

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER AASE HAUGEN HOME		STREET ADDRESS, CITY, STATE, ZIP FOUR OHIO STREET DECORAH, IA 52101	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and staff interviews the facility failed to effectively screen staff prior to and after their shift for symptoms of COVID-19 in accordance with Centers for Medicare and Medicaid Services and Centers for Disease Control. The facility reported a census of 65. Findings include: Review of the Employee Screening Log dated 8/16/2020 documented Staff A (Nurse Aide) screened in for their shift at 1:55 p.m. and answered Y to having symptoms of: Muscle or Body Aches, Head Ache, and New Loss of Taste or Smell. During an interview 8/26/20 at 1:45 p.m. the Director of Nurses (DON) stated she worked the afternoon of 8/16/20 and did not know until the end of the shift at 10 p.m. that Staff A (Staff A) had worked with symptoms of illness that included New Loss of Taste or Smell. The DON stated most likely Staff A completed the employee screening form herself. The DON reported it was common for staff to complete their own screening questions. The DON acknowledged that the employee screening form does state at the top that if staff have any 2 symptoms they are to be sent home, Staff A was not sent home and should have been. The DON stated that since that day the facility has enforced the policy that staff are screened by nursing staff and are not to complete the screening themselves. During an interview 8/26/20 at 3:20 p.m. Staff B (Nurse Aide) who was the first staff person to have symptoms and then test positive for COVID-19, stated that they developed many of the symptoms of COVID-19 and does work with Staff A but they had not worked with Staff A for the 2-3 days prior to developing symptoms and that there had been plenty of Personal Protective Equipment (PPE) available and used by staff, all staff wore face masks and eye protection when in the facility, Staff B also stated they really had no idea where or when they would have contracted COVID-19 but they have recovered and returned to work. During an interview 8/27/20 at 11:25 a.m. Staff C (Nurse Aide) stated they worked first shift on 8/16/20 and worked on F wing which was the designated COVID-19 wing for the facility at that time, they only had one resident on the unit at that time (Resident #1) who was symptomatic and presumed COVID-19 positive as their test result had not come back yet. Staff C stated that they wear full PPE while working on the COVID-19 unit and do not leave that unit for any reason, and Staff C stated they also completed the employee screening for themselves that day and was common practice at that time but now a nurse must screen them in and stated that Staff A came in on 2nd shift to replace them but did not mention anything about not feeling well and did not appear to not be feeling well when they came in. Review of a document provided by the facility with Text Message updates sent out to all facility staff reveals a message sent to all staff dated 3/11/20 at 8:43 a.m. instructing all staff that they must be assessed for Coronavirus symptoms by nursing staff upon entering the building. This was followed by another Text Message at 8:54 a.m. instructing staff that if a nurse is not present to screen them to use their phone to call a specific number and ask to have a nurse come and screen them. During an interview 8/27/20 at 12:25 p.m. Staff A verified that they had completed their own employee screening when they came in to work on 8/16/20 and that it was common for all staff to do that at that time. When asked about their answers on the employee screening form Staff A stated that they first answered N to the symptom of New Loss of Taste or Smell because they had only lost their sense of smell and that it wasn't unusual for them to lose their sense of smell when they have a cold and Staff A felt like they had a cold, then changed their answer to Y because the screening form said new loss of taste OR smell, and did report the symptoms to the charge nurse on the Woodlands unit, not sure who it was, but they also told the nurse they believed they just had a cold and did not have a fever so stayed at work. Staff A verified they were assigned to the COVID-19 unit and did wear PPE, Staff A stated that there has always been enough PPE at the facility for staff and all staff wore PPE as directed, Staff A went on to say that they don't have any idea where or when they contracted COVID-19 but their symptoms have resolved now and feels fine.</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.