

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

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G746		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/04/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 16609 SIMA GRAY RD HENRYVILLE, IN 47126			
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey. This visit included a Covid-19 focused infection control survey.</p> <p>Survey dates: 9/1/20, 9/2/20, 9/3/20 and 9/4/20.</p> <p>Facility Number: 011664 Provider Number: 15G746 AIMS Number: 200902010</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/21/20.</p>		W 0000				
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility's governing body failed to exercise operating direction over the facility by failing to ensure 1) staff implementation of wearing facial coverings when supporting clients #1 and #2 to prevent the risk of spreading Covid-19 and 2) maintaining the environment in good repair for a broken window in client #2's bedroom, fractured shards of glass which remained in the window ledge above client #4's bed and a broken audible window alarm on the window at the foot of client #4's bed, water damage on the ceiling in the laundry room around a sprinkler and exposed nails used to tack trim to the right side of client</p>		W 0104	<p>1.The Area Supervisor will in-service Direct Care Support on the requirement of wearing facemask when in contact with clients to prevent the spread of COVID19. Face Masks or Face Covering will be worn while on duty.</p> <p>2.The Facility has purchased face coverings and face masks that were provided to employees, and wearing a face coverings by all staff in the care of clients is required.</p> <p>3.The Program Manager</p>		10/01/2020	

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.

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	<p>#2 and client #3's shared bathroom.</p> <p>Findings include:</p> <p>Observations were completed on 9/1/20 from 3:06 PM to 6:01 PM and on 9/2/20 from 6:32 AM to 9:01 AM. The observations indicated the following:</p> <p>1)-At 3:06 PM upon entering the home staff #1 took the surveyor's temperature while wearing a facial covering. Clients #1 and #2 were in their rooms. Staff #1 indicated clients #3 and #4 were on a trip out of state on a short vacation and would not return home until later in the week.</p> <p>-At 3:17 PM, staff #1 prompted client #2 to use hand sanitizer and to prepare for taking his afternoon medicines.</p> <p>-At 3:20 PM, staff #1 prepared client #2's medicines for administration. Staff #1 removed his facial covering which remained off the remainder of the observation period. Client #2 was in the bathroom at this time while staff #1 prepared his afternoon medication for administration. At 3:23 PM, staff #1 left the medication room to check on client #2 in the bathroom. Both client #2 and staff #1 returned to the medication room and at 3:25 PM, staff #1 handed client #2 his medicine without wearing a facial covering.</p> <p>-At 3:27 PM, staff #1 turned on some music and client #2 began to dance. Client #2 approached staff #1 inside his personal space. Staff #1 placed his hands up to client #2's shoulders and verbally prompted him to sit down and listen to the music. Staff #1 was not wearing a facial covering. Client #1 was in the other common</p>		<p>contacted Aramark on Monday September 7th 2020 for an update on the deficiencies and status of maintenance requests. The expectation that repairs be complete in a timely manner was the topic of this meeting.</p> <p>4. Staff will be in-serviced to follow up on maintenance requests weekly for none urgent requests and daily for urgent request.</p> <p>5. The Area Supervisor will report weekly on open work orders to the Program Manager during the ESN weekly update meeting.</p> <p>6. The Program Manager will escalate repair requests to David Danzo Aramark's Maintenance Representative.</p> <p>7. Repair of the Sprinkler was authorized and completed by Koorsen Fire and Security</p> <p>8. Repair of the Door frame and window was completed by Aramark</p> <p>9. All repairs completed on October 1, 2020</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Quality Assurance, Aramark, Koorsen Fire and Security.</p>				

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	<p>living area watching television.</p> <p>-At 3:43 PM, client #2 and staff #1 went outside to the back court yard and shot basketball. At 3:46 PM, client #2 returned inside and took his shoes off and placed them in the medication administration room. At 3:50 PM, client #2 took his blue water jug to the kitchen. Staff #1 followed client #2 to the kitchen and stood beside him at the refrigerator assisting with filling up client #2's blue water jug. Staff #1 was not wearing a facial covering while standing beside client #2 at the refrigerator.</p> <p>-At 4:22 PM, client #2 approached staff #1 while seated on a sofa. Client #2 bent over staff #1 and attempted to tickle him in the rib area of his torso. Staff #1 was not wearing a facial covering.</p> <p>-At 4:50 PM, client #2 and staff #1 went back outside to the court yard area. At 4:56 AM, client #2 began drinking water from his blue water jug. Staff #1 verbally prompted client #2 to slow down. When client #2 did not slow down, staff #1 physically prompted client #2 not to drink too much and then placed client #2's blue water jug on the window ledge between the common living area where client #2 was and the kitchen. Staff #1 was not wearing a facial covering while physically prompting client #2 not to drink too fast or too much water.</p> <p>-At 5:22 PM, pizza was delivered to the home. Clients #1 and #2 began eating their evening meal. Staff #1 continued to prepare more foods and gather items for clients #1 and #2 to eat along with their pizza.</p> <p>-At 5:28 PM, staff #1 verbally prompted client #2 to come and get his salad. Staff #1 then took</p>						

