Citation

Citation Number: #9007			Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address:		VW JS	Survey D August 2	Pates: 26, 2020 – Septen	nber 9, 2020
901 State Stre Donnellson, I					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
56.6(1)	481—56.6(135C) Trebl	e and double fines.	I	\$23, 250	Upon Receipt
58.10(8)	 56.6(1) Treble fines for repeated violations. The director of the department of inspections and appeals shall treble the penalties specified in rule 481—56.3(135C) for any second or subsequent class I or class II violation occurring within any 12-month period, if a citation was issued for the same class I or class II violation occurring within that period and a penalty was assessed therefor. 481—58.10(135C) General policies. 			(Treble) (Held in Suspension)	
	have a written and imple exposure control progra based on the guidelines Disease Control and Pro Health and Human Serv	ol program. Each facility shall emented infection control and am with policies and procedures is issued by the Centers for evention, U.S. Department of vices. (I, II, III) CDC guidelines Ic.gov/ncidod/dhqp/index.html.			

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Facility Administrator	Date

Citation Numb	er: #9007		Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		VW JS	Survey D August 2	0ates: 26, 2020 – Septem	nber 9, 2020
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	interviews, the facility comprehensive infects program and an effect staff and visitors in ac CDC guidance. The first Staff A to work with staff A tested positive facility reported a central Findings include: The CDC's Preparing Homes Infection Communication Guidance dates June 2 to Evaluate and Mana Implement sick leave punitive, flexible, and	for COVID-19 in Nursing trol for Nursing Homes 25, 2020, directed the facility ge Healthcare Personnel by:			

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Facility Administrator	Date
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Citation Numb	er: #9007		Date: 10	Date: 10/2/20	
Facility Name: Donnellson Health Care Center Address: 901 State Street		VW JS	Survey Dates: August 26, 2020 – September 9, 2020		nber 9, 2020
Donnellson, IA 52625					
Rule or Code Section	Nature of Violation			Fine Amount	Correction date
	when ill.				
	Create an inventory of all volunteers and				
	personnel who provide care in the facility. Use				
	that inventory to determine which personnel are non-essential and whose services can be delayed if				
	such restrictions are necessary to prevent or control transmission.				
	As part of routine practice, ask HCP (including consultant personnel and ancillary staff such as environmental and dietary services) to regularly monitor themselves for fever and symptoms consistent with COVID-19.				
	- Remind HCP to stay home when they are ill.				
	 Remind HCP to stay nome when they are III. If HCP develop fever (T greater to or less than 100.0 F) or symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace. 				

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Facility Administrator

Date

Citation

Citation Number: #9007			Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		VW JS	Survey Dates: August 26, 2020 – September 9, 2020		
Rule or Code Section	n Nature of Violation			Fine Amount	Correction date
	COVID-19 who widentifying and perfor exposed residentifying and performed periodic symptoms of CO comparison	ir temperature* and e of symptoms consistent If they are ill, have them ace covering or facemask on			
	immunosuppresso	ed, or taking certain			Page 4 of 1

Facility Administrator	Date

Citation Number: #9007			Date: 10	Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street		VW JS	Survey Dates: August 26, 2020 – September 9, 2020		nber 9, 2020	
Donnellson, IA 52625						
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	judgement should of individuals in second of i					
			<u>II</u>	ll .		

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Facility Administrator	Date

Citation Number: #9007			Date: 10/2/20		
Facility Name:			Survey Dates:		
	ealth Care Center	\0.044.1C	August 2	.6, 2020 – Septem	nber 9, 2020
Address: 901 State Stre	not	VW JS			
Donnellson, IA 52625					
201110110011, 174 02020					
Rule or					Correction
Code Section	Nature of Violation			Fine Amount	date
	- Cough.				
	- Shortness of breath or difficulty breathing.				
	- Fatigue, Muscle or body aches.				
	- Headache.				
	- New loss of taste or smell.				
	- Sore throat.				
	- Congestion or runny nose.				
	- Nausea or vomiti	ng.			
	- Diarrhea.				
		on 8/26/20 at 10:15 a.m., reported on 8/18/19 she had			

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Facility Administrator	Date	

body aches from head to toe and low grade

Citation Number: #9007 Facility Name: Donnellson Health Care Center Address: 901 State Street			Date: 10/2/20		
		vw ıs	Survey Dates: August 26, 2020 – September 9, 2020		
Donnellson, I					
Rule or					Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date
	temperature. Staff A	called the facility to report			
		ature which was unusual for			
	<u> </u>	a baseline temperature 97.6			
	,). The next day $(8/20/20)$			
	she called the facility and reported she had a low				
	grade temperature all morning. She talked to the				
	Administrator who directed her to talk to the				
	Director of Nurses (DON). Staff A explained to				
	the DON the symptoms she had. The DON				
	directed her to report to work. Upon arrival to				
		perature taken 3 times. She			
		ure obtained on her neck of			
	98.9 degrees F. She was not told to avoid the				
	residents. Around 9:00 p.m. she felt worse and				
	had body aches and sweating. Staff B (Agency				
	Licensed Practical Nurse) took her temperature				
	and it was 100.1 degrees F. Staff B told her she				
	did not have the authority to send her home. Staff				
	A text the Administrator and informed her of her				
	symptoms. The Administrator told her to finish her shift and then go home. Staff A believed they				
	nei sinit and then go i	ionie. Stan A beneved they			Page 7 of 1

