

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER HOLY SPIRIT RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP 1701 WEST 25TH STREET SIOUX CITY, IA 51103	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and staff interview, the facility failed to appropriately screen staff and visitors for symptoms of COVID-19 before allowing entrance to the facility. The facility reported a census of 64 residents. Findings include: The Start of Shift Daily Employee Screening Log included a check of temperature and answering screening questions about symptoms. The last line on the form included if staff were asked to go home (if yes to any) or fever. A review of the facility daily employee screening logs showed: 1. 4/2/20 Staff T Dietary Aide (DA) lacked answers to the screening questions. 2. 4/2/20, [DATE]0/20, and 4/20/20 Staff U, DA lacked a temperature. 3. 4/3/20 and [DATE]7/20 Staff R Certified Nursing Assistant (CNA) lacked answers to the screening questions. 4. 4/7/20 Staff V Licensed Practical Nurse (LPN) lacked a temperature. 5. 4/8/20 Staff K DA lacked a temperature. 6. 4/9/20 and 5/8/20 Staff R CNA lacked answers to the screening questions. 7. 4/9/20, [DATE]0/20 and 4/24/20 Staff D, CNA answered yes to a cough and not sent home. 8. 4/9/20 Staff W contract staff lacked answers to the screening questions. 9. [DATE]0/20 Staff X CNA answered yes to a sore throat and not sent home, then sent home [DATE]1/20 with temp of 100 degrees. 10. [DATE]0/20 Staff Y Clinical Care Coordinator (CCC) answered yes to a cough and not sent home. 11. [DATE]0/20 and [DATE]2/20 Staff Z CNA answered yes to cough and new shortness of breath and not sent home. 12. [DATE]1/20 and [DATE]2/20 Staff AA CNA answered yes to cough, sore throat, and new shortness of breath and not sent home. 13. [DATE]3/20 Staff A screener answered yes to a cough and not sent home. 14. [DATE]4/20 Staff Q Social Services lacked answers to the screening questions. 15. [DATE]4/20 and [DATE]5/20 Staff J CNA answered yes to cough and not sent home. 16. [DATE]5/20, 4/21/20 and 5/5/20 Staff P Housekeeping lacked answers to the screening questions. 17. [DATE]6/20 Staff H LPN lacked answers to the screening questions. 18. [DATE]7/20 Staff C Business Office Manager (BOM) answered yes to cough and not sent home. 19. [DATE]8/20 Staff M CNA answered yes to cough and sore throat and not sent home. 20. 4/22/20 the Administrator lacked a temperature. 21. 4/22/20 the Human Resources (HR) Director lacked answers to the screening questions. 22. 4/28/20 Staff I CNA answered yes to a sore throat and not sent home. Staff I tested [DATE] and returned positive for COVID-19. 23. 5/2/20 and 5/7/20 Staff BB CNA lacked answers to the screening questions. 24. 5/4/20 and 5/10/20 Staff CC CNA lacked a temperature and 5/4/20 lacked answers to the screening questions. 25. 5/4/20 Staff DD Laundry lacked answers to the screening questions. 26. 5/4/20 the Dietary Supervisor (DS) lacked answers to the screening questions. 27. 5/5/20 Staff EE, Administrative Staff lacked answers to the screening questions. 28. 5/7/20 Staff FF Registered Nurse (RN) lacked answers to the screening questions. 29. 5/7/20 Staff GG Minimum Data Set (MDS) Coordinator lacked answers to the screening questions. 30. 5/8/20 Staff HH Contract staff lacked answers to the screening questions. 31. 5/12/20 Staff G CNA answered yes to sore throat, muscle pain, and headache and not sent home. 32. 5/20/20 Staff II, CNA lacked answers to the screening questions. The facility screening logs included non-staff visitors and showed: a. 4/4/20 a visitor lacked a temperature (visiting resident at end of life). b. 4/4/20, 2 visitors lacked answers to the screening questions (visiting resident at end of life). c. 4/9/20 a visitor answered yes to a cough and not sent home (hospice nurse). d. 4/21/20, 2 visitors lacked answers to the screening questions (unsure of business in the facility). e. 5/18/20, 2 visitors lacked answers to the screening questions (one identified as a pastor, the other unsure of business in the facility). f. 5/22/20 a visitor lacked answers to the screening questions (visiting resident at end of life). During an observation on entrance to the facility on [DATE] at 11:50 a.m. a staff member took a temperature and then asked this surveyor to fill out name and answer questions on the screening log. The screener allowed the surveyor entrance to the building. During an interview on 5/26/20 at 1:29 p.m. the Director of Nursing (DON) stated if a staff member answered yes to a screen question they usually called her and she questioned the staff. During an observation on entrance to the facility on [DATE] at 7:28 a.m. the screener took a temperature and asked this surveyor to fill out name and answer the questions. The screener allowed this surveyor to enter without looking at the responses to the symptoms on the screening log. During an interview on 5/27/20 at 12:28 p.m. Staff B former scheduler, transportation, and screener, stated the facility did not follow the Governor's recommendations. She said if someone entered the facility with symptoms they did not evaluate them. If they did not have a temperature they didn't check them and they could work. She said they did not check staff if they had a temp less than 100.4, until the last 3 days she worked, and they checked if greater than 99.9. She said that started after the 1st staff tested positive. During an interview on 5/27/20 at 1:09 p.m. Staff C the previous (BOM) stated she was screened ([DATE]7/20) and identified a cough with no evaluation. During an interview on 5/27/20 at 2:25 p.m. Staff D stated she was surprised when they didn't evaluate her when she documented a cough during the screen process (4/9, [DATE]0/20). During an interview on 5/27/20 at 5:27 p.m. Staff E Registered Nurse, the former Infection Preventionist stated she also worked in a hospital emergency room. A nurse she worked with had tested positive for COVID-19. She documented that on the screening log and she wore a mask. She did not know if the receptionist let a nurse know if a staff member indicated symptoms during the screen process. She said they would send staff home if they registered a temperature equal to or greater than 100.4. Staff E stated she recommended she or a nurse sit at the screen area so anyone with symptoms could be evaluated (not done). During an interview on 5/28/20 at 8:30 a.m. Staff G CNA stated when she circled yes for symptoms on the screen (sore throat, muscle pain, and headache on 5/12/20) no one questioned or evaluated her. She went to the floor to work. She felt worse as the day went on and she talked to the CCC and went home. During an interview on 5/28/20 at 10:25 a.m. Staff H LPN stated she tested positive for COVID-19 after her spouse did. When she found out (the spouse was positive) she notified the facility that she would be tested. She had no symptoms at the time, and later developed body aches and headache. She said she last worked [DATE] and tested [DATE]. She said if someone had symptoms of sore throat or cough they were not to enter the facility. During an interview on 5/28/20 at 11:14 a.m. Staff Y RN, CCC and Staff KK RN, CCC, (identified as Infection Preventionist by the DON) stated they had taken the course to help out. They both agreed if someone answered yes to a screen question they should alert a nurse so they could evaluate. During an interview on 6/1/20 at 2:25 p.m. Staff I stated no one said anything about her identifying a sore throat (on the screen 4/28/29), and no one evaluated her. During an interview on 5/28/20 at 1:20 p.m. the Administrator made attempts to identify non-employees on the screening logs. When reviewing the visitors with the screen questions not completed, the Administrator stated at least they had their temperature taken. During an interview on 6/2/20 at 9:27 a.m. Staff KK, CCC stated she did not know Staff I indicated a sore throat on the 4/28/20 screen. If she had, she would have checked her before allowing her to work. She said the screener did not inform anyone. During an interview on 6/2/20 at 9:45 a.m. Staff N office staff, (identified as screener) stated in April if a person answered a screening question yes, they did no follow up. During an interview on 6/2/10 at 10:13 a.m. Staff LL, scheduler, transportation, (identified as screener) said the only thing they screened was the temperature. The employee filled out the screen questions. They did not follow up. This process changed 5/27/20. During an interview on 6/2/20 at 11:48 a.m. the DON stated mid to late April the community started having an outbreak (of COVID-19) related to a packing plant outbreak. Two staff members had family members who were positive so they were off work. One of those employees tested positive for COVID-19 and the other tested negative. On 4/27/20 Staff F developed symptoms at work and tested later that day with positive results 4/29/20. The DON contacted the State</p>		

