STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAALPD413 HFD	A. BUILDING _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES AT WALCOTT - BETTY'S GARDEN	510 NORTH MAIN STREET WALCOTT, IA 52773

(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) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 11 TOTAL Census of Assisted Living Program for People with Dementia: 11 The following regulatory insufficiency was cited during the onsite infection control survey completed from 11-17-20 to 11-24-20.	A 000	See attached POC 3/10/21	
A 003	481-67.2 Program policies and procedures 481-67.2(231B,231C,231D) Program policies and procedures, including those for incident reports. A program's policies and procedures must meet the minimum standards set by applicable requirements. The program shall follow the policies and procedures established by a program. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse. This Requirement is not met as evidenced by: Based on observation, interview and record review the Program failed to follow its policy and procedure related to the COVID-19 pandemic. This potentially affected all of the tenants (census of 11). Findings follow:	A 003		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 003	Continued From Page 1 1. When observed on 11-17-20 on first shift and second shift, staff were not observed wearing eye protection, including direct care staff, administrative staff, dietary staff and environmental services staff. 2. When interviewed on 11-18-20 and 11-23-20 Staff B, C, D, E and F indicated masks were used for personal protective equipment (PPE); however, did not indicate any eye protection was worn in non-quarantined apartments. Staff B, C, D and F said staff were screened at the beginning and end of the shift. 3. Continued observation on 11-17-20 at the noon meal revealed tenants were seated at the same tables with other tenants and were not six feet apart. 4. When interviewed on 11-23-20 at 10:57 a.m. the Wellness Director said staff screened at the beginning of their shift and at four hours into the shift. Staff wore surgical masks for PPE. There was additional PPE used for COVID-19 positive tenants including gowns, gloves, faceshield and N95 masks. She said the tenants in memory care dined together as it was difficult to isolate. 5. When interviewed on 11-23-20 at 10:31 a.m. and 11-24-20 at 1:22 p.m. the Director said staff screened when they came in for their shift and four hours into their shift. It was pretty new and was based on the positivity rate in the county. Staff used gloves, hand washing and surgical masks for PPE in non-quarantined apartments. There was additional PPE for quarantined tenants that included faceshields, N95 masks, gowns and goggles. Regarding the lack of eye protection observed, she said it was an Illinois policy and she did not have enough eye protection. They were in	A 003		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 003	Continued From Page 2 phase 2 and 3 and meals were served in the dining room in memory care. 6. Record review revealed the Program's policy for COVID-19 Control Measures indicated to require direct care staff and other staff that had close contact with tenants to wear eye protection (goggles/face shields). The policy also indicated for staff to be screened at the beginning of the shift and every hours. Communal dining could occur in phase 2 and 3. In phase 2 the capacity was 25% and the tenants should be kept six feet apart. All tenants could take place in communal dining in phase 3 if they were able to be spaced six feet apart.	A 003		

POC

COURTYARD ESTATES AT WALCOTT—BETTY'S GARDEN

LICENSE NUMBER 102090

VISIT DATE: November 17 to November 24, 2020

Survey Type: Infection Control

481-67.2 (231B, 231C, 231D) Program policies and procedures

481-67.2 - Program policies and procedures, including those for incident reports
A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the reporting of incidents including allegations of dependent adult abuse.

1. Elements detailing how the Program will correct each regulatory Insufficiency

#1 Staff was provided face shields

#2 Dining area was rearranged to provide minimum of 6 feet spacing for tenants during meals.

#3 Staff screening is being completed per facility policy

2. Measures that will be taken to ensure the problem do not reoccur:

All facility staff be inserviced on Covid-19 Infection Control policies and procedures on 3/10/21

3. How the Program plans to monitor performance to ensure compliance:

The Director or designee will perform random weekly audits of Covid-19 policies and procedures to ensure continued compliance.

4. The date by which the regulatory insufficiency will be corrected:

Insufficiencies were corrected on 11/25/20 after receiving education/conversations with the DIA inspector. Completed inservice training for staff will be completed 3/10/21.