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Facility Administrator	Date

Citation Numb	er: #9007	Date: 10		te: 10/2/20	
Facility Name: Donnellson He Address: 901 State Stro Donnellson, I	ealth Care Center	VW JS	Survey D August 2	0ates: 26, 2020 – Septen	nber 9, 2020
Rule or					Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date
	staff. Staff A attempt work. Staff A had a C the results returned or The RPiD Report reve 19 tested collected on on 8/24/20 at 6:44 p.m COVID-19. Review of the time clafollowing: 1) Have you left the c days? 2) Do you have cold so 3) Have you been exp	ealed Staff A had a COVID-8/20/20. The Final Report in revealed Staff A had ock questions revealed the ountry within the last 45			

Facility Administrator	Date
Facility Administrator	Date

Citation Numb	ber: #9007		Date: 10/2/20		
Facility Name: Donnellson He Address: 901 State Str Donnellson,	ealth Care Center	VW JS	Survey D August 2	Dates: 26, 2020 – Septem	ber 9, 2020
Rule or					Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date
	Review of the Time Card dated 8/19/20 revealed Staff A clocked in at 2:27 p.m. and clocked out at 10:03 p.m. Review of the "Employee sign in tracking sheet" log directed staff to document Employee Name, Date, Shift, Temperature upon clock in, Temperature upon clock out, Symptoms of cough, cold, sore throat, shortness of breath, Hands hygiene per facility protocol, Observer for hand washing, and PPE utilized. The bottom of the log directed to attach copy to daily schedule sheet for tracking purposes. The "Employee sign in tracking sheet" log dated 8/19/20 revealed Staff A indicated she did not have symptoms of cough, cold, sore throat, or shortness of breath. Staff A had a temperature of 98.8 degrees Fahrenheit upon clock in and 100.1 degrees Fahrenheit upon clock out.				Page 9 of 19

Facility Administrator	Date

Citation Numb	er: #9007		Date: 10/2/20		
Facility Name: Donnellson He Address: 901 State Str Donnellson,	ealth Care Center	VW JS	Survey D August 2	0ates: 26, 2020 – Septen	nber 9, 2020
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	Review of Staff A's cell phone log revealed the following calls to Donnellson Heath Center at; three outgoing calls and one incoming call to on August 18, 20, two outgoing calls on August 19, 2020, and two outgoing calls on August 20, 20. Cell phone records reveal text messages between Staff A and the DON's cell phone number from August 19, 20 at 12:17 p.m. and August 20, 2020 at 4:55 p.m. August 19, 20 at 12:17 p.m., Staff A stated in a text message, "Staff C said no. I messaged Staff D and she won't answer me. Still waiting on the call to get my truck" August 19, 20 at 12:45 p.m., Staff A stated in a text message, "Hope is just as sick as I am. So nope she is not coming in either" August 19, 20 at 1:10 p.m., Staff A stated in a text				Page 10 of 1

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Facility Administrator	Date
Facility Administrator	Date

Citation Number: #9007 Facility Name: Donnellson Health Care Center Address: 901 State Street			Date: 10,		/2/20	
		VW JS	Survey Dates: August 26, 2020 – September 9, 2020			
Donnellson, I	A 52625					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date	
	message, "So my truck is done. So I will be a little late." August 19, 20 at 1:16 p.m., text message sent from DON's cell phone stated, "Okay great. How late are you talking." August 19, 20 at 1:16 p.m., Staff A stated in a text message, "Hopefully only 30mintues but will be there by 3 PM for sure" August 19, 20 at 1:16 p.m., text message sent from DON's cell phone stated, "Okay, I'll hold you to it."					
	August 19, 20 at 1:16 p.m., Staff A stated in a text message, "Lol, okay. I promise I am on my way to get my truck. Sick or not I am coming in" August 19, 20 at 1:26 p.m., text message sent from DON's cell phone stated, "We are all sick."					

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Facility Administrator	Date

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Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		Survey Dates: August 26, 2020 – Septem		nber 9, 2020	
Rule or Code Section	Natur	re of Violation	Class	Fine Amount	Correction date
	August 20, 20 at 3:55 p.m. Staff A stated in a text message, "DON it's Staff A and I need a covid test done" "Can you meet me at the nursing home and give me the test" August 20, 20 at 3:55 p.m. text message sent from DON's cell phone stated, "How far out are you" August 20, 20 at 4:29 p.m. text message sent from DON's cell phone stated, "It is protocol." August 20, 20 at 4:29 p.m. Staff A stated in a text message, "LOL makes sense" "I just know that I still feel like death today and still getting fevers" "And the guy I am seeing is sick the same way and he has several people at his work place out with positive covid. So they made him get tested today."				
	with positive covid. S today."				

