

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

PRINTED: 09/03/2020

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/07/2020	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16613 SIMA GRAY RD HENRYVILLE, IN 47126			
(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
W 0000 Bldg. 00	<p>This visit was for the investigation of complaints #IN00317245, #IN00324661, #IN00325646 and #IN00326597. This visit included a Covid-19 focused infection control survey.</p> <p>Complaint #IN00317245: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Complaint #IN00324661: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W153.</p> <p>Complaint #IN00325646: Substantiated, Federal and state deficiency related to the allegation(s) is cited at W149.</p> <p>Complaint #IN00326597: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W149 and W153.</p> <p>Date of survey: 6/30/20, 7/1/20, 7/2/20, 7/6/20 and 7/7/20.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIMS Number: 200905630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 8/11/20.</p>			W 0000			
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit</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 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 30 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>mistreatment, neglect or abuse of the client. Based on record review and interview for 9 of 13 incident reports reviewed affecting clients A, B, C and a former client (FC #1), the facility failed to implement its policy and procedures for prohibiting abuse, neglect, exploitation, mistreatment or violation of an individual's rights in regard to neglect and verbal abuse.</p> <p>Findings include:</p> <p>On 6/30/20 at 4:10 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>1) BDDS report dated 1/14/20 indicated, "[Client A] reported that on Jan (January) 10, 2020, [Former Staff #1] took [client A] to [FS #1's] apartment. While there, [FS #1] slept in his bed for 1 ½ hours while [client A] sat on the couch and watched tv (television)".</p> <p>Two investigative reports dated 1/13/20 through 1/15/20 were provided for review. The 1st investigative report indicated, "An investigation was initiated after allegations were received of staff, [FS #1], sleeping while on the clock". The factual findings indicated, "By review of witness statements, 2 staff members and 3 clients report seeing [FS #1] asleep on 1/12/20. [FS #1] reports he does not think he was all the way asleep, but if he was it was no more than 10 minutes". The conclusion indicated, "It is substantiated [FS #1] was sleeping on his shift" and "Term" (terminate employment)".</p> <p>The 2nd investigative report indicated, "An investigation was initiated after allegations were received of staff, [FS #1], taking [client A] to his</p>			W 0149	<p>1. The Facility will retrain staff at the site on the Abuse, Neglect and Exploitation Policy and disciplinary action will be given if the policy is not followed. Area Supervisor and Residential Manager will ensure that the Abuse, Neglect and Exploitation Policy is followed. The Program Manager, Area Supervisor and Residential Manager to ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>1. Monitoring of Corrective Action: The Program Manager, Area Supervisor, and Residential Manager will ensure all incidents of possible abuse, neglect and exploitation are reported to the QA department.</p> <p>2. All employees will be trained on the standard and disciplinary action up to and including termination will be given if the standard is not followed.</p> <p>Persons Responsible, Program Manager, Behavior Clinician, QIDP, Nurse, Area Supervisor, Residential Manager</p>		08/21/2020

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	<p>home on 1/10/20 and sleeping while there". The conclusion indicated, "It is substantiated [FS #1] took [client A] to his home. It is unable to be substantiated [FS #1] slept while at his house" and "Term for separate substantiated allegations (1st investigative summary)".</p> <p>2) BDDS report dated 2/11/20 indicated, "It was reported staff [FS #2] went into [client B's] room and began yelling at [client B] using inappropriate language".</p> <p>Investigative summary dated 2/11/20 through 2/14/20 indicated, "An investigation was initiated when it was reported that staff [FS #2] was cursing at and called [client B] r.....". The conclusion indicated, "It is substantiated [FS #2] was verbally abusive toward [client B]," and "Termination for [FS #2]".</p> <p>3) BDDS report dated 2/17/20 indicated, "It was reported [client C] had been on the phone with a friend and, (sic) he hung up and went in his room. Staff heard a cabinet close and went to check on [client C]. [Client C] told staff he had swallowed the end of a cord for a radio. Nurse was contacted, and [client C] was transported to ER (emergency room) for evaluation. [Client C] was evaluated and released with discharge paperwork for foreign body ingestion and depression. Dr. (doctor) advised that cord plug would be passed in [client C's] stool".</p> <p>Investigative summary dated 2/16/20 through 2/21/20 indicated, "An investigation was initiated after it was reported [client C] swallowed an end to an electrical cord". The conclusion indicated, "It is substantiated [client C] swallowed an inedible object. It is substantiated the home was not in ratio at the time of the incident. It is</p>						

