

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165383</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GREENFIELD REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>615 SE KENT STREET GREENFIELD, IA 50849</b>	
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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations, record review, and staff interviews, the facility failed to utilize proper infection control protocols in an attempt to prevent the spread of COVID-19 for 1 of 4 residents reviewed (Resident #1). On 8/11/20, 8/12/20, and 8/13/20 Staff A completed the screening tool/Health Assessment for COVID-19 prior to her shift. Staff A answered yes to the screening questions, including a question regarding whether or not she was exposed to [MEDICAL CONDITION]. Staff A informed staff that she was not feeling well and Staff D reported the concerns to the Director of Nursing. Staff A was allowed to enter the facility and worked with Resident #1 on 8/12/20. Staff A subsequently tested positive for COVID-19 in a test conducted 8/12/20 during routine facility-wide testing and received the results on 8/14/20. The facility tested Resident #1 for COVID-19 on 8/19/20 during routine testing and received positive results on 8/21/20. Due to these findings, immediate jeopardy (IJ) was identified to residents' health and safety. The facility reported a census of 37 residents. Findings include: According to the Minimum Data Set (MDS) with an assessment reference date of 6/25/20, Resident #1 had the following Diagnoses: [REDACTED]. The MDS showed there resident had a Brief Interview for Mental Status (BIMS) score of 14, which meant the resident displayed intact cognition. The MDS documented the resident required assist of 1 staff for dressing, personal hygiene, ambulation (walking), and bowel and bladder care. Review of State Hygienic Laboratory Report revealed Resident #1 was tested for [DIAGNOSES REDACTED]-CoV-2 RNA on 7/8/20, 7/15/20, 7/22/20, 8/8/20, and 8/12/20 with negative test results. The resident was tested on [DATE] with a positive test identified on 8/21/20 at 10:50 PM. Review of State Hygienic Laboratory Report showed Staff A Certified Nursing Assistant (CNA) was tested for [DIAGNOSES REDACTED]-CoV-2 RNA on 7/8/20, 7/15/20, 7/22/20, 8/5/20, and 8/8/20 with a negative result. Staff A was tested on [DATE], which yielded positive test results on 8/14/20 at 5:53 PM. Review of the working schedule for 8/11/20 shows Staff A CNA worked the evening shift and Staff B Licensed Practical Nurse (LPN) worked the day shift. Review of the Employee Screening Tool/Health assessment dated [DATE] revealed Staff A CNA answered yes to the questions regarding a runny nose, a new headache, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. Staff A's temperature was recorded at 98.7 F. The screening showed the signature of Staff B LPN on the line which verified the questionnaire/temperature was reviewed. During an interview on 8/26/20 at 9:30 AM, Staff B LPN confirmed it was her signature on the Employee Screening Tool/Health Assessment for Staff A CNA dated 8/11/20. Staff B stated she did not ask Staff A CNA about answering yes to the questions on the screening tool. Staff B was asked if she looked at the screening tool before signing it and Staff B stated I was naughty and didn't even look at the paper and stated it just becomes a habit. Review of the working schedule for 8/12/20 showed Staff A CNA and Staff C Certified Medication Aid (CMA) worked the evening shift. Review of the Employee Screening Tool/Health assessment dated [DATE] showed Staff A CNA answered yes to questions regarding a runny nose, a new headache, new loss of taste and or smell, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. The temperature was recorded as 98.7 F and showed the signature of Staff C, CMA which verified the questionnaire/temperature was reviewed. During an interview on 8/25/20 at 2:35 PM, Staff C stated she remembered screening Staff A CNA and informed a nurse about the questions that were answered with a yes, but she could not remember which nurse she told. She reported she did not ask Staff A about the questionnaire answers. Review of working schedule for 8/13/20 showed Staff A CNA worked the evening shift with Staff D Registered Nurse (RN) and Staff E Director of Nursing (DON) working day shift. Review of the Employee Screening Tool/Health assessment dated [DATE] showed Staff A CNA answered yes to questions regarding a runny nose, new headache, new loss of taste and or smell, exposure to anyone with cold or flu-like symptoms within the last 14 days, and exposure to any individual with suspected or confirmed cases of COVID-19 within the last 14 days. The sheet revealed Staff A's temperature as 98.3 F and Staff D RN's signature verifying the questionnaire/temperature was reviewed. During an interview on 8/25/20 at 2:50 PM Staff D RN reported they remembered screening Staff A, CNA. She stated Staff A looked tired and run down and one could