

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2020
NAME OF PROVIDER OR SUPPLIER LEXINGTON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 17 CORNELIA DRIVE LEXINGTON, NC 27292	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
	An unannounced COVID19 Focused Survey and Complaint Investigation was conducted 12/7/2020 to 12/11/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (6) subpart B Requirements for Long Term Care Facilities. Event ID # RTXD11.			
F 000	INITIAL COMMENTS	F 000		
	An unannounced COVID 19 Focused Survey was conducted on 12/7/2020 to 12/11/2020. The facility was found out of compliance with CFR483.30 Infection Control Regulations and was cited at F880. Event ID: RTXD11.			
F 880 SS=K	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		12/28/20
	§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.			
	§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:			
	§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/28/2020

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.

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F 880	<p>Continued From page 1 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	Continued From page 2 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member was educated on the symptoms of COVID-19 (Corona Virus Disease of 2019) and when the staff member had symptoms of COVID-19 symptoms did not work with residents who were not diagnosed with COVID-19. In addition, the Employee Screening Log did not include all symptoms of COVID-19. This resulted in 5 of 17 Residents (Residents #3, #4, #5, #6, and #7) testing positive for the virus after receiving care from a staff member who tested positive for COVID-19. These failures occurred during the COVID-19 pandemic. As of 12/7/2020, 13 of 76 residents tested positive for COVID-19. Immediate Jeopardy began on 11/28/2020, when Nurse Aide #1 reported to work with a cough and body aches. Nurse Aide #1 failed to report symptoms of COVID-19 to the nurse supervisor. Nurse Aide #1 self-screened and indicated she did not have respiratory symptoms including cough on the Employee Screening Log. Nurse Aide #1 was assigned to a unit of residents who were not diagnosed with the virus. On 11/30/2020, Nurse Aide #1 tested positive for the virus and within the week, five of the residents she worked with tested positive for the virus. The immediate jeopardy was removed on 12/10/2020 when the facility provided and implemented a credible allegation of immediate jeopardy removal. The facility remained out of compliance at a lower scope and severity level of E (no actual	F 880	This Plan of Correction is submitted in compliance with applicable law and regulation. To demonstrate continuing compliance with applicable law, the center has taken or will take the actions set forth in the following allegation of compliance. The following Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies have been or will be completed by the dates indicated. F880 How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Nurse aide #1 has been terminated effective 12/10/2020 for failure to notify facility of signs and symptoms of cough and body aches upon reporting to work on 11/28/2020 How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by the alleged deficient practice. Measures to be put into place or systemic changes made to ensure that the deficient practice will not recur: A root cause analysis was conducted that led to the corrective action taken.		

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F 880	<p>Continued From page 3</p> <p>harm with potential for more than minimal harm that is not immediate jeopardy) to ensure systems put into place were effective.</p> <p>Findings included:</p> <p>A review of the Infection Prevention and Control Policies and Procedures: COVID-19 policy dated 7/23/2020 revealed the policy stated, "Any staff who develop signs and symptoms of COVID-19 while on the job should inform the Center's infection preventionist". The policy further stated if an employee has "signs or symptoms of respiratory infection, such as fever, cough, sore throat, shortness of breath, headache, new loss of taste or smell, nausea, vomiting, diarrhea or myalgias" then the staff should report to the Center's infection preventionist.</p> <p>Review of the in-service education provided 3/21/2020 for Symptoms of COVID-19 revealed symptoms listed were fever, cough, shortness of breath. Nurse Aide #1 had not signed the sign-in sheets for the education.</p> <p>An interview with the Infection Control Nurse on 12/7/2020 at 10:46 am revealed staff enter the facility from a staff entrance and screen themselves before their shift. She stated they are required to check their temperature and sign that they do not have symptoms on the Employee Log. She stated the staff had been educated on the symptoms of COVID-19.</p> <p>A follow up interview with the Infection Control Nurse on 12/7/2020 at 3:36 pm revealed Nurse Aide #1 was hired after the education was given to the staff regarding symptoms of COVID-19. She stated Nurse Aide #1 did not receive the</p>	F 880	<p>Employee Screening log was replaced by Administrator 12/7/2020 with current version dated 4/29/2020 with signs and symptoms of Covid 19 ((shortness of breath, new or change in cough, sore throat, chills, vomiting, diarrhea, muscle pain, headache, new loss of taste or smell) on 12/7/2020. Administrator destroyed all copies of old Employee screening log 12/7/2020.</p> <p>Staff Development Nurse Posted CDC.Gov poster on each nursing hall, each nurses station, back door outside at employee screening entrance, at employee screening log stand, front door, closed doors at entrance at each unit, which identifies signs or symptoms of Covid 19; stating please notify Supervisor before coming in if have signs or symptoms of Covid 19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea); and Do not work with these symptoms. Completion date 12/9/2020.</p> <p>All Current employees have been trained by Staff Development Nurse or Department Head on 1) signs and symptoms of Covid 19 which includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea 2) Do not report to work with these symptoms, report to Supervisor immediately if have any symptoms, do not wait during shift to</p>		

