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AUTUMN CARE OF SALISBURY	1505 BRINGLE FERRY ROAD SALISBURY, NC 28146

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E 000	Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/2-9/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# QOFX11	E 000		
F 000	INITIAL COMMENTS A focused infection control survey was conducted from 12/2/2020 through 12/9/2020. Immediate Jeopardy was identified at: CFR 483.80 at tag F880 at a scope and severity K Immediate Jeopardy began on 11/16/2020 and was removed on 12/5/2020.	F 000		
F 880 SS=K	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,	F 880		12/10/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/18/2020

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F 880	Continued From page 1 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; §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.	F 880		

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F 880	Continued From page 2 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 reviews, and staff interviews the facility failed to implement their COVID19 screening policy when a nursing assistant (NA) reported to work and did not provide accurate information when being screened for the COVID 19 virus for 1 of 23 staff reviewed for COVID19 screening. NA #1, prior to beginning her eight-hour shift on 11/16/20, did not report to the COVID19 screener that she recently had a fever and was currently experiencing signs and symptoms of the COVID19 virus which included; a loss of taste and smell. On 11/20/2020 NA #1 tested positive for the COVID19 virus. Since 11/20/20 the facility had a COVID19 outbreak with 33 of 73 residents and 21 staff testing positive for the COVID19 virus. This failure occurred during the COVID19 pandemic. Immediate Jeopardy began on 11/16/2020 when NA #1 reported for work and did not inform the COVID screener that she had a fever on 11/13/20 and had signs and symptoms of COVID-19 virus including a loss of taste and smell when she was being screened on 11/16/20. Immediate Jeopardy was removed on 12/5/2020 when the facility implemented a credible allegation of Immediate Jeopardy removal. The facility will remain out of compliance at a scope and severity level of E (not actual harm with the potential for more than	F 880	THE PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR OF THE CONCLUSIONS STATED ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION IS PREPARED AND SUBMITTED SOLELY BECAUSE OF REQUIREMENTS UNDER STATE AND FEDERAL LAW. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: On November 16, 2020, NA#1 reported to work and did not inform COVID screener that she had an increased temperature of 99.8 on 11/13/2020 and had signs and symptoms of COVID-19 including a loss of taste and smell when she was being screened. Screener dated 11/16/2020 states no signs and symptoms and a temperature of 97.5. NA# 1 worked the entire 11:00pm-7:00am shift 11/16/2020.	

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F 880	Continued From page 3 minimal harm that is not immediate jeopardy) for the facility to complete staff training and to ensure monitoring systems put in place are effective. Findings included: A facility policy "Facility Entry Screening for COVID-19" dated 3/9/2020 and revised 3/20/2020 read that all employees, visitors, providers and anyone else requesting entry to the facility will be actively screened using the latest COVID-19 screening tool before entry into the building. The policy specified that anyone with a positive screen would not be allowed entry into the building. The facility COVID-19 screening tool for employees dated 5/13/2020 and updated 11/4/2020 was reviewed. The facility name, date, employee name and phone number were at the top of the form and the following questions: 1. Does this individual currently have or have they had in the last 14 days any of the following symptoms: cough, new loss of taste, sore throat, muscle or body ache, diarrhea, fever (greater than 100.0 degrees), shortness of breath or difficulty breathing, chills, new loss of smell, nausea or vomiting, headache, fatigue, congestion or runny nose. 2. Document the temperature of the employee and indicate if greater than 100.0 degrees. The form further documented "employees/providers answering YES to questions 1 or 2 may not enter the facility. Instruct the employee/provider to contact their physician for guidance. Report all employees who are unable to work to the facility ' s human resources generalist and department scheduler." The Administrator reported during a phone interview on 12/4/2020 at 12:14 PM that NA #1 start date with the facility was 11/3/2020. Included	F 880	At the end of NA#1 shift she reported a headache to her nurse. The nurse gave her Tylenol and NA#1 was tested for COVID-19 with a negative test result. The facility failed to review the call out log and staff did not report new symptoms of loss of taste/smell and a temperature of 99.8 when reporting to work 11/16/2020 likely causing the transmission of COVID-19 virus to residents and staff. A list of residents who tested positive for COVID-19 on 11/22/2020 revealed 8 of 8 residents on the 800 hall on 11/16/2020 were on NA#1 assignment.COVID-19 testing results from 11/22/2020 to 12/3/2020 revealed a total of 33 out of 73 residents and 21 staff tested positive for COVID-19. Immediately upon notification of deficient practice, Amanda Carswell, Regional Vice President of Operations and Shellie Moore, Regional Director of Clinical Services, educated Glenn Terry, Administrator and Marie Wilson, Director of Nursing (DON)on Screening Integrity, the Saber Screening Policy, Signs and Symptoms of COVID-19, and the Saber Screening Tool. Administrator and Director of Nursing then educated all Department head staff and department head staff completed 100% education to all staff in all departments by 12/5/2020. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:	