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	<p>client #1 his salad to the table and set it down beside him on the table. Staff #1 returned to the kitchen area, gathered two apples and returned to the dining room table and placed an apple beside both client #1 and client #2. Staff #1 was not wearing a facial covering while supporting clients #1 and #2 with their evening meal.</p> <p>-At 5:34 PM, staff #1 stated to both clients #1 and #2 that they both each could have a 3rd piece of pizza and brought a piece to each client. Staff #1 was not wearing a facial covering while supporting clients #1 and #2 with their 3rd piece of pizza at the dining room table.</p> <p>Morning observation:</p> <p>-At 6:32 AM, staff #1 took the surveyor's temperature upon entering the home. Staff #1 was not wearing a facial covering. Staff #2 was seated in the common living area and was not wearing a facial covering. Neither staff #1 nor staff #2 wore facial coverings during the observation period. Clients #1 and #2 were in their bedrooms waking up to begin their daily routines. Clients #3 and #4 were still out of state on their vacation.</p> <p>-At 6:40 AM, staff #1 prompted client #2 to get his water and prepare to take his morning medicines.</p> <p>-At 6:46 AM, staff #1 handed client #2 his morning medicines and client #2 took the small cup with his medicines and placed them in his mouth. Staff #1 did not wear a facial covering while supporting client #2 with his morning medications.</p> <p>-At 6:53 AM, client #1 entered the medication</p>						

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	<p>administration room. At 6:55 AM, client #1 took his morning medicines prepared by staff #1 and placed the small cup with medicine to his mouth and swallowed them. Staff #1 was not wearing a facial covering while supporting client #1 with his morning medications. Client #2 was gathering his laundry and preparing to do his chore of mopping.</p> <p>-At 7:09 AM, client #2 took laundry to the laundry room. Staff #2 assisted client #2 with his laundry while in the laundry room. Staff #2 was not wearing a facial covering.</p> <p>-At 7:21 AM, client #2 took the mop bucket back to the laundry room. Staff #2 followed client #2 and physically prompted him to finish mopping the living room and dining room area. Staff #2 was not wearing a facial covering while supporting client #2 with his chore of mopping.</p> <p>-At 7:40 AM, client #2 attempted to hug staff #1. Staff #1 used physical prompts when client #1 entered his personal space. Staff #1 was not wearing a facial covering when client #2 entered his personal space.</p> <p>-At 7:41 AM, staff #1 verbally redirected client #2 to help put dishes away. The two went into the kitchen area and began putting clean dishes away and filling the dish washer with dirty dishes from the sink. Staff #1 was not wearing a facial covering while standing beside client #2 and supporting him doing the dishes.</p> <p>-At 7:43 AM, both client #1 and client #2 began gathering dishes and breakfast items for their morning meals. Clients #1 and #2 ate their morning meal of cereal, toast, an apple and grape juice independently. Staff #1 and #2 stood to the</p>						

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	<p>side of the dining room table and periodically would enter and exit the dining area while clients #1 and #2 ate their meals.</p> <p>2) Observations were completed on 9/1/20 from 3:06 PM to 6:01 PM and on 9/2/20 from 6:32 AM to 9:01 AM. The observations indicated the following environmental issues:</p> <p>-At 3:34 PM, client #2's bedroom window was covered with a piece of plywood. Staff #1 indicated a work order had been completed and that maintenance was aware of the broken window.</p> <p>-At 3:36 PM, the right side of client #2's and client #3's shared bathroom had a 6 inch wide by 6 and half foot long piece of unpainted trim which was tacked in place to the inside the door jam. 6 finishing nails spaced the length of the trim board were partially nailed tacking the trim into place. The 6 inch finishing nails were toe nailed (slanting a nail inward) and on an angle facing outward toward the common living area. The 6 finishing nails stuck out about a half an inch in length on the right side of bathroom door.</p> <p>-At 4:45 PM, client #4's window above his bed was covered by a clear piece of safety glass that had been screwed into place over the opening. Inside the window seal, broken shards of glass remained in the original window seal on both the right, left and bottom of the seal. The window at the end of client #4's bed had a 3 inch fracture on the left side of the window pane and a missing audible alarm. When attempting to open the window, the window would not open as if nailed or screwed into place so it could not be opened. When staff #1 was asked what the white bracket at the top right hand corner of client #4's window</p>						

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	<p>was, staff #1 indicated it was where an alarm had used to be.</p> <p>Morning observation:</p> <p>-At 7:39 AM, client #2 had finished his chore of mopping and returned the mop bucket to the laundry room. A 2 foot radius around the fire sprinkler on the ceiling was discolored and stained. Staff #1 indicated the stain was from a water leak, but unsure how long it had been there. Approximately 3 inches inside the 2 foot stained area was a blue circle drawn with "31M 6/8" written inside.</p> <p>On 9/1/20 at 12:13 PM, the Program Manager (PM) was interviewed. The PM was asked during the entrance conference about any changes to the provider's infection control policy and procedures to limit the potential spread of the COVID-19. The Program Manager indicated the policy had not changed since the beginning of the July 2020 and staff were to wear a facial covering when 6 feet of social distancing could not be maintained.</p> <p>On 9/3/20 at 12:41 PM, the Executive Director (ED) was interviewed. The ED indicated the infection control policy provided at the beginning of July 2020 was current. When asked if the Program Manager had shared insight about social distancing concerns observed in the home during observations, the ED stated, "[Program Manager] did talk about when people come up quickly. We've talked about using gator masks (neck garter). When people (clients) come up quick and in personal space". The ED indicated the neck garter facial coverings would allow staff to be able to quickly pull up the facial covering</p>						

