

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER SIoux CENTER HEALTH ROYALE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 1400 7TH AVENUE SE SIoux CENTER, IA 51250	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, record review, and staff interviews, the facility failed to ensure appropriate infection control procedures related to the screening practice of staff entering the facility. The facility reported a census of 41 residents. Findings Include: Record review of the Family and Staff Monitoring logs from 9/15/20 to 9/29/20 showed 34 times where staff or Family were allowed entrance into the facility without being screened properly. Record review of Family and Staff Monitoring log showed two family members visited the facility on 9/15/20 at 10:55 am and were not screened properly as the signs and symptoms were not answered. Record review of the Family and Staff Monitoring log showed a Pharmacy staff entered the facility on 9/21/20 at 1:30 pm and were not screened properly as the signs and symptoms were not answered. Record review of the Family and Staff Monitoring log showed three family members entered the building on 9/23/20 at 9:30 am and were not screened properly as the signs and symptoms were not answered. Record review of the Family and staff Monitoring log showed two family members entered the facility on 9/25/20 at 8:30 am and were not screened properly as the signs and symptoms were not answered. Record review of the Family and Staff Monitoring log showed that Staff A Housekeeper, entered the facility on 9/15/20 at 6:19 and was not screened properly as the signs and symptoms were not answered. Record review of the Family and Staff Monitoring log showed Staff B Registered Nurse (RN) entered the facility on 9/15/20 at 8:00 am and was not screened properly as the signs and symptoms were not answered. Staff B left the facility at 5:30 pm on 9/15/20. Record Review of the Family and Staff Monitoring log showed Staff C Laundry, entered the facility on 9/16/20 at 6:35 am and was not screened properly as the signs and symptoms were not answered. Staff C left the facility on [DATE] at 1:45 pm. On 9/30/20 at 8:30 am Staff F stated staff self screen by taking their temperature and filling out the Family and Staff Monitoring log. Staff F stated staff should be screening in visitors. On 9/30/20 at 9:00am Staff E stated staff self-screen by taking their own temperature, filling out the Family and Staff monitoring log. Staff are to wear a cloth mask into the building and then change into procedure mask and face shield. On 9/30/20 at 9:25 am Staff D stated Staff self-screen by taking their own temperature and filling out the sheet before they start their shift. Review of the Guidelines for Visiting in facility stated each visitor must answer the screening questions with no and take their temperature. Record their name and info on the screening form. They are to be asked if they traveled by airplane in the last 14 days or been exposed to someone who is positive for COVID-19. On 9/30/20 at 1:20 pm in an interview with the Director of Nursing and Administrator showed the current screening process have Staff self-screening and expect staff to notify the nurse on duty if they answer yes to any symptom question. The Administrator and DON stated expectations are that staff screen visitors before entrance into the facility.</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.