

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER SIMPSON MEMORIAL HOME		STREET ADDRESS, CITY, STATE, ZIP 1000 NORTH MILLER STREET WEST LIBERTY, IA 52776	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and staff interview, the facility failed to implement and monitor an effective screening process for staff to prevent a Coronavirus Disease 2019(COVID-19) outbreak for 20 of 33 residents. The lack of effective screening resulted in a staff member being able to work while knowingly ill. Twenty of the facility residents tested positive for COVID-19 including one resident who passed away by end of survey 9/21/20. The facility reported a census of 31 residents. Findings: Review of the untitled, undated list of staff COVID-19 tests revealed Staff A, Certified Nursing Assistant (CNA) had a fever, cough, headache, sore throat, and fatigue starting on 9/4/20 and was last in contact with the facility on 9/5/20. The facility schedule stated Staff A worked 10:00 p.m. to 6:00 a.m. on 9/4/20. Review of the facility-screening sheet for 9/4/20 revealed Staff A had a headache, sore throat, and a dry cough. Review of the untitled, undated list of resident COVID-19 tests revealed 13 residents tested positive for COVID-19 on 9/8/20, 1 resident tested positive on 9/9/20, 1 resident tested positive on 9/10/20, and 5 tested positive on 9/11/20. The list stated 2 of the positive residents discharged to the hospital/Intensive Care Unit(ICU) and 1 resident passed away. An undated facility policy entitled Staff Screening for the Pandemic, provided to the surveyor by the Director of Nursing (DON) on 9/14/20, stated if staff had symptoms but no fever and are feeling ok, they were allowed to enter. An Employee Counseling Form, dated 9/6/20, stated Staff B, Registered Nurse (RN) allowed a staff member to work with potential COVID-19 symptoms. The form stated Staff B's statement was that the staff member did not have a fever and told her she had a dry cough so Staff B didn't think much of it. A 9/8/20 policy Staff Screening Form inquired as to whether staff had the following symptoms: sore throat, cough, shortness of breath, chills, shaking, headache, loss of taste and smell, malaise, nausea, or a temperature greater than 100.0 F(Fahrenheit). The form stated if staff had a fever, they could not enter the building and if they had the above symptoms, a nurse must screen them. The policy Staff Screening for the Pandemic, revised 9/16/20 and provided to the survey team on 9/17/20 by the DON, stated the facility would not allow staff to enter the building if they had a cough, fever, chills, shortness of breath, runny nose, sore throat, headache, nausea, vomiting, or diarrhea. During an interview on 9/15/20 at 11:12 a.m., Staff A, CNA stated on Friday 9/4/20 she woke up with a dry cough and a sore throat. She went to work at 10:00 p.m. for the night shift. She stated she wrote on the screening sheet that she had a cough and a sore throat and also informed the nurse (Staff B, RN). Staff A stated Staff B told her no one would be in until Monday. Staff A stated Staff B brushed it off. She stated she worked the whole shift until the next morning and coughed during the shift. She stated her condition worsened throughout the day on 9/5/20 and she developed a temperature. She stated she called in for her scheduled 10:00 p.m.-6:00 a.m. shift on 9/5/20. Staff A stated she came to the facility on Sunday morning, 9/6/20 and received a COVID-19 test and she was positive. During a subsequent interview on 9/15/20 at 1:55 p.m., Staff A stated she screened herself in and took her own temperature when she arrived for work on 9/4/20. During an interview on 9/15/20 at 1:31 p.m., Staff B, RN stated on 9/4/20 Staff A informed her she had a headache and another CNA gave Staff A Tylenol. Staff B stated she did not remember screening Staff A in and stated Staff A did not inform her she had a cough. She stated Staff A did not have a temperature but stated she should have called her supervisor to report the headache. During an interview on 9/16/20 at 7:00 a.m., Staff D, CNA stated on 9/4/20 she worked with Staff A and Staff A said she had a headache. She stated Staff A did not inform her she had a cough but she observed Staff A coughing during the shift. During an interview on 9/16/20 at 6:53 a.m., Staff C, CNA stated when the facility was in Phase 3, staff screened themselves in at the beginning of their shifts. During an interview on 9/16/20 at 7:54 a.m., the DON stated she heard after the fact that Staff A worked the floor while she had symptoms. She stated she spoke with Staff B and Staff B admitted Staff A informed her she had a dry cough. The DON stated a cough was a big symptom and Staff B should have sent Staff A home. She stated she conducted counseling with Staff B. The DON stated during the time period Staff A worked with symptoms, the facility was in Phase 3 so staff were allowed to screen themselves in and had been from 7/27/20 till 9/8/20, when the first COVID positive residents discovered. Once residents noted to test positive for COVID, the facility pulled back to Phase 1 protocol with no self-screening of staff occurring. The facility Administrator was notified on 9/16/20 that the deficient practice detailed above resulted in an Immediate Jeopardy situation for the facility beginning on 9/4/20 when Staff A allowed to work with symptoms. The facility abated the above non-compliance on 9/16/20 by completing the following actions: a. The facility revised their policy Staff Screening for the Pandemic to reflect current CDC guidelines. b. The facility educated staff on proper screening protocol in order to keep COVID-19 from entering the building. Based on the results of the corrective measures taken by the facility lowered the scope and severity of the deficiency from an L level to an F level.</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.