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	<p>and stated, "It's about the only thing I know to do. I'm going to get one for all the staff and they will be responsible for washing it". The ED indicated the infection control and Covid-19 crisis plan should be followed and implemented, but a simpler system for facial coverings had been discussed and the idea of neck garters when social distancing could not be maintained had been discussed and planned for implementation.</p> <p>On 9/3/20 at 1:22 PM, the PM was again interviewed. The PM was asked about staff maintaining social distance when supporting and interacting with clients. The PM indicated neck garter facial coverings had been a recent discussion topic at the facility and stated, "I think that may be a good fix for easy access. I think we may have already bought some". The PM indicated further follow up was being pursued with the use of neck garters to be pulled up by staff when 6 feet of social distancing could not be maintained while supporting clients. The PM was then asked about the home being maintained in good repair.</p> <p>The PM indicated work orders would be searched for and provided for review. The PM stated, "We nailed the exposed nails you found the day (9/2/20) you showed the pictures. I told them (maintenance) that we could not wait on that". The PM indicated he was trying to track down the work orders for the windows and ceiling. The PM indicated the fire sprinkler was inspected by another provider, more recently than the 6/8 date written on the ceiling. The PM indicated work order history would be obtained and provided for review.</p> <p>On 9/3/20 at 1:54 PM, the facility's undated COVID-19 Crisis Plan (CCP) was reviewed. The</p>						

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	<p>CCP indicated the following:</p> <p>"Prevention:</p> <p>1) To protect our clients and employees from the potential spread of COVID-19, we are screening all visitors to all agency locations until the National State of Emergency is lifted.</p> <p>2) All staff to be retrained on Infection prevention which includes the following: a. Proper hand washing, b. How to stop the spread of germs, c. Symptoms of COVID-19, d. Always following infection control protocols which include: i. Covering mouth with elbow when coughing, ii. Using hand sanitizer and washing hands with soap and water frequently, iii. Not touching your face. c. Proper cleaning and disinfection and d. Infection Control Policy.</p> <p>3) Agency Nursing staff will identify those clients who are at risk which according to the World Health Organization (WHO) are individuals over the age of 60 with at least one diagnosis of a chronic illness. To reduce exposure to the COVID-19 we will limit client exposure to open areas as much as possible. This will include the following: a. Resident appointments that are not urgent will be rescheduled for a later time, b. Grocery shopping will be done on-line if possible. If it is not possible then one staff/Manager will be responsible for going out and purchasing, c. Residents are not to be out in public areas such as stores, restaurants, community events, etc., d. Residents will be able to utilize drive-thru's at banks and restaurants but will need to ensure proper precautions such as hand washing when they return home. Upon returning to the home staff will wipe vehicles down to include steering wheels, seats, and door handles and e. Additional activities will be determined on a case by case basis if proper precautions are taken.</p>						

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	<p>4) To ensure infection prevention, the agency will implement the following: a. Each shift will have a designated person (DSP/Manager) that will ensure the following occurs;</p> <p>i. Oncoming staff or mandatory visitors in the home such as Nurses, Management, Regulatory Entities, etc. will get a temperature check upon entering the home. Anyone with a temp of 100.4? or more will be sent home or asked to leave,</p> <p>ii. Oncoming staff or mandatory visitors in the home such as Nurses, Management, Regulatory Entities, etc. will need to wash their hands when coming into the home,</p> <p>iii. If someone is discovered to have a temperature 100.4? or more, this will be noted on the employee or visitor's screening tool and immediately reported to the Area Supervisor and Program Manager,</p> <p>iv. Designated person will give hourly reminders for others to wash hands and wipe down surfaces, knobs, etc.,</p> <p>v. Designated person will complete the Cleaning Prevention Checklist in the AM & PM,</p> <p>vi. Designated person will forward cleaning prevention checklist, visitors log, staff sign in log to office to Program Manager or designee for review to ensure continued compliance with this plan,</p> <p>vii. Maintain a minimum of 3/4 tank of gas at end of day for all agency vehicles to ensure ability to relocate residents if emergent need to evacuate in middle of night".</p> <p>On 9/3/20 at 2:02 PM, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: "...Everyone should: Wash your hands often: Wash your hands often with soap and water for at least 20 seconds</p>						

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	<p>especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities The cloth face cover is meant to protect other people in case you are infected Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.</p>						

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	<p>Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, door knobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop Follow CDC (Center for Disease Control) guidance if symptoms develop."</p> <p>On 9/4/20 at 10:33 AM facility work orders were reviewed. The review indicated the following:</p> <p>-Work order dated 6/7/20 indicated, "Water damage aground one of the sprinkler heads on the ceiling of the laundry room".</p> <p>-Work order dated 7/18/20 indicated, "replace firm alarm panel..."</p> <p>-Work order dated 7/20/20 indicated, "[Client #2] has busted out their bedroom window, caller has asked that the window be boarded up for the night until a replacement can be done".</p> <p>-Work order dated 8/26/20 indicated, "A window in clients [client #2] has been damaged, no glass, has been broken..."</p> <p>-Work order dated 8/27/20 indicated, "Needing [provider] to come out as they have two alarms</p>						