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F 880	<p>Continued From page 4</p> <p>education regarding the symptoms of COVID-19 in her orientation to the facility. She stated the information regarding the symptoms of COVID-19 was not added to the orientation packet until later in 6/2020.</p> <p>The Employee Log dated 11/28/2020 was reviewed and Nurse Aide #1 had signed the form which stated, "I currently do not have respiratory symptoms (shortness of breath, new or change in cough, and sore throat)" and recorded her temperature.</p> <p>A review of Employee Log dated 11/29/2020 revealed Nurse Aide #1 had signed the form which stated, "I currently do not have respiratory symptoms (shortness of breath, new or change in cough, and sore throat)" and recorded her temperature.</p> <p>On 12/7/2020 at 12:07 pm Nurse Aide #1 stated on 11/28/2020 she started having a cough and body aches, but she did not have a fever, so she did not report the symptoms to anyone. She stated she had not been told that a cough and body aches should be reported. She stated she worked on 11/28/2020 and 11/29/2020 and was given a rapid test by the facility on 11/30/2020 and was positive for COVID-19.</p> <p>A review of Nurse Aide #1's Resident Assignment for 11/28/2020 and 11/29/2020 revealed 5 of the 17 residents she cared for tested positive for COVID-19 after she cared for them. The following residents tested positive after Nurse Aide #1 cared for them:</p> <p>Resident #7 admitted to the facility on 3/13/19. His diagnoses included stroke, weakness, heart</p>	F 880	<p>report signs or symptoms. Completion 12/9/2020. Any employee that has not received education by 12/9/2020 will not be allowed to work until they have received education.</p> <p>Effective 12/9/2020 Staff Development Nurse was informed by Administrator that all new hires will be educated By Staff Development Nurse on 1)signs and symptoms of Covid 19 which includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea 2) Do not report to work with these symptoms, report to Supervisor immediately if have any symptoms, do not wait during shift to report signs or symptoms, during orientation.</p> <p>Administrator initiated 12/10/2020 for all employees to be notified via mail on 12/10/2020, and notice will be place at time clock 12/10/2020 of the following: MFA no fault attendance policy based on a point system will be waived for an event of sickness and/or mandatory quarantine as a way to reinforce the importance of maintaining a healthy workforce and a germ-free environment.</p> <p>Administrator initiated 12/10/2020 for all employees to be reminded/notified via mail on 12/10/2020, and notice will be place at time clock 12/10/2020 of the following: MFA has waived the requirement to first access your Paid time off before accessing Short Term Disability benefits with a specific focus on Covid 19 with at least one of the following criteria</p>		