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F 880	Continued From page 4 in the orientation materials was information regarding the screening process to enter the building dated 10/29/2020 with NA #1 ' s signature. Review of the nursing schedule for 11/16/20 and the time card report confirmed NA #1 worked the entire 3rd (11:00 PM to 7:00 AM) shift on the 800 general population hall. Review of the staffing schedule revealed NA #1 was assigned to the 800 hall with NA #3 who floated between 800 and 400 hall. NA #1 ' s facility employee screening tool dated 11/16/2020 was reviewed. NA #1 ' s answers were documented as "no" for all of the screening questions including new loss of taste, smell and fever greater than 100.0 degrees. NA #1 ' s temperature was documented as 97.5 degrees. A list of residents who tested positive for COVID-19 on 11/22/2020 revealed 8 of 8 residents who resided on the 800 hall on 11/16/2020 and NA #1 provided care tested positive for the COVID19 virus. (Resident #1, #2, #3, #4, #5, #6, #7, #8.) COVID-19 testing results from 11/22/2020 to 12/3/2020 revealed a total of 33 residents out of 73 residents tested positive for COVID-19, and 21 staff tested positive for COVID-19. A phone interview was conducted with NA #1 on 12/3/2020 at 4:06 PM. NA #1 reported she been employed at the facility since 11/3/2020 and she received training on the screening process prior to her first day of work. NA #1 reported that she had received education regarding the signs and symptoms of COVID-19 and the screening process to enter the facility for work. NA #1	F 880	All residents have the potential to be affected. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur: All employees, visitors, providers and anyone else requesting entry to the facility will be actively screened using the latest COVID-19 screening tool before each entry into the building. Anyone answering yes to questions will be denied entry and referred to physician or physician extender for further guidance. Any employee screened and answering yes to questions will also be reported to the facility Human Resource Generalist. The Director of Nursing and/or Administrator is to be contacted immediately regarding anyone that answers yes to screening questions, a positive employee or any employee experiencing symptoms. All staff that are conducting the screening process received education by 12/5/2020 on completion of the form and process for allowing employees, vendors or visitors entrance to the facility, as well as, denial of entry due to a yes answer on the screening document. Screeners or an employee on duty will be identified on the nursing schedule to cover 24 hours a day, 7 days a week. No employees will be allowed to self- screen. They were educated by 12/5/2020 to report any yes	