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W 0140 Bldg. 00	<p>not working. Clients are an elopement risk so it is a high priority". The work order did not identify the location of the two alarms not working.</p> <p>-Work order dated 8/31/20 indicated, "Fire alarm keep (sic) going off in the middle of the night".</p> <p>-Work order dated 9/2/20 indicated, "They are having issue with the bathroom door. Frame coming loose".</p> <p>-Work order dated 9/2/20 indicated, "Trim needing to be replaced in the bathroom due to a behavior".</p> <p>On 9/4/20 at 10:53 PM the PM was interviewed. The PM stated, "I'm going to have to get back with [maintenance] to see if we have a work order for [client #4's] window and alarm". The PM indicated the home should be maintained in good repair and would follow up more. At 12:33 PM, the PM indicated the 8/27/20 work order was for client #4's window repair and the 6/24/20 work order was for the broken shards of glass and broken window alarm in client #4's bedroom. The PM stated, "They're supposed to follow up for a replacement window (shards of glass). I did a separate one (work order) today. I guess the chain should be ordering a new window. I don't think that happened, so I put in a work order".</p> <p>9-3-1(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p>						

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	<p>Based on record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure a full and complete accounting of the clients' personal funds entrusted to the facility.</p> <p>Findings include:</p> <p>On 9/2/20 at 8:07 AM, a review of the clients' finances was conducted and indicated the following:</p> <p>1) Client #1's September 2020 ledger had an ending balance of \$150.00. Client #1's actual cash on hand balance totaled \$0.00. (\$150.00 unaccounted for).</p> <p>2) Client #2 was missing a September 2020 ledger in his finance book and no ending balance could be determined. Client #2's actual cash on hand balance totaled \$1.86. (\$1.86 unaccounted for).</p> <p>3) Client #3 was missing a September 2020 ledger in his finance book and no ending balance could be determined. Client #3's actual cash on hand balance was \$0.03. (\$0.03 unaccounted for).</p> <p>4) Client #4 was missing a September 2020 ledger in his finance book and no ending balance could be determined. Client #4's actual cash on hand balance was \$0.00. (\$0.00 unaccounted for).</p> <p>On 9/2/20 at 8:13 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP stated, "The \$150.00 was given by the parents and taken to the office. They (staff) should have kept \$25.00 in his book and taken</p>			W 0140	<p>1. An investigation was completed the Facilities QA Department. It was determined Client #1 missing funds could not be accounted for. The Facility deposited \$150 in Client #1 RFMS account.</p> <p>2. The Facility began the use of the P-Card system for client funds, staff have been in-serviced on creating a ledger entry to record a deposit of \$50 into client's personal funds at the beginning of every month. Spending those funds through the P-Card will be deducted and documented in the ledger.</p> <p>3. Staff will be in-serviced on stewardship of client monies and the requirement to maintain 100% accountability.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Residential Manager, Business Office, Quality Assurance, and DSP</p> <p>DATE OF COMPLETION: September 18, 2020</p>		09/18/2020

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W 0240 Bldg. 00	<p>\$125.00 to the office. These guys (staff) need to keep up the books (client ledger forms). We'll have to check on that".</p> <p>On 9/3/20 at 1:22 PM, the Program Manager was interviewed. The Program Manager indicated a new system of using a P-card (debit card) was initiated about 3 weeks prior where the client's \$52 monthly deposits into a P-card could be used during outings. When asked how the use of the P-card would be maintained in an itemized method to track individual client spending, the Program Manager stated, "We're going to, so they'll still get money. It was an oversight. They're going to take the P-card with the \$50 balance being tracked (receipts) in the office. I think that would help with the checkbook balances. I think that is important. Staff will maintain the balance (ledger) in the home".</p> <p>9-3-2(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2's behavior support plan (BSP) identified client #2's history of biting as an aspect of his physical aggression.</p> <p>Finding include:</p> <p>On 9/1/20 at 12:55 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. One of the BDDS report indicated the following:</p>		W 0240	<p>W 240: INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i) The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>1.The Facility will insure Clients BSP's are updated to reflect current needs and staff are trained on updates. 2.The Behavioral Clinician will</p>		09/11/2020	

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	<p>-BDDS report dated 7/13/20 indicated, "It was reported [client #2] was sitting on couch with staff participating in a leisure activity when [client #2] began hitting staff. [Client #2] then bit staff and staff used bite release technique for 15 seconds until [client #2] released the bite. [Client #2] continued hitting staff and two-man YSIS (You're Safe I'm Safe) was initiated for one minute until [client #2] calmed".</p> <p>Observations were completed on 9/1/20 from 3:06 PM to 6:01 PM. The observation indicated the following:</p> <p>-At 3:06 PM upon entering the home clients #1 and #2 were in their rooms.</p> <p>-At 3:17 PM, staff #1 prompted client #2 to use hand sanitizer and to prepare for taking his afternoon medicines.</p> <p>-At 3:20 PM, staff #1 prepared client #2's medicines for administration. Client #2 was in the bathroom at this time while staff #1 prepared his afternoon medication for administration. At 3:23 PM, staff #1 left the medication room to check on client #2 in the bathroom and prompt him to come take his medications.</p> <p>-At 3:32 PM, staff #1 was asked about client #2's behavioral history for biting. Staff #1 stated, "If he (client #2) gets mad, he will try to bite. He did bite a staff about 6 months ago".</p> <p>-At 3:46 PM, client #2 and staff #1 returned inside after shooting basketball. Client #2 took his shoes off and to the medication administration office.</p>				<p>train staff on changes to BSP.</p> <p>3.Record reviews will be completed by a member of the ResCare Team to during the monthly site review will check BSP to ensure plans remain updated and complete.</p> <p>4.ESN Team will meet monthly to review status and update to ensure client plans are complete and remain current.</p> <p>Persons Responsible: Program Manager, Area Supervisor, Behavioral Clinician, QIPD, Residential Manager, Quality Assurance, DSP.</p> <p>DATE OF COMPLETION: September 11, 2020</p>		

