

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER CRYSTAL HEIGHTS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1514 HIGH AVENUE WEST OSKALOOSA, IA 52577	
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 0730 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on staff interview, the facility failed to complete an annual performance evaluation for 10 of 10 Nurse Aide personnel files reviewed. The facility reported a census of 68. Findings include: During an interview on 6/1/20 at 3:00 p.m., the Director of Nurses stated the facility does not complete annual performance evaluations for Nurse Aides employed at the facility.		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Few	Provide and implement an infection prevention and control program. Based on record review and staff interviews, the facility failed to implement and monitor an effective screening process for staff and visitors to prevent a Coronavirus Disease 2019 (COVID-19) outbreak for 56 of 74 residents. The lack of effective screening resulted in a staff member being able to work while knowingly ill and failing to report it. The spread of COVID-19, once introduced to the facility, was rampant, and resulted in 9 deaths. The facility reported a census of 68. Findings include: During an interview on 5/29/20 at 11:01 a.m., the Director of Nurses (DON) stated on 3/13/20 they received guidance from the Center for Disease Control and Prevention (CDC) which included an emphasis on keeping COVID-19 out of the facility. As a part of that effort, the CDC recommended restricting visitors and implementing a screening process for anyone entering the facility, including all staff. The DON stated that same day all staff were provided training and education on the screening process which included one entry into the building with a screening area at that entry. Staff were to wash or sanitize their hands upon entering, then review a series of questions related to whether they were having any signs or symptoms of COVID-19 and whether they had worked in other facilities or locations with recognized COVID-19 cases. Based on having any active symptoms or an elevated temperature, staff were to be restricted from entering the facility. The DON stated it was made clear to ALL staff that if they were ill, they were to stay home. The DON stated staff were permitted to self-screen and they did not have anyone at the entry monitoring staff as they arrived. According to the American Health Care Association (AHCA) screening form used by the facility, ALL individuals (staff, other health care workers, family, visitors, government officials, etc.) entering the building must be asked the following questions: 1. Has the individual washed their hands or used alcohol-based hand rub (ABHR) on entry? 2. Ask the individual if they have any of the following respiratory symptoms? Cough, shortness of breath or at least two of these symptoms: Fever, repeated shaking with chills, headache, new loss of taste or smell, diarrhea, chills, muscle pain, sore throat, vomiting. If yes to any, restrict them from entering the building. 3A. Check temperature and document results. Fever present? If yes, restrict from entering the building. 3B. Ask if they have worked in facilities or locations with recognized COVID-19? If yes, ask if they have worked with persons with confirmed COVID-19? If yes, require them to wear personal protective equipment (PPE) including mask, gloves, gown before any contact with residents. 4. Allow entry into the building and remind the individual to: Wash their hands or use ABHR throughout their time in the building. Not shake hands with, touch or hug individuals during their visit. During an interview on 5/27/20 at 9:30 a.m., the Administrator at Facility #2 (Admin 2) stated Staff A worked Facility #2 every other weekend, Friday through Sunday. On 4/24/20, Staff A called in sick at Facility #2 due to a fever. Admin 2 explained to Staff A that she would be restricted from working for 10 days and need to be free of symptoms 72 hours before returning to work. During an interview on 5/26/20 at 1:30 p.m., the Assistant Director of Nurses (ADON) stated on 5/10/20 she received a call from the Administrator at Facility #2 (Admin 2). Admin #2 asked if Staff A worked at Facility #1. Admin 2 stated Staff A, who also worked at Facility #2 had a COVID-19 test on 5/9/20. The ADON reported Staff A had not worked at Facility #1 since 5/4/20 and had not disclosed that she was working at Facility #2. The ADON reported Staff A arrived to a scheduled shift at Facility #1 on 5/11/20. Staff A completed the screening tool and planned to work. The ADON approached Staff A, at the door, and sent her home. On 5/12/20, the COVID-19 test for Staff A returned as confirmed positive. That same day three other staff called in ill, had a COVID-19 test and had confirmed positive results for COVID-19. On 5/15/20, 6 residents developed symptoms. All 6 residents had a test and had confirmed positive results for COVID-19. By 5/20/20, all residents and staff were tested for COVID-19, 49 residents and 13 staff had confirmed positive results for COVID-19. The ADON stated Staff A worked shifts at Facility #1 on 4/24/20, 4/27/20, 4/29/27, 4/30/20, 5/1/20, 5/2/20, 5/3/20 and 5/4/20. Review of screening sign in sheets revealed Staff A indicated she had no symptoms or temperature on 4/24/20, 4/27/20, 4/29/20, 4/30/20, 5/1/20, 5/2/20, 5/3/20 or 5/4/20. During an interview on 6/4/20 at 10:20 a.m., Staff A (Certified Nurse Aide) stated she first started having symptoms, feeling feverish, headaches and weakness on 5/4/20. Staff A stated she had been feeling ill, but felt fine when she arrived to work that day at 2:00 p.m. At 3:30 p.m. Staff A stated she began having a headache, but not unusual for her. She spoke with the Charge Nurse and was given some Tylenol and told her she should get checked out. Staff A stated she finished her shift and over the next several days she was noticeably sick. Staff A stated she was finally tested for COVID-19 on 5/9/20 and was not feeling well, but went to work at Facility #1 on 5/11/20 because she didn't want to call off. Staff A stated she filled out the screening form and didn't have a temperature and at that moment didn't have any symptoms. The ADON met her at the door and they went outside where Staff A was questioned about coming to work after just being tested for COVID-19. Staff A stated she admitted to the ADON that she felt cold and sick. Staff A was then asked about calling into work sick Facility #2 on 4/24/20. Staff A stated she woke up that morning vomiting, with a headache and fever. Staff A stated she called in sick at Facility #2, but didn't remember going into work at Facility #1. Staff A stated she text the Administrator at Facility #2 on 4/25/20 and informed him/her she couldn't work that weekend. Staff A stated she felt fine by Monday, 4/27/20. On 6/1/20 at 3:32 p.m., the State Agency notified the facility of the Immediate Jeopardy. On 6/1/20, the facility abated the Immediate Jeopardy. The facility educated staff on the proper use of the thermometer and implemented a staff person on post to ensure proper screening of staff prior to entering the facility.		
F 0947 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on staff interview and record review, the facility failed to provide 12 hours of in-service training per year for 8 of 10 Nurse Aide personnel files reviewed. The facility reported a census of 68. Findings include: During an interview on 6/1/20 at 3:00 p.m., the Director of Nurses stated the facility does not do annual performance evaluations of their nurse aides or competency based audits. The DON stated they try to have at least one monthly in-service a month for staff, but do not track attendance related to the annual requirements. Review of 10 Nurse Aide training records revealed 8 Nurse Aides failed to receive the minimum 12 hours of in-service training. Concerns identified for Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, Staff G, and Staff H.		
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.