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

TITLE

(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER HOLY SPIRIT RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP 1701 WEST 25TH STREET SIOUX CITY, IA 51103	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Epidemiologist 4/27/20 about facility wide testing, and they agreed. By the time they received everything they needed, they completed test collection (5/5-6/20) and received results 5/9-10/20. The DON was concerned with asymptomatic staff shedding [MEDICAL CONDITION]. She said 3 staff were asymptomatic and tested positive. The DON stated the screeners took a temperature, and staff filled out the screen questions and let them (DON, nurse) know if they had symptoms. If the staff were sent home depended on if they had an explanation for the symptoms. The DON could not account for all the staff who indicated symptoms on the screen log. She said staff were responsible for letting her or a nurse know if they had a symptom. She admitted visitors would not know this, and if they did not complete the screen questions they had no idea if they had symptoms when they visited. The facility Emergency Preparedness Plan for COVID-1, initiated 3/9/20, included staff and visitors were both screened upon entrance to the building, including questionnaire and temperature. The facility COVID-19 Facility Exposure Management, dated [DATE] revealed after you have a suspected or confirmed case of COVID-19 measures included taking temperature of all staff before beginning of shift, recording on temp log and absence of symptoms. A COVID-19: Screening Checklist - For Visitors and Staff documented on March 13, 2020 CMS and CDC updated guidance on restricting all visitors and non-essential healthcare personnel, except for certain [MEDICATION NAME] care situations. All individuals (staff, other health care workers, family, visitors, government officials, etc.) entering the building must be asked questions including if they had fever, sore throat, cough, or new shortness of breath. If yes to any, restricted from entering the building.</p>		