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	<p>-At 3:49 PM, staff #1 stated, "If we catch him with his pants down or stealing food and we redirect him to his room, that's when he will target you and try to bite".</p> <p>On 9/2/20 at 10:25 AM, client #2's record was reviewed. The record indicated the following:</p> <p>-Individual Support Plan (ISP) dated 6/1/20 indicated, "Challenging behaviors: ...bites others...".</p> <p>-Behavior Support Plan dated 5/6/20 indicated, "Physical Aggression: any time [client #2] makes contact with his hands (open or closed or squeezes the arm or hand or others) or foot with a staff or peer that produces an audible sound, red mark, scratch or has the potential to do so. Attempts that are blocked by staff or contact is not made because [client #2] 'missed', or staff or peers moved out of the way will also be counted". The behavior plan did not define or identify biting as an aspect of physical aggression for client #2.</p> <p>On 9/2/20 at 11:54 AM, the Qualified Intellectual Disability Professional (QIDP) was interviewed. The QIDP stated, "It (biting) should be in there (BSP), more follow up is needed. If it came to me as an IDT (Interdisciplinary Team Meeting), I would put that staff was bitten. It could be tracked, but it's not on the ABC (Antecedent-Behavior-Consequence) tracking". The QIDP indicated the behaviorist was out due to medical leave.</p> <p>On 9/3/20 at 1:22 PM, the Program Manager (PM) was interviewed. The PM stated, "The BSP (client #2's) was updated. [Behaviorist] took care of that yesterday. Yeah, she was surprised. They</p>						

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W 0382 Bldg. 00	<p>defined it (biting) now".</p> <p>9-3-4(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 2 of 2 sampled clients living in the home (#1 and #2), the facility failed to ensure the medication closet containing clients #1, #2, #3 and #4's medications was locked when medications were not being administered.</p> <p>Findings include:</p> <p>Observations were completed on 9/1/20 from 3:06 PM to 6:01 PM and on 9/2/20 from 6:32 AM to 9:01 AM. The observations indicated the following:</p> <p>-At 3:17 PM, staff #1 prompted client #2 to use hand sanitizer and to prepare for taking his afternoon medicines.</p> <p>-At 3:20 PM, staff #1 prepared client #2's medicines for administration. Client #2 was in the bathroom at this time while staff #1 prepared his afternoon medication for administration. At 3:23 PM, staff #1 left the medication room to check on client #2 in the bathroom and prompt him to come take his medications. Client #2's medications were left out on the counter, and the medication cabinet with clients #1, #2, #3 and #4's medicines was in it left unsecured and unattended.</p> <p>-At 3:24 PM, client #2 and staff #1 returned to</p>			W 0382	<p>1.The Facility will insure Clients medication are secure when medication is not being administered.</p> <p>2.Staff will be retrained on the proper security of medication when medication is not being administered by the Site Supervisor.</p> <p>3.Random Observations will be completed by the Nurse, Area Supervisor and Site Supervisor to ensure medication is secured while not being medications</p> <p>Persons Responsible: Program Manager, Area Supervisor, Nurse, Residential Manager, DSP.</p> <p>DATE OF COMPLETION: September 11, 2020</p>		09/11/2020

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	<p>the medication room. Staff #1 prompted client #2 to use more hand sanitizer before taking his medicines at 3:25 PM with water. Staff #1 indicated there were no more afternoon medications to administer, placed client #2's medication box back inside the medication cabinet and left the medication cabinet unlocked.</p> <p>-At 3:30 PM, both client #2 and staff #1 went out to the back porch area shot basketball. The medication cabinet was left unlocked and unattended.</p> <p>-At 3:46 PM, client #2 finished shooting basketball and returned inside where he took his shoes off and placed them in the office. The medication cabinet was unlocked and left unattended. At client #2 exited the medication room, staff #1 shut the door to the office.</p> <p>Morning observation:</p> <p>-At 6:40 AM staff #1 asked client #2 to get his water and prepare for his morning medicines.</p> <p>-At 6:46 AM, client #2 took his morning medicines, left the medication room and went to the shower. Staff #1 began initialing and completing the documentation of administering client #2 his morning medicines and then took a thermometer and left the medication room to go to the bathroom where client #2 was. The medication cabinet with clients #1, #2, #3 and #4 medicines were located was left unlocked and unattended.</p> <p>-At 6:50 AM, staff #1 was preparing client #1's morning medicines and left the medication administration room to go check on client #1. The medication cabinet along with client #1's</p>						