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F 880	Continued From page 5 reported she had called out of work on 11/13/2020 because she had a fever of 99.8 degrees Fahrenheit. NA #1 reported on 11/14/2020 and 11/15/2020 she did not have any other fevers but had lost her sense of smell and taste. NA #1 stated she returned to work on 11/16/2020 and worked 3rd shift on the general population 800 hall. NA #1 reported she had a loss of taste and smell or taste, but she did not remember how she answered the screening questions. NA #1 reported she had not told the screener or the charge nurse or any other employee she had a fever on 11/13/2020 or that she had lost her sense of taste and smell. NA #1 reported she worked 3rd shift on 800 hall and she wore the KN95 mask all shift. NA #1 reported when her shift ended at 7:00 AM on 11/17/2020, she was feeling poorly and told the scheduler she needed to be tested for COVID. A rapid test was conducted on 11/17/2020 and the results in 15 minutes and the results were negative. NA #1 reported she had a 2nd test at the facility the morning of 11/17/2020 which was also negative. NA #1 reported she did not return to work after 11/17/2020 because she felt so poorly, and she went to her personal physician on 11/20/2020 and had another rapid test performed with positive COVID-19 results. NA #1 reported she contacted the facility to notify the administration of her positive COVID test results. NA #1 was interviewed by phone on 12/3/2020 at 11:41 PM. NA #1 clarified that she had a headache at the end of her shift during the morning of 11/17/2020 and she asked Nurse #2 for medicine. NA #1 stated she was aware that fever, loss of taste and smell, and headache were signs of COVID-19, but she did not think she could have been infected. NA #1 reported she	F 880	answers to the Director of Nursing or Administrator and not allow anyone entry that answers yes to screening questions. If the Director of Nursing or Administrator are not in the facility, the screener will report the findings to the charge nurse. The charge nurse will ensure the person does not enter the facility and is instructed to see a physician or physician extender and not allowed to work until medically clear. The charge nurse will contact the Director of Nursing or Administrator by phone and report findings. The Director of Nursing or Administrator educated nurses of the new responsibility by 12/5/2020 and notified them, assignments will be placed on the nursing schedule. The Director of Nursing or Designee provided education 12/5/2020 for the staff who receives call outs to ask the same questions as on the COVID-19 screening tool. Staff accepting call outs will include departments heads, nurses, scheduler, Director of Nursing or Administrator. This information is to be recorded on call out sheets, which will be located at each nurse's station, charge office, department head offices, and scheduler office. If any question is answered yes, they will report it to the Director of Nursing or Administrator immediately upon identification during business and off hours. They will also instruct the employee to see a physician or physician extender and not be allowed to work until medically cleared. The Human Resource Coordinator was trained by 12/5/2020 to ensure the Director of Nursing and	

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F 880	Continued From page 6 thought she had a cold or the flu. NA #1 reported that she answered the screening questions "no" because she was worried if she told them she had a fever over the weekend she would have disciplinary action related to calling out. NA #1 reported she was aware all of her symptoms may have been COVID-19 related but did not believe she was infected until she received the positive test result 11/20/2020. Interview with NA #2 on 12/3/20 at 5:17 PM revealed she was scheduled to work as screener on 11/16/2020. NA #2 reported she frequently worked as screener on 2nd shift (3:00 PM to 11:00 PM) and screened 3rd shift staff coming into work. NA #2 reported she had screened NA #1 into work on 11/16/2020 for 3rd shift. NA #2 reported she asked the screening questions and NA #1 reported "no" for all questions, including fever, loss of smell and taste. NA #2 reported NA #1 did not appear sick. NA #2 reported if NA #1 had reported a fever or loss of taste and smell in the past 14 days she would have informed the charge nurse on duty and would not have allowed her to enter the facility. Nurse #2 was interviewed by phone on 12/4/2020 at 11:42 AM. Nurse #2 reported she was the charge nurse on 3rd shift on 11/16/2020. Nurse #2 reported that NA #1 did not report feeling sick, having no sense of smell or taste or any other symptoms of COVID to her during the night of 11/16/2020. Nurse #2 reported she did not recall giving medication to NA #1 during the shift on 11/16/2020. Nurse #3 was interviewed by phone on 12/4/2020 at 11:36 AM. Nurse #3 reported she usually worked day shift (7:00 AM to 3:00 PM) and she was responsible for staff education and	F 880	Administrator receive copies of call out slips Monday thru Friday, weekend call outs will be reviewed on Monday. No employee will be allowed to work, without proper clearance from the Administrator or Director of Nursing and will be required to go to a physician or physician extender before returning to work. All education has been placed in the new employee orientation packet. Indicate how the facility plans to monitor its performance to make sure the solutions are sustained: Director of Nursing or designee will begin auditing 12/5/2020 all call-out sheets two times a day for one month to assure any employee experiencing COVID19 symptoms has received medical clearance before returning to work and Administrator or Director of Nursing has given permission to return. If continued compliance is documented, audits will be completed by Administrator or Director of nursing for an additional two weeks and brought to the Quality Assurance and Performance Improvement (QAPI) committee for determination on continuing audits. All findings will be sent to the QAPI committee for review and to ensure continued compliance. All designees were informed of this duty and trained by 12/5/2020.	