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Facility Administrator	Date

Citation Number: #9007 Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625 Date: 10/2/20 Survey Dates: August 26, 2020 – September 9, 2020

Class

Fine Amount

Nature of Violation

Rule or

Code Section

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	m	nessage, "I am here"		
	S	Cell phone records reveal text messages between Staff A and the Administrator's cell phone number on 8/20/20.		
	m al au te	On 8/20/20 at 9:50 p.m. Staff A stated in a text message, "Okay so I have been open and honest about running elevated temperature all week long and with them going up to 100. Now as I took my emper at 9pm because I stopped sweating and got cold again with body aches again it is back up to 100.1."		
	A	August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, "I'm sorry who s this?"		
		August 20, 20 at 9:50 p.m. Staff A stated in a text nessage, "Sorry this is Staff A"		

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Correction

date

Facility Administrator	Date
Facility Administrator	Date

Citation Number: #9007			Date: 10	Date: 10/2/20	
Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		VW JS	Survey Dates: August 26, 2020 – September 9, 20		nber 9, 2020
Rule or					Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date
	August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, "What was your temp when the nurse temped you today at start of shift?" August 20, 20 at 9:50 p.m. Staff A stated in a text message, "99" August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, "ok. Are you done at 10 tonight?" August 20, 20 at 9:50 p.m. Staff A stated in a text message, "yes" August 20, 20 at 9:50 p.m. text message sent from Administrator's cell phone stated, "ok. Go home and rest and we'll check in with you tomorrow"				
	· ·	p.m. Staff A stated in a text			Do so 44 of 4

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Facility Administrator	Date

Citation Number: #9007			Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		VW JS Survey Dates: August 26, 2020 – Septemb		nber 9, 2020	
Rule or				 	Correction
Code Section	Natur	e of Violation	Class	Fine Amount	date
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				Page 15 of 1	

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Facility Administrator	Date

Citation Number: #9007			Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625		Survey Dates: August 26, 2020 – Septem		nber 9, 2020	
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	log, but a nurse is obswas not exactly sure with time clock or the stated that had not head call or text message p 19, 2020. The DON's from Staff A when shifted that she did not done contact tracing from tracing from stated that she did not done contact tracing from the stated that she did not done contact tracing from the stated staff A's symptom and achy. Staff B states she could make the design of the states of the	temperature in the screening terving. The DON stated she what symptoms are asked on screening tool. The DON and from Staff A via phone rior to her shift on August stated that she only heard that she only heard to showed up for a COVID-day at 5 p.m. The DON that know if the facility had for the positive COVID-19 on 8/26/20 at 4:15 p.m. Staff Practical Nurse) stated if an ling well, I would take their is their symptoms. Staff B toms were fever, exhaustion, ted that she was not sure if the ecision, but stated she told if B stated that Staff A			Da vo 46 a 44

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Facility Administrator	Date

Citation Number: #9007			Date: 10/2/20		
Facility Name: Donnellson Health Care Center Address: 901 State Street		VW JS	Survey Dates: August 26, 2020 – September 9, 2020		
Donnellson, IA 52625					
Rule or Code Section	Natur	e of Violation	Class	Fine Amount	Correction date
	finished her shift on August 19, 2020. Review of the screening sign in sheets from August 11 - 26, 20 revealed several incomplete entries. According to Covid-19 in Iowa Dashboard at www.coronavirus.iowa.gov, Lee County had 18.1% positivity rate (past 14 day average) on September 1, 2020. Review of the policy titled Emergency Preparedness Plan under the subtitle Pandemic Emergency Procedure dated 9/23/19 stated employees should be instructed to self-report symptoms and exposure.				
	On 9/1/20 at 3:00 p.m., the State Agency notified the facility of the Immediate Jeopardy.				

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Facility Administrator	Date		

Citation Number: #9007			Date: 10/2/20 Survey Dates: August 26, 2020 – September 9, 2020		
Facility Name: Donnellson Health Care Center Address: 901 State Street		VW JS			
Donnellson, IA 52625					
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date
	On 9/2/20, the facility abated the Immediate Jeopardy. The facility revised their screening tool and time clock to include the current COVID-19 symptoms and educated staff on the new screening process before entering the facility. After corrective actions the scope lowered from "K" to "E". FACILITY RESPONSE:				

Facility Administrator Date

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

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Citation

Citation Number: #9007 Facility Name: Donnellson Health Care Center Address: 901 State Street Donnellson, IA 52625	VW JS	Survey D	Date: 10/2/20 Survey Dates: August 26, 2020 – September 9, 2020		
Rule or Code Section Na	ature of Violation	Class	Fine Amount	Correction date	
				Page 19 of 1 9	

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Date

Facility Administrator