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	<p>medications on the counter were left unsecured and unattended.</p> <p>-At 6:55 AM, client #1 took his morning medicines.</p> <p>-At 6:58 AM, client #1 left the medication room and went to his room. Staff #1 asked client #1 not to go back to bed and stay up for breakfast. Staff #1 then put shampoo and conditioner in little plastic cups and took them to client #1. The medication cabinet was left unlocked and unattended.</p> <p>-At 7:08 AM, clients #1 and #2 showered in the bathroom adjacent to their bedrooms. Staff #1 and staff #2 began preparing items for the morning meal and gathering plates and utensils. While staff #1 and staff #2 were in the kitchen and dining area the medication cabinet was left unlocked and unattended.</p> <p>-At 7:09 AM, client #2 took his laundry to the laundry room. Staff #1 continued to work in the kitchen area and staff #2 assisted client #2 with his laundry and checked on client #1. The medication cabinet was left unlocked and unattended.</p> <p>-At 7:21 AM, client #2 gathered a mop and mop bucket. Client #2 began mopping his bedroom floor. Client #1 was still in the bathroom. Staff #1 and staff #2 assisted client #2 with mopping by moving furniture in the common living area and dining area. The medication cabinet was left unlocked and unattended.</p> <p>-At 7:32 AM, client #2 was mopping the living room and client #1 came out of the bathroom and returned to his room to dress. Staff #1 assisted</p>						

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	<p>with preparing the morning meal and helping client #2. Staff #2 assisted client #1 and client #2 with laundry in the laundry room. The medication cabinet was unlocked and unattended. Clients #1 and #2 continued with the chore of mopping the living room and dining room and doing laundry until breakfast at 7:49 AM. The medication cabinet remained unlocked and unattended.</p> <p>-At 7:49 AM, staff #1 asked client #2 to set the table for the morning meal. Clients #1 and #2 ate cereal, toast, an apple each and drank grape juice for their morning meals. Clients #2 finished his meal and placed his bowl and plastic juice cup in the kitchen at 7:58 AM. Client #1 continued to eat until he finished and placed his bowl and plastic cup in the kitchen at 8:04 AM. It was at this time when the Qualified Intellectual Disability (QIDP) entered the home and went into the medication room before the medication cabinet was not unattended, but remained unlocked.</p> <p>On 9/2/20 at 8:27 AM, staff #1 was interviewed. Staff #1 indicated he had received training on medication administration and stated, "When all 4 guys are here I do lock it (medication cabinet). I just didn't think about it. I have been trained. I've been here so long, I know the guys ... complacent. I knew better".</p> <p>On 9/2/20 at 11:51 AM, the Nurse was interviewed. The Nurse indicated medications should be securely maintained at all times and stated, "I know he knows (to lock the medication cabinet). Absolutely (secured)".</p> <p>On 9/2/20 at 11:54 AM, the QIDP was interviewed. The QIDP indicated medications</p>						

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W 0455 Bldg. 00	<p>should be securely maintained at all times and stated, "Yeah, they (staff) should lock the cabinet and lock the door".</p> <p>On 9/3/20 at 1:22 PM, the Program Manager was interviewed. The Program Manager indicated the medications should be securely maintained and stated, "We had the site supervisor do an in-service with folks (staff) and talk about it".</p> <p>9-3-6(a)</p> <p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation, record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the facility failed to ensure staff implemented strategies to reduce the risk of COVID-19 by failing to consistently wear facial coverings throughout the observation periods.</p> <p>Findings include:</p> <p>Observations were completed on 9/1/20 from 3:06 PM to 6:01 PM and on 9/2/20 from 6:32 AM to 9:01 AM. The observations indicated the following:</p> <p>-At 3:06 PM upon entering the home staff #1 took the surveyor's temperature while wearing a facial covering. Clients #1 and #2 were in their rooms. Staff #1 indicated clients #3 and #4 were on a trip out of state on a short vacation and would not return home until later in the week.</p> <p>-At 3:17 PM, staff #1 prompted client #2 to use</p>		W 0455	<p>1.The facility will ensure that an active program for the prevention, and control of infection and communicable diseases is ongoing.</p> <p>2.The Facility Staff will be inserviced by the Area Supervisor on COVID-19 policies.</p> <p>1.Staff will use the ResCare's current assessment tools that includes the Individual's temperature, respiratory or other symptoms questions, and identifying whether they have been in contact with positive COVID individuals for all visitors to the facility.</p> <p>2.ResCare staff will ensure that if an individual does not pass the assessment tool, they will be restricted from entering the Facility.</p> <p>3.All visitors will be required to</p>		10/04/2020	

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	<p>hand sanitizer and to prepare for taking his afternoon medicines.</p> <p>-At 3:20 PM, staff #1 prepared client #2's medicines for administration. Staff #1 removed his facial covering which remained off the remainder of the observation period. Client #2 was in the bathroom at this time while staff #1 prepared his afternoon medication for administration. At 3:23 PM, staff #1 left the medication room to check on client #2 in the bathroom. Both client #2 and staff #1 returned to the medication room and at 3:25 PM, staff #1 handed client #2 his medicine without wearing a facial covering.</p> <p>-At 3:27 PM, staff #1 turned on some music and client #2 began to dance. Client #2 approached staff #1 inside his personal space. Staff #1 placed his hands up to client #2's shoulders and verbally prompted him to sit down and listen to the music. Staff #1 was not wearing a facial covering. Client #1 was in the other common living area watching television.</p> <p>-At 3:43 PM, client #2 and staff #1 went outside to the back court yard and shot basketball. At 3:46 PM, client #2 returned inside and took his shoes off and placed them in the medication administration room. At 3:50 PM, client #2 took his blue water jug to the kitchen. Staff #1 followed client #2 to the kitchen and stood beside him at the refrigerator assisting with filling up client #2's blue water jug. Staff #1 was not wearing a facial covering while standing beside client #2 at the refrigerator.</p> <p>-At 4:22 PM, client #2 approached staff #1 while seated on a sofa. Client #2 bent over staff #1 and attempted to tickle him in the rib area of his</p>				<p>wear a mask, use hand hygiene, and practice social distancing.</p> <p>4. Following the visit, ResCare Staff will complete cleaning/sanitizing of the facility, specifically commonly touched areas.</p> <p>5. The Residential Manager and Direct Care Professionals will ensure all Company and State PPE guidelines are followed for all visitors, staff and clients.</p> <p>6. The Area Supervisor and Program Manager will perform random checks to ensure the active program for the prevention, and control of infection and communicable diseases is ongoing.</p> <p>Persons Responsible: QA Manager, QA Coordinator, QIDP, Residential Manager, Area Supervisor, DSP and Program Manager.</p> <p>DATE OF COMPLETION: October 4, 2020</p>		

