>7. Screener signature.</p> <p>In an interview on 7/28/20 at 8:09 p.m. the Director of Nursing (DON 1) stated she first developed symptoms of a runny nose and cough on or around 7/1/20 which she thought was just allergies. The DON 1 stated she was afebrile. The DON 1 remained at work and worked the next day (7/2/20) before taking off for the Fourth of July holiday. On Friday, 7/3/20 a family member developed a temperature and diarrhea and by Monday, 7/6/20, they were both tested for COVID 19. The DON 1 was confirmed positive with COVID 19 on 7/11/20. The DON 1 stated her symptoms worsened with a cough and shortness of breath and she went to the hospital emergency room on 7/11/20 or 7/12/20. The DON 1 stated she returned to work on 7/19/20.</p> <p>The DON 1 stated the screening process requires staff to answer questions and check their temperature. A nurse is supposed to verify the answers and temperature, then sign the screening tool. Staff are to be sent home if they have any symptoms noted on the screening tool.</p> <p>Review of the facilities Employee/Contractor</p> | F 880 | | | |

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| F 880 | <p>Continued From page 10</p> <p>Screening tool from 7/1/20 through 7/7/20 noted 243 entries in which 164 entries or 67.5% did not have a nurse signature verifying the answers and temperatures of the employees entering the building.</p> <p>According to the Employee/Contractor Screening tool, Staff A, Registered Nurse (RN), failed to fill out the screening form on 7/1/20 and on 7/2/20, 7/4/20, 7/5/20, 7/8/20, indicated affirmative for having symptoms related to COVID 19.</p> <p>In an interview on 7/23/20 at 5:15 p.m., Staff A, RN, stated sometime in mid-June her friend became positive for COVID 19 and at that time, she was quarantined and did not work for a couple weeks. On 6/24/20, the facility tested all of their staff and she was negative, but noted at around that time she had lost her sense of taste. Once she returned to work her loss of taste persisted and when she told her supervisors, they stated it was probably just her allergies and allowed her to continue to work. In early July her symptoms included headache and nausea. Staff A stated she continued to work despite indicating her symptoms on the screening tool. On 7/16/20, after an outbreak of COVID 19 in the facility, the facility tested all of their staff again and this time she was positive for COVID 19.</p> <p>According to the Employee/Contractor Screening tool on 7/3/20 and 7/4/20, Staff B, Certified Medication Aide (CMA) indicated affirmative for having symptoms related to COVID 19.</p> <p>In an interview on 7/23/20 at 2:05 p.m., Staff B, CMA, stated on 7/3/20 she arrived to work with a headache, low-grade temperature and sore throat. Staff B stated she indicated this on the</p> | F 880 | | | |

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| F 880 | <p>Continued From page 11</p> <p>screening form and informed the Assistant Director of Nursing (ADON) she was not feeling well. The ADON asked Staff B if she felt ok to stay and work and she responded I guess so and remained at work. On Saturday, 7/4/20, Staff B returned to work, still not feeling well and stayed until about noon before leaving. Staff B stated her symptoms had gotten worse and on 7/6/20, the ADON stated she needed to get tested. Staff B stated she got tested that day and on 7/10/20, got results indicating she was positive for COVID 19. Staff B stated she remained off work until returning on 7/20/20.</p> <p>In an interview on 7/30/20 at 1:30 p.m., the Assistant Director of Nursing (ADON) stated on 7/3/20, Staff B had reported not feeling well, but had no cough or temperature and was allowed to work. The ADON stated she had later heard Staff A, RN, sent Staff B home early on 7/4/20.</p> <p>According to the Employee/Contractor Screening tool, Staff C, Certified Nurse Aide (CNA) on 7/5/20 and 7/8/20 indicated affirmative for having symptoms related to COVID 19.</p> <p>In an interview on 7/23/20 at 2:30 p.m. Staff C, CNA, stated on 7/4/20 and 7/5/20 she was having migraine headaches and a stomach ache, but continued to work her shifts. The next day on Monday, 7/6/20, she was achy and had a bad cough. She was telling everyone at work she was not feeling well, including Staff D, MDS Coordinator, Staff E and the ADON. Staff C stated she was asked if she wanted, tested and if so she would have to be sent home. Staff C stated she insisted on being tested and the ADON gave her the test. Staff C stated she was sent home and for the next five days had a very</p> | F 880 | | | |

