**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced COVID-19 Focused Survey was conducted on 12/14/20 with exit from the facility on 12/14/20. Additional record review and interviews occurred through 12/17/20; therefore the survey exit date was changed to 12/17/20. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# TTD211.</td>
</tr>
</tbody>
</table>

| F 000 | INITIAL COMMENTS | F 000 | An unannounced COVID-19 Focused Infection Control Survey was conducted on 12/14/20 with exit from the facility on 12/14/20. Additional record review and interviews occurred through 12/17/20; therefore, the exit date was changed to 12/17/20. The facility was not found in compliance with 42 CFR 483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# TTD211. |

<table>
<thead>
<tr>
<th>F 880</th>
<th>Infection Prevention &amp; Control</th>
<th>F 880</th>
<th>12/30/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=E</td>
<td>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>§483.80 Infection Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>§483.80(a) Infection prevention and control program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The facility must establish an infection prevention and control program (IPCP) that must include, at</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**ELECTRONICALLY SIGNED**

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.
**Summary Statement of Deficiencies**

- §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;

- §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
  1. A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
  2. When and to whom possible incidents of communicable disease or infections should be reported;
  3. Standard and transmission-based precautions to be followed to prevent spread of infections;
  4. 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.
  5. 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
  6. The hand hygiene procedures to be followed by staff involved in direct resident contact.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 880</td>
<td>Continued From page 2</td>
<td>F 880</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

§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.

§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 record review, observations, and staff interviews the facility failed to implement their COVID-19 surveillance policy and Centers for Disease Control and Prevention (CDC) guidelines when a Housekeeper (HK) failed to report symptoms consistent of COVID-19 upon arrival at work for 1 of 3 staff reviewed for COVID-19 screening. These failures occurred during a COVID-19 pandemic.

The findings included:

A review of the facility's policy titled, "Resident/Staff Surveillance Policy During Covid-19 Pandemic updated 6/8/20 read in part:

It is the facility's policy to ensure that all staff are appropriately screened according to most recent CDC guidelines, to ensure any exposure or symptoms symptomatic carriers of Covid-19 do not spread the virus to other residents or staff within the facility.

Procedures:

2. Every staff member will continue to be

On 12/17/20 a review of the policies and procedures was made and it was determined that the current policies and procedures required updating in order to strengthen the screening and monitoring employees for Covid 19 symptoms. The updated policy and procedures re-affirms that each employee must contact their supervisor at any time when any symptoms of Covid 19 are present. Further, it requires the supervisor or their designee to review the screening logs daily for compliance and to note symptoms stated by an employee. Further, the updated policy requires supervisors to immediately restrict from work any employee noting any symptoms. These employees must be immediately be referred to Nursing leadership for a clinical judgement on work status in compliance with current CDC guidance. These clinical decisions are considered final and are communicated by email to the supervisor to ensure clarity and for
Continued From page 3

screened for symptoms, exposure and temperatures daily upon arrival at work.

A review of the Center for Disease Control (CDC) guidance updated 11/20/20 read in part: "As part of routine practice, ask ancillary staff such as environmental services to regularly monitor themselves for fever and symptoms consistent with COVID-19." The guidance included: "to remind personnel to stay home when ill or if they develop symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace; to screen at the beginning of their shift for fever and symptoms of COVID-19; actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, leave the workplace."

A review of the CDC website updated 5/13/20 the section titled, "Watch for symptoms," read in part: People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. People with these symptoms may have COVID-19:

- Fever or chills
- 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

tracking purposes.

In order to ensure no residents were affected from similar situations, an audit of all screening logs, from all departments was initiated 12/14/20 to determine if similar issues existed with screening of employees. This audit looked at the past 30 days and revealed one other employee who had noted the presence of a symptom on the screening log. This employee had reported a symptom to Nursing Leadership and was allowed to work after an investigation of the noted symptom. This Employee subsequently tested negative in routine PCR testing. No other employees were noted to have screened as symptomatic. It is noted that other employees were symptomatic during this time, however per protocol, they did not report to work as appropriate under the Policy and procedures of Givens Estates

To ensure all team members are aware of the updated policy and procedures, beginning 12/18/20, all team members have been reminded of their responsibility to report any symptoms to supervisor, prior to coming to work, or immediately when any symptoms develop. Any employee noted to fail to report symptoms in a timely manner will be subject to disciplinary action.