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	<p>torso. Staff #1 was not wearing a facial covering.</p> <p>-At 4:50 PM, client #2 and staff #1 went back outside to the court yard area. At 4:56 AM, client #2 began drinking water from his blue water jug. Staff #1 verbally prompted client #2 to slow down. When client #2 did not slow down, staff #1 physically prompted client #2 not to drink too much and then placed client #2's blue water jug on the window ledge between the common living area where client #2 was and the kitchen. Staff #1 was not wearing a facial covering while physically prompting client #2 not to drink too fast or too much water.</p> <p>-At 5:22 PM, pizza was delivered to the home. Clients #1 and #2 began eating their evening meal. Staff #1 continued to prepare more foods and gather items for clients #1 and #2 to eat along with their pizza.</p> <p>-At 5:28 PM, staff #1 verbally prompted client #2 to come and get his salad. Staff #1 then took client #1 his salad to the table and set it down beside him on the table. Staff #1 returned to the kitchen area, gathered two apples and returned to the dining room table and placed an apple beside both client #1 and client #2. Staff #1 was not wearing a facial covering while supporting clients #1 and #2 with their evening meal.</p> <p>-At 5:34 PM, staff #1 stated to both clients #1 and #2 that they both each could have a 3rd piece of pizza and brought a piece to each client. Staff #1 was not wearing a facial covering while supporting clients #1 and #2 with their 3rd piece of pizza at the dining room table.</p> <p>Morning observation:</p>						

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	<p>-At 6:32 AM, staff #1 took the surveyor's temperature upon entering the home. Staff #1 was not wearing a facial covering. Staff #2 was seated in the common living area and was not wearing a facial covering. Neither staff #1 nor staff #2 wore facial coverings during the observation period. Clients #1 and #2 were in their bedrooms waking up to begin their daily routines. Clients #3 and #4 were still out of state on their vacation.</p> <p>-At 6:40 AM, staff #1 prompted client #2 to get his water and prepare to take his morning medicines.</p> <p>-At 6:46 AM, staff #1 handed client #2 his morning medicines and client #2 took the small cup with his medicines and placed them in his mouth. Staff #1 did not wear a facial covering while supporting client #2 with his morning medications.</p> <p>-At 6:53 AM, client #1 entered the medication administration room. At 6:55 AM, client #1 took his morning medicines prepared by staff #1 and placed the small cup with medicine to his mouth and swallowed them. Staff #1 was not wearing a facial covering while supporting client #1 with his morning medications. Client #2 was gathering his laundry and preparing to do his chore of mopping.</p> <p>-At 7:09 AM, client #2 took laundry to the laundry room. Staff #2 assisted client #2 with his laundry while in the laundry room. Staff #2 was not wearing a facial covering.</p> <p>-At 7:21 AM, client #2 took the mop bucket back to the laundry room. Staff #2 followed client #2 and physically prompted him to finish mopping</p>						

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	<p>the living room and dining room area. Staff #2 was not wearing a facial covering while supporting client #2 with his chore of mopping.</p> <p>-At 7:40 AM, client #2 attempted to hug staff #1. Staff #1 used physical prompts when client #1 entered his personal space. Staff #1 was not wearing a facial covering when client #2 entered his personal space.</p> <p>-At 7:41 AM, staff #1 verbally redirected client #2 to help put dishes away. The two went into the kitchen area and began putting clean dishes away and filling the dish washer with dirty dishes from the sink. Staff #1 was not wearing a facial covering while standing beside client #2 and supporting him doing the dishes.</p> <p>-At 7:43 AM, both client #1 and client #2 began gathering dishes and breakfast items for their morning meals. Clients #1 and #2 ate their morning meal of cereal, toast, an apple and grape juice independently. Staff #1 and #2 stood to the side of the dining room table and periodically would enter and exit the dining area while clients #1 and #2 ate their meals. Staff #1 and staff #2 did not wear facial covering while supporting clients #1 and #2.</p> <p>On 9/1/20 at 12:13 PM, the Program Manager (PM) was interviewed. The PM was asked during the entrance conference about any changes to the provider's infection control policy and procedures to limit the potential spread of the COVID-19. The Program Manager indicated the policy had not changed since the beginning of the July 2020 and staff were to wear a facial covering when 6 feet of social distancing could not be maintained.</p>						