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| F 880 | <p>Continued From page 12</p> <p>elevated temperature. Staff C stated that on 7/11/20 she got results indicating she was positive for COVID 19. Staff C stated she was not scheduled to return to work until 7/27/20.</p> <p>According to the Employee/Contractor Screening tool, Staff G, Licensed practical Nurse (LPN) on 7/4/20, 7/5/20, 7/6/20 and 7/9/20 indicated affirmative for having symptoms related to COVID 19.</p> <p>In an interview on 7/30/20 at 11:24 a.m., Staff G, LPN, stated on 7/4/20, 7/5/20, 7/6/20 and 7/9/20 she had been responding yes on the facilities screening tool related to nausea, vomiting and diarrhea. Staff G stated she thought the symptoms were related to her medication. Staff G stated the Director of Nursing allowed her to continue to work. Staff G stated she has been tested for COVID 19 three times (6/24, 7/16, 7/30) by the facility and once at her doctors and all were negative. Staff G questioned about an entry on the screening tool on 7/15/20 in which she answered affirmative to exposure to someone with COVID 19 and recorded a temperature of 99.3. Staff G stated the Administrator was notified and she was sent home. Staff G stated the next day she was scheduled on the COVID 19 positive halls and has been assigned there since.</p> <p>In an interview on 7/30/20 at 2:25 p.m., the Director of Nursing (DON 1) stated she does not recall having any conversations with Staff G about her symptoms and working status in early July.</p> <p>In an interview on 7/23/20 at 1:05 p.m., Staff D, MDS Coordinator, stated on 7/1/20 she had an</p> | F 880 | | | |

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| F 880 | <p>Continued From page 13</p> <p>increase in allergy symptoms, runny nose, nasal stuffiness, but no cough, shortness of breath, headache or temperature. Staff D stated she worked 7/1/20, 7/2/20 and until noon on Monday, 7/6/20. Her stuffiness continued and she was swabbed for COVID 19 and sent home. On 7/7/20 Staff D stated she visited her physician who thought it was sinusitis. Staff D stated that on 7/10/20 she received her results, which were positive for COVID 19.</p> <p>During an observation on 7/22/20 at 2:48 p.m. Staff F, CNA, observed entering the room of Resident #5, who was on isolation precautions related to developing symptoms of COVID 19, but remained on the non-COVID hall. Staff F removed his gown, mask, exchanged them for a disposable gown, mask, and then donned gloves prior to entering the resident's room. Staff F did not sanitize his hands prior to donning gloves. When finished attending to Resident #5's needs which included some physical contact, Staff F doffed his gown, gloves and mask and disposed them in a box without a hazard bag lining it. Staff F then re-donned his original gown and N95 mask and again failed to complete hand hygiene. At 3:05 p.m. Staff F returned to Resident #5's room, again removing his cloth gown and N95 mask, then donning a disposable gown, disposable mask and gloves all without completing hand hygiene. Staff F physically assisted Resident #5, then doffed his gown, gloves and mask, exited the room and re-donned his cloth gown and N95 mask again without washing or sanitizing his hands. Observations found no sanitizer available within the proximity of the room. On 7/23/20, Resident #5 tested for COVID 19 and discovered positive just days later.</p> | F 880 | | | |

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| F 880 | <p>Continued From page 14</p> <p>On 7/30/20 at 3:10 p.m., the facility was informed of an Immediate Jeopardy situation related to their screening process. The plan of correction included assigning a trained screener at the employee entrances to screen and monitor sanitation practices. A screening assignment sheet was used to identify who would be responsible for screening employees at designated times. The designated times were 5:00 a.m. to 6:00 a.m., 6:00 a.m. to 10:00 a.m., 1:30 p.m. to 2:30 p.m. and 5:30 p.m. to 6:30 p.m.</p> <p>During an observation on 8/3/20 at 2:00 p.m. Staff F, CNA entered through the employee entrance for the negative COVID halls. There was no screener present and Staff F filled out the screening questions and took his own temperature. Staff F then proceeded to the Nurse's Station, where he was then escorted back into the entry hallway by the assigned screener, DON 2. Staff F then re-entered the negative COVID halls and began working while the assigned screener, DON 2, remained at the screening table.</p> <p>According to the Screening Assignment sheet for 8/3/20, the Director of Nursing (DON 2) was assigned from 1:30 p.m. to 2:30 p.m.</p> <p>In an interview on 8/3/20 at 2:05 p.m., the interim Director of Nursing (DON 2) stated she was the scheduled screener from 1:30 p.m. to 2:30 p.m. The DON 2 stated she was on a phone call and did not get to the screening table until 1:45 p.m. Observations noted DON 2 escorting Staff F from the nurse's station, back into the entry hallway at around 2:02 p.m.</p> <p>In an interview on 8/3/20 at 2:08 p.m., Staff F,</p> | F 880 | | | |

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| F 880 | <p>Continued From page 15</p> <p>CNA, stated he entered the facility and answered the screening questions, took his temperature, sanitized his hands and disinfected his feet without a witness. Staff F stated he is the only one who comes in at 2:00 p.m. for the negative COVID side and checked in at the Nurse's Station before proceeding to work. Staff F stated he was requested by the DON 2 to return to the entry hallway. Staff F stated he was not informed by anyone of the new screening process.</p> <p>In an interview on 8/3/20 at 3:06 p.m. Staff H, Maintenance Staff, stated he arrived at work around 9:30 a.m. that morning and filled out the screening questions, sanitized his hands, disinfected his feet and proceeded to the Nurse's Station to have the ADON check his temperature. Staff H stated there was no one sitting at the screening table when he arrived.</p> <p>According to the Screening Assignment sheet for 8/3/20, Staff I, CNA was assigned from 5:00 a.m. to 10:00 a.m. that morning.</p> <p>In an interview on 8/4/20 at 9:40 a.m. Staff J, CNA, assigned as the screener from 6:00 a.m. to 10:00 a.m. stated when they first started screening employees back in March, they had a designated screener at the entrance, but at some point they just stopped doing it.</p> <p>The Facility abated the Immediate Jeopardy situation by educating all staff by 8/4/20 regarding the screening process and not allowing a staff person to work if showing signs and symptoms of COVID.</p> <p>The screening process education included: -Staff instructed to enter by the front door.</p> | F 880 | | | |