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F 880	<p>Continued From page 5 failure and kidney disease.</p> <p>Nurse Aide #1's Resident Assignment Forms stated she cared for Resident #7 on 11/28/2020 and 11/29/2020.</p> <p>Review of the facility's Infection Control Surveillance Tracking Report revealed Resident #7 tested positive for COVID-19 on 12/3/2020.</p> <p>An interview with the Nurse Practitioner on 12/9/2020 at 4:15 pm revealed Resident #7 was very immunocompromised and was the first resident to test positive for COVID-19. She stated he was also at risk because of his diagnoses of heart failure and kidney disease. The Nurse Practitioner stated she did not know how Resident #7 had contracted COVID-19.</p> <p>Resident #6 admitted to the facility on 2/14/17. Her diagnoses included arthritis and dementia.</p> <p>A review of Nurse Aide #1's Resident Assignment Forms dated 11/28/2020 and 11/29/2020 revealed she cared for Resident #6 on both days.</p> <p>A Nurse's Progress Note dated 12/6/2020 at 7:15 am stated Resident #6 was tested and was positive for COVID-19.</p> <p>On 12/9/2020 at 4:15 pm an interview with the Nurse Practitioner was conducted and she stated Resident #6 had pneumonia due to COVID-19, but she was stable. She stated she did not know how Resident #6 had contracted COVID-19.</p> <p>Resident #3 admitted to the facility on 7/23/2020. His diagnoses included muscular dystrophy and</p>	F 880	<p>needing to be met: 1) The employee is working and is either symptomatic and or sent home for quarantine because of exposure or potential exposure to a Covid 29 positive person 2) The employee is experiencing symptoms of Covid 19 and seeking a medical diagnosis 3) If an employee meets one of the stated criteria but does not have Short Term Disability or Paid time off available to cover these absences, MFA will make available up to 80 hours of Short Term Disability time to the employee to be used solely to cover absences due to Covid 19. 4) All requests for Short Term Disability must be approved by the Administrator with input from the Vice President of Operations. How the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>Employee Screening log will be validated 2x weekly by Administrator or Director of Nursing to validate current or any revised log is in place with all current signs and symptoms. Regional Nurse Consultant notified Administrator and Director of Nursing of this responsibility on 12/9/2020.</p> <p>The findings will be reviewed at the quarterly Quality Assurance/Performance Improvement (QAPI) meetings for 4 quarters for further problem resolution if needed.</p> <p>Date of compliance is December 28, 2020</p> <p>The Administrator is responsible for implementing the acceptable plan of correction.</p>		

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F 880	<p>Continued From page 6</p> <p>Parkinson's Disease.</p> <p>Nurse Aide #1's Resident Assignment Forms dated 11/28/2020 and 11/29/2020 disclosed she cared for Resident #3 on both days.</p> <p>A Nurse's Progress Note dated 12/7/2020 at 10:44 am by the Director of Nursing revealed Resident #3 had a low-grade temperature, chills, and general weakness and was tested for COVID-19 and the test results were positive.</p> <p>During an interview with the Nurse Practitioner on 12/9/2020 at 4:15 pm she stated Resident #3 tested positive on 12/7/2020. She also stated Resident #3 had pneumonia and was being treated with antibiotics and steroids due to the COVID-19 virus. The Nurse Practitioner stated she could not be certain how Resident #3 contracted COVID-19.</p> <p>Resident #4 admitted to the facility on 8/27/2020. His diagnoses included kidney failure, diabetes, and heart failure.</p> <p>Nurse Aide #1's Resident Assignment Forms dated 11/28/2020 and 11/29/2020 revealed she had cared for Resident #4 on both days.</p> <p>A Nurse's Progress Note dated 12/7/2020 at 10:46 am stated Resident #4 had a low-grade temperature and malaise, and a COVID-19 test was performed with positive results.</p> <p>The Nurse Practitioner was interviewed on 12/9/2020 at 4:15 pm. She stated Resident #4 tested positive for COVID-19 on 12/7/2020 and had symptoms of a headache and cough. She states she could not be certain how Resident #4</p>	F 880			