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	<p>On 9/3/20 at 12:41 PM, the Executive Director (ED) was interviewed. The ED indicated the infection control policy provided at the beginning of July 2020 was current. When asked if the Program Manager had shared insight about social distancing concerns observed in the home during observations, the ED stated, "[Program Manager] did talk about when people come up quickly. We've talked about using gator masks (neck garter). When people (clients) come up quick and in personal space". The ED indicated the neck garter facial coverings would allow staff to be able to quickly pull up the facial covering and stated, "It's about the only thing I know to do. I'm going to get one for all the staff and they will be responsible for washing it". The ED indicated the infection control and Covid-19 crisis plan should be followed and implemented, but a simpler system for facial coverings had been discussed and the idea of neck garters when social distancing could not be maintained had been discussed and planned for implementation.</p> <p>On 9/3/20 at 1:22 PM, the PM was again interviewed. The PM was asked about staff maintaining social distance when supporting and interacting with clients. The PM indicated neck garter facial coverings had been a recent discussion topic at the facility and stated, "I think that may be a good fix for easy access. I think we may have already bought some". The PM indicated further follow up was being pursued with the use of neck garters to be pulled up by staff when 6 feet of social distancing could not be maintained while supporting clients. The PM was then asked about the home being maintained in good repair.</p> <p>The PM indicated work orders would be searched for and provided for review. The PM stated, "We</p>						

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	<p>nailed the exposed nails you found the day (9/2/20) you showed the pictures. I told them (maintenance) that we could not wait on that". The PM indicated he was trying to track down the work orders for the windows and ceiling. The PM indicated the fire sprinkler was inspected by another provider, more recently than the 6/8 date written on the ceiling. The PM indicated work order history would be obtained and provided for review.</p> <p>On 9/3/20 at 1:54 PM, the facility's undated COVID-19 Crisis Plan (CCP) was reviewed. The CCP indicated the following:</p> <p>"Prevention:</p> <p>1) To protect our clients and employees from the potential spread of COVID-19, we are screening all visitors to all agency locations until the National State of Emergency is lifted.</p> <p>2) All staff to be retrained on Infection prevention which includes the following: a. Proper hand washing, b. How to stop the spread of germs, c. Symptoms of COVID-19, d. Always following infection control protocols which include: i. Covering mouth with elbow when coughing, ii. Using hand sanitizer and washing hands with soap and water frequently, iii. Not touching your face. c. Proper cleaning and disinfection and d. Infection Control Policy.</p> <p>3) Agency Nursing staff will identify those clients who are at risk which according to the World Health Organization (WHO) are individuals over the age of 60 with at least one diagnosis of a chronic illness. To reduce exposure to the COVID-19 we will limit client exposure to open areas as much as possible. This will include the following: a. Resident appointments that are not urgent will be rescheduled for a later time, b. Grocery shopping</p>						

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	<p>will be done on-line if possible. If it is not possible then one staff/Manager will be responsible for going out and purchasing, c. Residents are not to be out in public areas such as stores, restaurants, community events, etc., d. Residents will be able to utilize drive-thru's at banks and restaurants but will need to ensure proper precautions such as hand washing when they return home. Upon returning to the home staff will wipe vehicles down to include steering wheels, seats, and door handles and e. Additional activities will be determined on a case by case basis if proper precautions are taken.</p> <p>4) To ensure infection prevention, the agency will implement the following: a. Each shift will have a designated person (DSP/Manager) that will ensure the following occurs;</p> <p>i. Oncoming staff or mandatory visitors in the home such as Nurses, Management, Regulatory Entities, etc. will get a temperature check upon entering the home. Anyone with a temp of 100.4? or more will be sent home or asked to leave,</p> <p>ii. Oncoming staff or mandatory visitors in the home such as Nurses, Management, Regulatory Entities, etc. will need to wash their hands when coming into the home,</p> <p>iii. If someone is discovered to have a temperature 100.4? or more, this will be noted on the employee or visitor's screening tool and immediately reported to the Area Supervisor and Program Manager,</p> <p>iv. Designated person will give hourly reminders for others to wash hands and wipe down surfaces, knobs, etc.,</p> <p>v. Designated person will complete the Cleaning Prevention Checklist in the AM & PM,</p> <p>vi. Designated person will forward cleaning prevention checklist, visitors log, staff sign in log to office to Program Manager or designee</p>						

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	<p>for review to ensure continued compliance with this plan,</p> <p>vii. Maintain a minimum of 3/4 tank of gas at end of day for all agency vehicles to ensure ability to relocate residents if emergent need to evacuate in middle of night".</p> <p>On 9/3/20 at 2:02 PM, the article "Coronavirus Disease 2019 (COVID-19): Protect Yourself" was reviewed from the website www.cdc.gov. The article indicated: "...Everyone should: Wash your hands often: Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% (percent) alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands. Avoid close contact: Avoid close contact with people who are sick, even if inside your home. If possible, maintain 6 feet between the person who is sick and other household members. Put distance between yourself and other people outside of your home. Remember that some people without symptoms may be able to spread virus. Stay at least 6 feet from other people. Do not gather in groups. Stay out of crowded places and avoid mass gatherings. Keeping distance from others is especially important for people who are at higher risk of getting very sick. Cover your mouth and nose with a cloth face cover when around others: You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a cloth face cover when they have to go out in public, for example if they have to go to the grocery store or to pick up other necessities The cloth face cover is meant to protect other</p>						

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	<p>people in case you are infected Continue to keep about 6 feet distance between yourself and others. The cloth face cover is not a substitute for social distancing. Cover coughs and sneezes: If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol. Clean and disinfect: Clean and disinfect frequently touched surfaces daily. This includes tables, door knobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Monitor your health: Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in setting where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop Follow CDC (Center for Disease Control) guidance if symptoms develop."</p> <p>9-3-7(a)</p>						