Supervisors were instructed on the updated policy in the daily meetings in December 2020 (21, 22, 23, 24, 28, 29, and 30.) They were informed of their
### Summary Statement of Deficiencies

(F880) Continued From page 4

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 880</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nausea or vomiting
Diarrhea

A review of the facility's 12/14/20 screening of employees for COVID-19 titled, "Team Member Sign-In-Log" revealed the following:
Name: Housekeeper (HK) #1
Signature: HK #1
Do you have ANY of the following symptoms?
- Fever (100.4 or greater) or chills
- Nausea/vomiting
- Muscle/body aches
- Congestion/runny nose
- Shortness of breath
- New loss of taste/smell
- Cough
- Fatigue
- Sore throat
- Diarrhea

-If you answer "yes" to any of these questions, contact your supervisor immediately. HK #1 circled yes indicating the presence of a symptom.
-Check your temperature and record it here. The HK #1 recorded a temperature of 99.1.

A review of HK #1's assignment and list of the resident room numbers revealed on 12/14/20 11 resident rooms residing on the non-COVID-19 unit had been cleaned. Five rooms were shared by 2 residents and 6 were individual resident rooms. HK #1 also cleaned a sitting area, an employee office, a common use bathroom, and the restorative and dependent dining room.

During an observation and interview on 12/14/20 at 11:01 AM HK #1 was observed in the hallway on the non-COVID unit wearing an N-95 face mask and face shield. HK #1's eyes were red and

Responsibility to ensure each employee working that day has screened in and noting if any symptoms were stated. Supervisors were instructed to indicate proper screening and symptom follow up by initialing each employee's sign in log for that day. Supervisors were further informed to refer any staff member with any symptoms to nursing leadership to provide a clinical judgement regarding work status prior to allowing them to perform any work.

Nursing leadership was informed of their responsibility for determining work status based upon clinical judgement in accordance with CDC recommendations, and is required to document in writing the decision to restrict or return to work and communicate this to the Dept supervisor.

Ongoing compliance with the updated policy and procedures will be monitored as part of the facility QAPI process, as noted in a Performance Improvement Plan (PIP) that was initiated 12/18/20. This PIP addresses improvements needed in the screening and monitoring of employees for symptoms that may be associated with Covid 19 in compliance with CDC guidelines. The Administrator and/or IP is performing Audits of each Department's forms to ensure supervisor's compliance, and any discrepancies are addressed immediately. These audits are being completed daily until 1/8/21. If substantial compliance is noted, the audits will be done weekly until 2/12/21, at which point, they will be...
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 880</td>
<td>Continued From page 5</td>
<td></td>
<td>F 880</td>
<td></td>
<td>performed periodically to ensure compliance is maintained. These logs will be presented to the QAPI Committee for ongoing monitoring and oversight until 3/31/21 or until the QAPI Committee determines that ongoing, consistent compliance has been achieved, or earlier if no longer required due to the Public Health Emergency. The completion date is 12/30/20.</td>
</tr>
</tbody>
</table>
During an observation on 12/14/20 at 11:21 AM HK #1 was noted to have a cough. HK #1 was asked by the Infection Preventionist (IP) to provide samples for COVID-19 testing then informed she needed to leave the facility. After test samples were collected HK #1 left the facility.

During an interview on 12/14/20 at 11:50 AM the Infection Preventionist revealed she had collected 2 test samples one for the rapid Point of Care (POC) and one for the Polymerase Chain Reaction (PCR) from HK #1. The POC test resulted positive for the COVID-19 virus and the PCR result was pending.