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	<p>substantiated no staff let AS (Area Supervisor) know house was going to be out of ratio. It is substantiated that [FS #3] left his shift before ensuring there was another 1:1 (one to one) staff for [client C]. It is substantiated that [FS #3's] actions of leaving his shift directly contributed to [client C] requiring emergency treatment" and "Term [FS #3] employment".</p> <p>4) BDDS report dated 3/24/20 indicated, "Allegations were received of staff using profanity towards [client C] and [FC #1] as well as telling them to shut up. The staff member in question has been placed on administrative leave pending investigation".</p> <p>Investigative summary dated 3/24/20 through 3/25/20 indicated, "An investigation was initiated after allegations were received of staff, [FS #4], telling clients to shut up and shut the [expletive] up. During investigation, it was reported staff, [staff #1], had made the same comments towards clients on the van. [FS #4] and [Staff #1] were placed on administrative leave pending investigation". The conclusion indicated, "It is substantiated [FS #4] told clients, [client C] and [FC #1], to shut up and/or shut the [expletive] up. It is unsubstantiated [staff #1] told clients to shut up and/or shut the [expletive] up". The recommendation from the investigation was "Reinstate [staff #1] and Term [FS #4]".</p> <p>5) BDDS report dated 4/13/20 indicated, "It was reported staff left the home, to tend to another client's behavior, leaving [client A] and [client B], home alone (for what was reported to be 1 minute) without staff supervision. It was reported both individuals were asleep at the time, there were no further incidents as a result of this".</p>						

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	<p>Investigative Summary dated 4/12/20 through 4/15/20 indicated, "An investigation was initiated after it was reported staff, [staff #6], left the home to assist with a client behavior". The conclusion indicated, "It is substantiated [staff #6] left the home to assist with a client behavior, for approximately 1 minute. It is substantiated the home was within ratio at the time of the incident of [client C] leaving the assigned area". The recommendations indicated, "Reinstate [staff #6]. Retrain [staff #6] on client BSP's (Behavior Support Plans)".</p> <p>6) BDDS report dated 4/13/20 indicated, "Allegations were received of staff provoking [client B]. The staff member in question was placed on administrative leave pending investigation".</p> <p>Investigative Summary dated 4/12/20 through 4/15/20 indicated, "An investigation was initiated after allegations were received of staff, [FS #5], antagonizing client [client B]. It was reported [FS #5] made unprofessional comments to client, [client A], regarding client behavior and having favorite clients in the home". The conclusion indicated, "It is substantiated [FS #5] was making antagonizing comments to [client B]. It is unsubstantiated [FS #5] made unprofessional comments to client [client A]". The recommendations indicated, "Term [FS #5]".</p> <p>7) BDDS report dated 4/12/20 indicated, "It was reported a staff member was verbally provoking [FC #1] and [FC #1] began to display behaviors. [FC #1] attempted to hit the staff member, at which point other staff present blocked the aggression and one person You're Safe I'm Safe was utilized, followed by 2 person You're Safe I'm Safe until [FC #1] was calm".</p>						

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	<p>Investigative Summary dated 4/12/20 through 4/15/20 indicated, "An investigation was initiated after allegations were received of staff, [FS #5], provoking behaviors from client, [FC #1], resulting in the use of a physical technique, which may not have been an authorized YSIS (You're Safe I'm Safe) technique". The conclusion indicated, "It is unable to be substantiated [FS #5] provoked [FC #1] into having a behavior. It is substantiated the technique used was not a You're Safe I'm Safe authorized technique". The recommendations indicated, "Term [FS #5]".</p> <p>8) BDDS report dated 5/3/20 indicated, "It was reported on May 3, 2020 that on May 1st 2020 [FC #1] became agitated when he wanted to watch tv and complained to staff that [client B] was being too loud. [FC #1] then hit [client B] in the face causing [client B's] nose to bleed. Nurse arrived and advised staff to transport [client B] to ER for evaluation. CT scan (medical imaging) was done and showed [client B] sustained a nondisplaced acute fracture of the nasal bone. [Client B] was advised to see ENT (Ears Nose Throat) if any further problems ...".</p> <p>Investigative summary dated 5/1/20 through 5/6/20 indicated, "An investigation was initiated when it was reported [FC #1] client, hit [client B], client in the face causing a nasal bone fracture". The factual finding indicated, " ... Discharge paperwork from [hospital name] hospital shows [client B] had CT scan of maxillofacial (upper jaw/face) bones that showed a nondisplaced acute fracture of the nasal bone and nondisplaced acute fracture of the nasal spine".</p> <p>9) BDDS report dated 6/2/20 indicated, "It was reported staff [FS #6] was found sleeping on the</p>						