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| F 880 | Continued From page 16 -The front doors will remain locked and anyone who enters must ring the doorbell to enter the facility. -The Screener will be positioned at the locked front door during specified hours. -If staff arrive outside the specified hours and the screener is not present, the employee will have to ring the doorbell for entrance, and whoever answers the doorbell will get the assigned screener. During observations on 8/4/20 from 5:57 a.m. to 7:10 a.m., the facility had a screener positioned at the front entry as staff arrived. The assigned screener appropriately screened employees as they entered the facility and checked temperatures as staff left. There were no concerns with the facilities current screening process. Based on the results of the corrective measures taken by the facility lowered the scope and severity of the deficiency from a L level to a F level. | F 880 | | | |
| F 947 SS=C | Required In-Service Training for Nurse Aides CFR(s): 483.95(g)(1)-(4) §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. | F 947 | | | |

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| F 947 | <p>Continued From page 17</p> <p>§483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.70(e) and may address the special needs of residents as determined by the facility staff.</p> <p>§483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide sufficient in-service training to ensure the competency of their Nurse Aides for 3 out of 10 Certified Nurse Aides (CNA) reviewed. The facility reported census was 54.</p> <p>Findings include:</p> <p>In an interview on 8/4/20 at 11:15 a.m. the Director of Nursing (DON2) stated the facility provides monthly inservices which staff are expected to attend. The DON2 provided the inservice documentation and sign in sheets, but no other training inservices.</p> <p>Review of 10 Nurse Aide Training Records, noted 3 CNA's, with over a year of service, did not receive the minimum (12 hours) in-service training required per year. (Staff M, N, O)</p> | F 947 | | | |

Plan of Correction for Newton Health Care Center-Provider #165427

Date of Survey: July 22-August 4, 2020

Plan and/or execution of this plan of correction does not constitute admission or agreement by this provider of the truth of deficiencies. The plan of correction is prepared and executed solely because it is required in accordance with State and Federal Law.

F-677 ADL Care Provided for Dependent Residents

The facility will provide sufficient staffing to ensure residents who are unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

- a. To provide adequate staffing the facility will continue to offer bonuses, maintain contracts with six staffing agencies, advertises on multiple platforms, offers sign on bonuses, provides hazard pay, utilizes staff from sister facilities, and use temporary CNAs.
- b. Residents # 2, 3, 4, 5, 6 have incurred no harm.
- c. Designated shower binder created that contains daily shower schedules
- d. Nursing staff currently being in-service on providing activities of daily living and delivering necessary services to maintain good nutrition, grooming, and personal oral hygiene.
- e. A shower binder and audit tool were created that will ensure all residents have a shower and or bed bath at least twice weekly. Audit tool will be completed daily times two weeks, two times weekly times four weeks, weekly times 4 weeks, then randomly as needed. Audits will be reviewed at QA meetings.
- f. Responsible Party: DON/Designee

g. ~~Compliance Date: September 4, 2020~~

Corrected Date: 9/15/2020

✓OK TAG

F-880 Infection Prevention and Control

The facility has implemented and monitors a complete and consistent screening process for staff and visitors to prevent a COVID 19 outbreak.

- a. Entry and egress to facility is confined to one door. Door to this entry is locked with a key and to gain entry, one must ring the doorbell or call the facility phone number.
- b. Staff were trained on proper screening protocols. Staff educated on hand hygiene and donning and doffing of PPE.
- c. Conducted Root Cause Analysis. Performance Improvement tool created to ensure compliance and will be completed three times weekly for two weeks, then two times weekly for two weeks, then weekly times 4 weeks, then randomly as needed. Audit tool created to monitor the sign in process to be completed daily. Audits will be reviewed at QI meeting.
- d. Responsible Party: Administrator/Designee

e. ~~Compliance Date: August 21, 2020~~

Abated 8/4/2020

F-947 In-Service Training for Nurse Aides

Facility provides enough in-service training to ensure to the competency of their nurse Aides.

- a. An audit of all nurse aides completed to determine how many hours of training they currently have and to identify nurse aides that are not on track with required training hours.
- b. A monthly audit created that will monitor in-service hours for nursing aides.
- c. In-services scheduled to bring all nursing aide staff up to date with in-service hours. Monthly audit will be reviewed at QI meeting.
- d. Responsible Party: DON/Designee
- e. ~~Compliance Date: September 4, 2020~~ Corrected Date: 9/15/2020 ✓ OK TAG

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

Respectfully Submitted

Sharon DeSpain-Administrator

641-792-7440