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performing testing on staff and residents for COVID. Nurse #3 reported she did not recall performing a COVID 19 test on NA #1 on 11/16/2020 because of the number of tests she had performed. Nurse #3 reported NA #1 had not told her that she felt sick or that she had a loss of taste and smell or had a fever on 11/17/2020.
A phone interview was conducted with the facility scheduler on 12/4/2020 at 10:30 AM. The Scheduler reported that NA #1 had sent her a text message on 11/13/2020 that said she "did not feel well" but did not report a fever or any symptoms in the text message. The Scheduler reported she had texted instructions for NA# 1 to call the facility if she was not going to come into work on 11/13/2020. The scheduler reported she had not told the DON about NA #1 not feeling well because she had not reported specific symptoms to the scheduler.

Nurse #5 was interviewed by phone on 12/4/2020 at 4:25 PM. Nurse #5 reported she was working 11/13/2020 on 2nd shift when NA #1 had called out sick for 3rd shift on 11/13/2020. Nurse #5 reported NA #1 told her she had talked to the scheduler and let her know she had a fever. Nurse #5 reported she completed the call-out sheet for NA #1 and put it on the clipboard. Nurse #5 reported she may have been told to report all signs and symptoms of COVID to the DON, but she forgot, and she presumed that because the Scheduler had talked to NA #1, the information regarding her fever was communicated to the DON. Nurse #5 reported that she thought the call-out sheets were reviewed by the DON the next day.

The Director of Nursing (DON) was interviewed on 12/2/2020 at 2:30 PM. The DON reported that

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NA #1 called out of work on Friday, 11/13/2020 and then returned to work on 11/16/2020. The DON felt that NA #1 was the cause of the COVID-19 outbreak at the facility since 11/20/2020 because she was the first staff to test positive.

During a follow-up interview with the DON on 12/4/2020 at 10:29 AM, the DON reported she was not aware that NA #1 had a temperature on 11/13/2020 and NA #1 had not reported to her that she had been sick over the weekend and had lost her sense of taste and smell. The DON reported had she been aware of this information she would have advised NA #1 to see her physician and NA #1 would not have been allowed to work. The DON reported she was notified on 11/20/2020 by NA #1 of her positive COVID test result. The DON reported that when staff call out of work for illness and report symptoms of COVID-19, the staff taking the call are supposed to notify her or the Administrator. The DON reported that she had not been notified that NA #1 had a fever on 11/13/2020, or NA #1 lost her sense of taste or smell, or NA #1 had a headache at the end of the shift on 11/17/2020.

The DON was interviewed by phone on 12/4/2020 at 4:42 PM. The DON reported that the call-out sheets were given to Human Resources, but she reviewed the sheets every morning. The DON reported that she was not told by the Scheduler that NA #1 had a fever and she had not reviewed the call-out sheet for NA #1. The DON reported had she been aware that NA #1 had a fever, she would have been directed to go to the physician to find the reason for the fever. The DON reported that she was unaware that NA #1 had lost her sense of taste or smell until this week.

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The DON reported that had she been aware of all of the symptoms NA #1 had, NA #1 would not have been allowed to work.