tell she did not feel good. Staff D stated she reported the screening tool answers to her supervisor, Staff E. Staff D states Staff E asked if Staff A was running a fever; when staff D said no, Staff E cleared Staff A to enter the building and work. Staff D stated she was concerned and asked Staff A if she reported not feeling well to the administrative staff. Staff D states that Staff A replied I told them and they didn't care. In an interview on 8/25/20 at 3:10 PM, Staff E reported she worked the floor on 8/13/20 from 2 pm to 10 pm and did not recall Staff D informing her of Staff A's responses to the screening tool, and added Staff A never approached her about not feeling well. When Staff E was asked about the protocol for yes answers on the screening tool, she said there should be further questioning and assessment of the employee. Staff E stated she never talked to Staff A about the Employee Screening Tool/Health Assessment. In an interview with Staff A on 8/25/20 at 3:40 PM, she verified recalled that Staff D questioned her about the Employee Screening Tool/Health Assessment questions and that she (Staff A) told the charge nurse and her coworkers that day that she did not feel well. She clarified she was being very vocal about not feeling well, but the other staff mocked her (Oh, she thinks she has it), did not take her seriously and would have been upset if she asked to go home. Staff A added she would have been asked to find a replacement to work if she wanted to go home. Staff A reported she informed Staff G Assistant Director of Nursing (ADON) that her roommate had tested positive for COVID-19. An interview conducted with Staff G revealed a Staff A told Staff G that she had concerns since her roommate tested positive for COVID-19, although Staff G could not remember what day or time the telephone conversation took place. Review of the Documentation Survey Report for August 2020 showed Staff A assisted Resident #1 with dressing, locomotion, personal hygiene, bathroom assistance, and delivery of snacks on 8/12/20. The report also identified Staff A also delivered snacks to the resident on 8/13/20. Review of the progress notes revealed the following entries: a. On 8/22/20 at 10:48 am, staff told Resident #1 and daughter of the positive COVID-19 results and room change. b. On 8/42/20 a returned fax verified Resident #1's medical provider was aware of the positive COVID-19 results. c. On 8/25/20 at 8:09 am, staff documented Resident #1 still on droplet precautions due to positive COVID test. The COVID-19 action plan dated 8/7/20 directed all community staff are screened prior to their shift for fever and respiratory symptoms along with completion of a health assessment. Anyone noted to have a temperature equal to or greater than 100.0 will not be allowed to work. Any questions answered with a YES response will be reviewed to identify if the employee was appropriate to work. If a staff member becomes ill during their shift, they are to immediately remove themselves from resident care areas, and notify the administrator and Infection Preventionist. The employee is to leave the workplace and not interact with other staff, visitors, or residents. In an interview Staff F DON, she stated it was never brought to her attention that Staff A had answered yes to her question on the screening tool or that Staff A was not feeling well. She verified she was the DON on duty on 8/11/20 and 8/13/20 and started vacation on 8/13/20, with Staff E as acting DON at that time. Staff F reported her expectations are for staff to review the screening tool and further investigate yes answers to the possible cause of the signs and symptoms. The facility was notified of the Immediate Jeopardy on 8/26/20, and they abated the IJ on 8/27/20 by</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.

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>taking the following actions: A. Facility conducted an education for all the Nurses, CNA's and CMA's to read the entire screening questionnaire for any YES answers before permitting anyone into the facility. B. Educated staff to notify nurse management if they have signs/symptoms or outside exposures to COVID. C. Facility documented they will not allow any staff member or contracted employee to enter the facility until they have read and acknowledged the education. D. Nurse Management team will examine thoroughly the screening sheets every shift to make sure screenings are being done properly and the education and proper protocol for screening are being followed. E. Screeners will apply a dated sticker to each staff member's name badge each day they work to signify they have been properly screened and deemed safe to enter the building. F. Facility Management team will conduct sticker audits throughout the day to ensure only staff that have passed the entrance screening are allowed into the facility. G. Facility will hold an all-staff mandatory meeting on 8/27/20 at 1:30 PM to review the screening process.</p>		