

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165607	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER THE COTTAGES		STREET ADDRESS, CITY, STATE, ZIP 1742 MAIN STREET PELLA, IA 50219	
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 - Many	<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, interview, and record review, the facility failed to implement CMS recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. The facility failed to ensure that staff reporting for work answered screening questions for COVID-19 prior to beginning their shift, beginning on 3/17/20 and continuing through 6/9/20. Findings include: Review of the Prevent COVID-19 Daily Employee Screening Log, implemented 3/11/20, documented that staff were to have the date documented, first and last name, and temperature logged at the beginning of the shift. Facility staff were to answer the following questions: if they had a new cough, new shortness of breath or difficulty breathing, sore throat, chills, shaking with chills, unexplained or new headache, new loss of smell or taste, new or unexplained muscle pain, and if they were asked to go home if they answered yes to any questions. Staff were to document their temperature at the end of their shift. Review of employee screening logs documented the following: On 3/17/20, 3/27/20, 3/30/20, 4/2/20, 4/6/20, 4/7/20, 4/13/20, 4/15/20, 4/17/20, 4/20/20, 4/27/20, 5/3/20, 5/5/20, 5/8/20, 5/15/20, 5/18/20, 5/19/20, 5/21/20, 5/31/20 6/5/20, and 6/9/20 one staff person each day documented their temperature, but failed to answer any screening questions. On 3/23/20, three staff people documented their temperatures, but failed to answer any screening questions. On 6/17/20 at 3:06pm, the Director of Nursing (DON) indicated that she reviewed the employee screening logs during the course of the day. The DON indicated that facility staff usually did very well on answering all screening questions. The DON indicated that if there were blanks on the forms, that she would call staff back to fill them in. The DON indicated that she was not aware that there were blank screening questions for some of the facility staff. Review of CMS guidance, dated 3/4/20, documented the following: How should facilities monitor or limit visitors? Facilities should screen visitors for the following: 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. Has had contact with someone with or under investigation for COVID-19. How should facilities monitor or restrict health care facility staff? The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).</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.