The Administrator was interviewed on 12/4/2020 at 12:14 PM. The Administrator reported that NA #1 ' s screening form for 11/16/2020 revealed she did not have an active fever and her temperature was 97.5 upon arrival to the facility and NA #1 had answered the screening questions "no" for fever because her temperature did not get above 100 degrees. The Administrator reported the staff had been educated on the signs and symptoms to report to nursing staff and to not work if they had any symptoms of COVID 19, including loss of taste, smell and a fever. The Administrator reported he was not certain why NA #1 had not provided that information to the facility during her screening process and he expected all staff to recognize and report the signs and symptoms of COVID to nursing before entering the building.

The Administrator was notified of Immediate Jeopardy on 12/4/2020 at 5:52 PM.

The facility provided a credible allegation of Immediate Jeopardy removal on 12/5/2020 at 6:14 PM.

Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance

The facility failed to review the call out log and staff did not report new symptoms of loss of taste, smell and a temperature of 99.8 on 11/13/2020 when NA#1 reported to work on 11/16/2020 likely causing the transmission of COVID-19 virus to

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residents and staff.
NA #1 called out to Nurse #5 on 11/13/2020 stating that she had a temperature of 99.8 and felt bad. Nurse #5 completed the call out sheet for NA #1 and put on clipboard. Nurse #5 could not recall whether she had been taught to notify the Director of Nursing upon identification of an employee with symptoms. Nurse #5 thought that because scheduler was made aware of NA#1 condition that she would notify Director of Nursing and that the call out logs were reviewed by the Director of Nursing the following day. NA #1 also texted the scheduler and stated she had a temperature of 99.5 and woke-up feeling horrible and weak. NA#1 reported to work on 11/16/2020 for 3rd shift and healthcare screener was completed by NA#2. It stated that she had no signs and symptoms and had a temperature of 97.5. She reported to her assigned unit on the 800 hall. At the end of NA#1 shift on the morning of 11/17/2020, NA#1 reported to the nurse she had a headache and requested Tylenol. NA#1 reported to the scheduler she was feeling poorly at the end of her shift. NA#1 was tested on 11/17/2020 at the end of her 11/16/2020 shift for COVID19 and was negative. NA#1 did not return to work because she felt poorly and went to her personal physician on 11/20/2020 and had another COVID-19 test with positive results.

As of 12/3/2020; 33 residents out of 73 residents tested positive for COVID19, 21 staff tested positive for COVID19 and the facility had 2 deaths related to COVID19 with the potential for all staff and residents to be affected.

The Regional Director of Clinical Services completed a review on 12/4/2020 of the past 14 days of call out sheets and all issues identified

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	345269	A. BUILDING _____ B. WING _____	12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CARE OF SALISBURY	1505 BRINGLE FERRY ROAD SALISBURY, NC 28146

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were investigated and corrected at time of identification. All other call outs had either tested positive and not allowed in building for 10 days or were not allowed entry to the building without clearance from Director of Nursing.

Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete

All staff in all departments were educated by the Director of Nursing or designee by 12/5/2020 regarding the signs and symptoms of COVID19 listed on the Saber Healthcare Screening tools. The symptoms include cough, new loss of taste or smell, sore throat, muscle or body ache, diarrhea, Fever greater than 100, shortness of breath or difficulty breathing, nausea or vomiting, headache, fatigue, congestion or runny nose. Education was also completed by Director of Nursing or Designee on the Saber Screening Policy by 12/5/2020 which states, all employees, visitors, providers and anyone else requesting entry to the facility will be actively screened using the latest COVID-19 screening tool before each entry into the building. Anyone answering yes to questions will be denied entry and referred to physician or physician extender for further guidance. Any employee screened and answering yes to questions will also be reported to the facility Human Resource Generalist. The Director of Nursing and/or Administrator is to be contacted immediately regarding anyone that answers yes to screening questions, positive employee or any employee experiencing symptoms. All new hires and agency staff will be required to be educated prior to starting their assigned shift.