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F 880	<p>Continued From page 7 contracted COVID-19.</p> <p>Resident #5 admitted to the facility on 3/28/17. Her diagnoses included kidney disease and diabetes.</p> <p>A Nurse's Progress Note dated 12/7/2020 at 10:30 am by the Director of Nursing revealed Resident #5 had fever, chills and malaise. A COVID-19 test was preformed, and Resident #5 was positive for COVID-19.</p> <p>An interview with the Nurse Practitioner on 12/9/2020 at 4:15 pm revealed Resident #5 had not exhibited any symptoms of COVID-19 but had tested positive for the virus on 12/7/2020. The Nurse Practitioner stated she could not say how Resident #5 had contracted COVID-19.</p> <p>An interview was conducted with the Administrator on 12/7/2020 at 4:27 pm. She stated the facility had included cough, body aches, and headache on the original Employee Log Form. She stated sometime in June 2020 the form had been altered and some of the symptoms had been removed from the form. She stated she would expect the staff to report any symptoms they were having to their supervisor before beginning work. She stated she would have expected all staff to receive the education regarding the symptoms of COVID-19 and did not know why Nurse Aide #1 had not received the education during orientation.</p> <p>The Administrator was notified of immediate jeopardy on 12/9/2020 at 12:35 pm. The facility provided the following credible allegation of immediate jeopardy removal.</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Credible Allegation: Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance Deficient practice occurred starting on 11/28/2020 when Nurse aide #1 on 11/28/2020 and 11/29/2020 cared for Resident # 3, Resident # 4, Resident #5, Resident # 6, and Resident # 7 with cough and body aches. Nurse aide #1 stated she did not have a fever, so she did not report the symptoms to anyone. Nurse aide # 1 signed Employee Screening log which stated, "I currently do not have respiratory symptoms "shortness of breath, new or change in cough, and sore throat" and recorded her temperature. Nurse Aide # 1 had not been educated on signs and symptoms of COVID-19 upon hire 6/16/2020. Education to staff had been done on signs or symptoms of COVID-19 prior to her hire date on 3/22/2020. Resident # 3 was tested 12/7/2020 and was positive for COVID-19; Resident # 4 was tested 12/7/2020 and was positive for COVID-19; Resident # 5 was tested 12/7/2020 and was positive for COVID-19; Resident # 6 was tested on 12/6/2020 and was positive for COVID-19; Resident # 7 was tested on 12/2/2020 and was positive for COVID-19 12 of the 17 residents Nurse Aide # 1 cared for did not have a serious adverse outcome because of the non-compliance. Nurse Aide # 1 tested positive on 11/20/2020.</p> <p>Further non-compliance was identified on 12/07/2020 that employee screening log was dated 3/20 that only included signs and symptoms of COVID-19 (shortness of breath, new or change in cough and sore throat), not the updated 4/29/2020 current form that included signs and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat,</p>	F 880			