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W 0153 Bldg. 00	<p>couch during his shift. [Client B], [FC #1] and [client C] were present in the group home at the time".</p> <p>Investigative summary dated 6/2/20 through 6/10/20 indicated, "An investigation initiated after AS (Area Supervisor), received a call from [staff #3], DSP at ESN 3 stating [FS #6] was asleep". The conclusion indicated, "It is substantiated that [FS #6] was sleeping".</p> <p>On 7/1/20 at 2:10 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM reviewed the above incidents and indicated the Abuse, Neglect, Exploitation, Mistreatment or a Violation of an Individual's Rights (ANE) policy should be implemented at all times and stated, "It's a zero tolerance policy".</p> <p>On 7/1/20 at 3:25 PM, the ANE policy dated 7/10/19 was reviewed. The ANE policy indicated, "ResCare strictly prohibits abuse, neglect, exploitation, mistreatment, or violation of an Individual's rights".</p> <p>This federal tag relates to complaints #IN00317245, #IN00324661, #IN00325646 and #IN00326597.</p> <p>9-3-2(a)</p> <p>483.420(d)(2)</p> <p>STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 3 of 13</p>			W 0153			08/21/2020

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	<p>alleged incidents affecting clients A, B and Former Client #1 (FC #1), the facility failed to report alleged incidents of abuse, neglect or mistreatment immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, in accordance with state law.</p> <p>Findings include:</p> <p>On 6/30/20 at 4:10 PM, a review of the Bureau of Developmental Disabilities Services (BDDS) incident reports and accompanying Investigative Summaries was completed. The reports indicated:</p> <p>1) BDDS report dated 4/13/20 indicated, "It was reported staff left the home, to tend to another client's behavior, leaving [client A] and [client B], home alone (for what was reported to be 1 minute) without staff supervision. It was reported both individuals were asleep at the time, there were no further incidents as a result of this". The incident occurred on 4/11/20. The date of knowledge was 4/11/20, but the incident was not reported until 4/13/20.</p> <p>Investigative Summary dated 4/12/20 through 4/15/20 indicated, "An investigation was initiated after it was reported staff, [staff #6], left the home to assist with a client behavior". The conclusion indicated, "It is substantiated [staff #6] left the home to assist with a client behavior, for approximately 1 minute. It is substantiated the home was within ratio at the time of the incident of [client C] leaving the assigned area". The recommendations indicated, "Reinstate [staff #6]. Retrain [staff #6] on client BSP's (Behavior Support Plans)".</p> <p>2) BDDS report dated 4/13/20 indicated,</p>				<p>1. The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>2. The Area Supervisor will train all Facility Staff on the BDDS Reporting Standard.</p> <p>Persons Responsible: QA Manager, QA Coordinator, QIDP, Residential Manager, Area Supervisor, DSP and Program Manager.</p>		

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	<p>"Allegations were received of staff provoking [client B]. The staff member in question was placed on administrative leave pending investigation". The incident occurred on 4/11/20. The date of knowledge was 4/11/20, but the incident was not reported until 4/13/20.</p> <p>Investigative Summary dated 4/12/20 through 4/15/20 indicated, "An investigation was initiated after allegations were received of staff, [FS #5], antagonizing client [client B]. It was reported [FS #5] made unprofessional comments to client, [client A], regarding client behavior and having favorite clients in the home". The conclusion indicated, "It is substantiated [FS #5] was making antagonizing comments to [client B]. It is unsubstantiated [FS #5] made unprofessional comments to client [client A]". The recommendations indicated, "Term [FS #5]".</p> <p>3) BDDS report dated 5/3/20 indicated, "It was reported on May 3, 2020 that on May 1st 2020 [FC #1] became agitated when he wanted to watch tv and complained to staff that [client B] was being too loud. [FC #1] then hit [client B] in the face causing [client B's] nose to bleed. Nurse arrived and advised staff to transport [client B] to ER for evaluation. CT scan (medical imaging) was done and showed [client B] sustained a nondisplaced acute fracture of the nasal bone. [Client B] was advised to see ENT (Ears Nose Throat) if any further problems ...". The incident occurred on 5/1/20. The date of knowledge was indicated as 5/3/20 and reported on 5/3/20.</p> <p>Investigative summary dated 5/1/20 through 5/6/20 indicated, "An investigation was initiated when it was reported [FC#1] client, hit [client B], client in the face causing a nasal bone fracture". The factual finding indicated, " ... Discharge</p>						