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All staff that are conducting the screening process will receive education by 12/5/2020 on completion of the form and process for allowing employees, vendors or visitors entrance to the facility, as well as, denial of entry due to a yes answer on the screening document. Screeners or an employee on duty will be identified on the nursing schedule to cover 24 hours a day, 7 days a week. No employees will be allowed to self-screen. They will be educated 12/5/2020 to report any yes answers to the Director of Nursing or Administrator and not allow anyone entry that answers yes to screening questions. If the Director of Nursing or Administrator are not in the facility, the screener will report the findings to the charge nurse. The charge nurse will ensure the person does not enter the facility and is instructed to see a physician or physician extender and not allowed to work until medically clear. The charge nurse will contact the Director of Nursing or Administrator by phone and report findings. The Director of Nursing or Administrator will educate nurses of the new responsibility 12/5/2020 and will notify them, assignments will be placed on the nursing schedule.

All new hires and any agency staff will be required to be educated prior to starting their first assigned shift. The employee sign- off list for completion of education will be monitored as employees are screened to ensure no employee works without being properly educated.

The Director of Nursing or Designee will provide education 12/5/2020 for the staff who receives call outs to ask the same questions as on the COVID-19 screening tool. Staff accepting call outs will include departments heads, nurses, scheduler, Director of Nursing or Administrator.

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This information is to be recorded on call out sheets, which will be located at each nurse ' s station, charge office, department head offices, and scheduler office. If any question is answered yes, they will report it to the Director of Nursing or Administrator immediately upon identification during business and off hours. They will also instruct the employee to see a physician or physician extender and not be allowed to work until medically cleared. The Human Resource Coordinator will be trained 12/5/2020 to ensure the Director of Nursing and Administrator receive copies of call out slips Monday thru Friday. No employee will be allowed to work, without proper clearance from the Administrator or Director of Nursing and will be required to go to a physician or physician extender before returning to work.

Director of Nursing or designee will provide education to all staff in all departments by 12/5/2020 on the importance of truthfulness when completing Saber Healthcare Screening form utilizing the following Screening Integrity Statement, which states:

It is the responsibility of all staff at Autumn Care of Salisbury to protect our residents. The importance of being honest on your screening tools is the difference between our residents being exposed to COVID19 and not. The morale standard of being truthful is at its utmost importance when dealing with the care of others. The facility will not retaliate against any employee experiencing symptoms or positive with COVID19. Effective immediately, any employee experiencing symptoms related to COVID19; it is the responsibility of the employee, the facility screener, scheduler, charge nurse and any other individual aware of these symptoms to notify the

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Administrator or Director of Nursing immediately. If both are not in building, they will be notified by phone. In the Screening Integrity Statement, the staff were educated that there will not be any retaliation for calling out due to any sign or symptom of COVID-19.

The departments heads, scheduler, and charge nurses that receive staff call outs will be educated 12/5/2020 on completing the call out form, asking if the employee has signs or symptoms of COVID-19 and if so to have them see their physician and will not be able to return to work until they receive medical clearance. The schedule or charge nurse will notify the Director of Nursing or Administrator of any employee call outs that answers yes to questions regarding signs and symptoms of COVID-19. If the Director of Nursing and Administrator are not in the facility, they will contact them via telephone when the call out is received.

The Facility alleges the removal of the immediate jeopardy on 12/5/2020.

As part of the on-site validation process on 12/8/2020, the plan of correction was reviewed which included dates and content of the in-services that were conducted, an updated call-out documentation sheet and audit of call-outs, and a staff member scheduled as screener for each shift. Multiple staff were interviewed and verified they had received education on screening before entering the building, calling out sick with signs or symptoms of COVID and documenting the reasons for calling out sick. Observations revealed staff performing correct screening procedures for staff entering the facility for work. The facility ' s IJ

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F 880	Continued From page 15 removal date of 12/5/2020 was validated.	F 880		