A second interview on 12/14/20 at 12:31 the HK Supervisor revealed HK #1 only reported being tired and not her cough which she did not report to the IP. The HK Supervisor confirmed fatigue was a symptom on the screening sign-in log but the training she received was to report a fever or any other 2 symptoms. The HK Supervisor did not think being tired alone was a reportable symptom, so she did not inform the IP. The HK Supervisor did offer to send HK #1 home if she was not feeling well and indicated it was HK #1’s decision to stay at work. The HK Supervisor explained the screening sign-in log was used to start the conversation with an employee when they answer yes to having symptoms and employees were expected to report all symptoms. The HK Supervisor revealed she did not review employee screening logs unless they reported symptoms to her.

During an interview on 12/14/20 at 1:05 PM the Administrator revealed when an employee reported a symptom to their supervisor that should trigger a conversation. The conversation
F 880 Continued From page 7

was to clarify what was going on with the
employee and the Administrator expected all
symptoms would be identified at that point. The
Administrator reiterated HK #1 only reported
being tired to her supervisor who did not hear
about the cough until it was reported to her by the
surveyor on 12/14/20 at 11:11 AM. The facility
immediately began their protocol and performed a
POC test which resulted positive and a PCR
result was pending. HK #1 was sent home and
will be restricted from work until cleared to return.

During an interview on 12/14/20 at 3:06 PM the IP
revealed supervisors from other departments
inform her if an employee had reported
COVID-19 symptoms. The IP indicated the
symptom of being tired would not be sufficient in
reporting alone and since it was not known about
the cough she would not expect the HK
Supervisor to report the symptom of being tired.
There were also reminders posted throughout the
facility to remind employees the symptoms of
COVID-19. The IP did not specifically include
training about what to do if you feel sick and when
to stay home, but this has been shared with staff
repeatedly through other trainings to stay home if
you are sick. It was her understanding that the
HK Supervisor did ask HK #1 about her
symptoms and was told only about the fatigue.
The IP indicated if she reviewed HK #1’s
screening log who answered yes to question do
you have any symptoms and with a temperature
of 99.1 she would ask HK #1 more questions and
would want to know which symptoms she was
having. If HK #1 identified having a cough and
fatigue the IP indicated HK #1 would have been
sent home. The IP revealed she did a COVID-19
POC test when made aware of the cough
symptom.
### F 880  Continued From page 8

During a second interview on 12/16/20 at 9:34 AM HK #1 revealed a history of asthma and living with a smoker did cause her to cough. The night before 12/14/20 HK #1 noted a change in her cough but felt well enough to report to work. HK #1 revealed it was hard for her to recognize or differentiate from her normal health or when she had a new onset symptom. HK #1 revealed she did not think the HK Supervisor heard her say she had a cough and thought wearing a mask made it difficult to hear. HK #1 had no reason why she did not ensure the HK Supervisor, IP, Director of Nursing or the floor nurse were aware she was having symptoms consistent to COVID-19 while at work.

During a second interview on 12/16/20 at 11:34 AM the Administrator revealed HK #1’s PCR test resulted positive for the COVID-19 virus. The employees were not expected to circle their symptoms on the screening log but notify their supervisor. Employees were monitored for symptoms consistent of COVID-19 daily and the screening log was the first step. Observations of the employee during their shift and supervisors asking employees how they feel throughout the day. There was not always a supervisor present when staff report to work, and employees know they should report all symptoms and not come to work. The screening log was a second chance for employees to report their symptoms prior to starting their shift and have a conversation with their supervisor. The screening log was also a follow up for the supervisor to check if the employee documented having symptoms at the beginning of their shift.

During an interview on 12/17/20 at 11:30 AM the
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 880</td>
<td></td>
<td></td>
<td>(Each corrective action should be cross-referenced to the appropriate deficiency)</td>
</tr>
</tbody>
</table>

**F 880 Continued From page 9**

Administrator confirmed there was no system in place to ensure all employees were screened prior to starting their shift but employees were expected to self-screen and document on the facility's form titled, "Team Member Sign-In-Log" and report all symptoms to their supervisors. The supervisors were expected to review the screening logs by the end of each day.