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F 880	<p>Continued From page 9 chills, vomiting, diarrhea, muscle pain, headache, new loss of taste or smell).</p> <p>Specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete Nurse aide #1 has been terminated effective 12/10/2020 for failure to notify facility of signs and symptoms of cough and body aches upon reporting to work on 11/28/2020 Employee Screening log was replaced by Administrator 12/7/2020 with current version dated 4/29/2020 with signs and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, chills, vomiting, diarrhea, muscle pain, headache, new loss of taste or smell) on 12/7/2020. Administrator destroyed all copies of old Employee screening log 12/7/2020. Staff Development Nurse Posted CDC.Gov poster on each nursing hall, each nurses station, back door outside at employee screening entrance, at employee screening log stand, front door, closed doors at entrance at each unit, which identifies signs or symptoms of COVID-19; stating please notify Supervisor before coming in if have signs or symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea); and "Do not work with these symptoms". Completion date 12/9/2020. All Current employees have been trained by Staff Development Nurse or Department Head on 1) signs and symptoms of COVID-19 which includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore</p>	F 880			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	Continued From page 10 throat, congestion or runny nose, nausea or vomiting, diarrhea 2) Do not report to work with these symptoms, report to Supervisor immediately if have any symptoms, do not wait during shift to report signs or symptoms. Completion 12/9/2020. Any employee that has not received education by 12/9/2020 will not be allowed to work until they have received education. Effective 12/9/2020 Staff Development Nurse was informed by Administrator that all new hires will be educated By Staff Development Nurse on 1)signs and symptoms of COVID-19 which includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea 2) Do not report to work with these symptoms, report to Supervisor immediately if have any symptoms, do not wait during shift to report signs or symptoms, during orientation. Employee Screening log will be validated 2x weekly by Administrator or Director of nursing to validate current or any revised log is in place with all current signs and symptoms. Regional Nurse Consultant notified Administrator and Director of Nursing of this responsibility on 12/9/2020. Administrator initiated 12/10/2020 for all employees to be notified via mail on 12/10/2020, and notice will be place at time clock 12/10/2020 of the following: MFA no fault attendance policy based on a point system will be waived for an event of sickness and/or mandatory quarantine as a way to reinforce the importance of maintaining a healthy workforce and a germ free environment. Administrator initiated 12/10/2020 for all employees to be reminded/notified via mail on	F 880			

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F 880	<p>Continued From page 11</p> <p>12/10/2020, and notice will be place at time clock 12/10/2020 of the following: MFA has waived the requirement to first access your Paid time off before accessing Short Term Disability benefits with a specific focus on COVID-19 with at least one of the following criteria needing to be met: 1) The employee is working and is either symptomatic and or sent home for quarantine because of exposure or potential exposure to a COVID-19 positive person 2) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis 3) If an employee meets one of the stated criteria but does not have Short Term Disability or Paid time off available to cover these absences, MFA will make available up to 80 hours of Short Term Disability time to the employee to be used solely to cover absences due to COVID-19. 4) All requests for Short Term Disability must be approved by the Administrator with input from the Vice President of Operations. Date of alleged Immediate Jeopardy removal 12/10/2020.</p> <p>Credible Allegation of IJ Removal: Validation of the Credible Allegation was conducted on 12/11/2020 to ensure deficient practice did not continue at jeopardy level. The Administrator stated the facility had terminated Nurse Aide #1 on 12/10/2020 because she had not reported the symptoms of cough and body aches before she reported to work on 11/28/2020. The Administrator also stated she had replaced the Employee Screening Log on 12/7/2020 with a form that reflected all the symptoms of COVID-19. The Employee Screening Logs were reviewed from 12/7/2020 to 12/11/2020 and the logs had been replaced with Employee Screening Logs with all the symptoms of COVID-19. The Administrator also provided an audit form that</p>	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	Continued From page 12 showed the Employee Screening Logs had been reviewed on 12/11/2020. The in-service education records for the facility were reviewed and all staff had received the education titled, "Signs and symptoms of COVID-19 and Reporting/Testing Prior to Shift. The in-service education included the symptoms of COVID-19, staff should not report to work if they have any symptoms, staff should notify their supervisor immediately, and staff will be tested by the facility and instructions will be given to them if they are positive. The staff, including all shifts, were interviewed and were able to verbalize the symptoms of COVID-19 and they should report to their supervisor if they developed those symptoms. The Staff Development Nurse stated the in-service education for the symptoms of COVID-19 and what do if they develop symptoms was added to the new hire orientation education. The facility had also placed Centers for Disease Control (CDC) posters that listed the symptoms of COVID-19 at the employee time clock; on the main hallway; on the entrance to both units; on the dirty and clean utility room doors; and on the staff breakroom door. The immediate jeopardy was removed on 12/10/2020.	F 880			