

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ACCURA HEALTHCARE OF LE MARS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>954 7TH AVENUE SE LE MARS, IA 51031</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. The facility failed to ensure that all staff were screened thoroughly before beginning their shifts, failed to thoroughly document follow-up for staff who reported possible signs and symptoms of COVID-19, and failed to ensure that staff cleaned resident care equipment after each use. Findings include: - Review of CMS guidance, titled QSO-20-14 NH, released 3/4/20, documented the following: How should facilities monitor or limit visitors? Facilities should screen visitors for the following: 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: <a href="https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html">https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html</a> 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. Has had contact with someone with or under investigation for COVID-19. The guidance also documented: How should facilities monitor or restrict health care facility staff? The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). - Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. - Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should: Immediately stop work, put on a facemask, and self-isolate at home; Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment). Review of the facility's COVID-19 Employee Screening Log, documented that facility staff would be screened by another staff person, and must document their name, temperature, onset date of fever (if present), presence of cough, shortness of breath, sore throat, or runny nose; out of country travel/travel on an airplane in the last 14 days, and exposure to a person with a fever or recent travel. If the staff person answered yes to any questions, an additional column required a form completed for yes answers. The staff person completing the screening would then sign their initials on the log. At the end of the shift, the staff person would have their temperature assessed again, with the temperature documented and the signature of the staff taking the temperature documented. Further review of the facility's COVID-19 Employee Screening Logs revealed the following: 1. On 3/11/20, a staff person failed to answer all screening questions. 2. On 5/26/20, one staff person failed to have a documented temperature. 3. On 5/27/20, two staff failed to have documented temperatures. 4. On 6/3/20, a staff person indicated on the screening log that they experienced a runny nose. Review of the COVID-19 Employee Screening documented that another staff person completed a follow-up screening form, which indicated the staff person had a runny nose, but denied the presence of any other symptoms. The form failed to indicate a possible cause for the staff person's runny nose. 5. On 7/2/20, one staff person failed to answer all screening questions. An additional staff person failed to have a documented temperature. On 8/5/20 at 2:25pm, the Assistant Director of Nursing (ADON) indicated that the expectation of staff was that all staff would be thoroughly and completely screened before beginning their shift. The ADON indicated that if staff answered yes to a screening question, that the follow-up form would be completed. The ADON indicated that the staff person on 6/3/20 worked their shift, and that their runny nose was caused by allergies [REDACTED]. On 8/5/20 at 2:32pm, the Administrator indicated that nursing administration, such as the Director of Nursing (DON) and the ADON, would review the screening forms for completeness. The Administrator indicated that in the past, there were issues with the forms being completely filled out, but indicated that he was not aware of any current issues. - On 8/5/20 at 10:12am, a nurse aide and a Physical Therapist (PT1) exited a resident's room on the observation unit, pushing a sit-to-stand mechanical lift (a piece of resident care equipment that assists a person to stand from a sitting position). PT1 pushed the lift down the hall and then left the lift against a wall. PT1 then performed hand hygiene, and exited the unit without cleaning the lift. The lift sat for approximately five minutes, and at the end of the observation, had not been cleaned. On 8/5/20 at 10:17am, PT1 indicated that he asked direct care staff to assist with getting the resident's weight, and so he and another staff person utilized the mechanical lift. PT1 indicated that following getting the resident's weight, the lift was left against the wall in the hallway. PT1 indicated that the lift was not cleaned after use, and that he was not sure how often or when resident care equipment needed to be cleaned. On 8/5/20 at 11:50am, the Administrator indicated that the facility did not have a policy regarding the cleaning of resident care equipment, but that the expectation of staff was to clean equipment after each use. On 8/5/20 at 2:25pm, the ADON indicated that the expectation of all staff would be to clean resident care equipment, including lifts, after each use.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.