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W 0455 Bldg. 00	<p>paperwork from [hospital name] hospital shows [client B] had CT scan of maxillofacial (upper jaw/face) bones that showed a nondisplaced acute fracture of the nasal bone and nondisplaced acute fracture of the nasal spine".</p> <p>On 7/1/20 at 2:10 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM reviewed the above incidents. The QAM was asked if incidents of abuse, neglect or exploitation should be immediately reported to the administrator and stated "Yes". The QAM was asked if incidents of ANE should be reported to BDDS within 24 hours and stated, "Correct".</p> <p>This federal tag relates to complaints #IN00324661 and #IN00326597.</p> <p>9-3-2(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. Based on observation, record review and interview for 4 of 4 clients living in the group home (A, B, C and D), the facility failed to ensure staff implemented strategies to reduce the risk of COVID-19 by failing to take the surveyor's temperature, screen through the use of the visitor questionnaire prior to entering the group home and staff not wearing facial coverings.</p> <p>Findings include:</p> <p>On 6/30/20 from 5:54 PM to 7:01 PM, an observation was conducted at the group home. Clients A, B and C were eating their evening meal of chicken, green beans and garlic bread. Client D</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</p>		08/21/2020	

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	<p>was on an outing. Staff #4 and #6 were working with clients A, B and C at the group home during the evening meal. The surveyor's temperature and visitor questionnaire were not completed upon entering the group home. Staff #4 and staff #6 did not wear facial coverings while supporting clients A, B and C throughout the observation.</p> <p>On 7/1/20 from 9:20 AM to 11:05 AM, an observation was conducted at the group home. Clients B, C and D were outside with their peers. Client A was inside the group home with staff #6. At 9:33 AM, upon entering the group home staff #6 took the surveyor's temperature and requested the surveyor complete a visitor questionnaire. Staff #6 was not wearing a facial covering when answering the door, taking the surveyor's temperature and requesting a visitor screening questionnaire be completed. Client A was in his bedroom waking up and preparing to begin his morning routine.</p> <p>On 6/30/20 at 4:03 PM, the Program Manager (PM) was interviewed. The PM indicated the staff should screen the surveyor prior to the surveyor entering the group home. The PM stated staff members were screened at the start of their shift for fever and to complete an "any positive Covid exposure checklist". The PM indicated if staff came to work with a temperature over 100.0 degrees (Fahrenheit) the employee could not work for 3 days until symptom free (no fever) or a negative Covid-19 test result.</p> <p>On 7/1/20 at 3:15 PM, the Quality Assurance Manager (QAM) was interviewed. The QAM indicated the staff should have screened and taken the surveyor's temperature prior to the surveyor entering the group home. The QAM indicated staff are screened daily. If any visitors</p>				<p>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 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>		

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G749		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/07/2020	
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	<p>come in the person is asked to wear a face mask. For staff not wearing face mask, they are to maintain social distance. The QAM indicated the PM was going to do further follow up on the protocol for staff wearing a face mask, but staff would place a face mask on if You're Safe I'm Safe physical behavioral interventions were implemented.</p> <p>On 7/2/20 at 3:35 PM, the facility's undated COVID-19 Crisis Plan (CCP) was reviewed. The CCP indicated, "Prevention: 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. 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, e. Proper cleaning and disinfection, f. Infection Control Policy ... 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: 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 F? or more will be sent home or asked to leave".</p> <p>On 7/2/20 at 3:50 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</p>						

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	<p>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 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>9-3-7(a)</p>						