

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>165414</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ACCURA HEALTHCARE OF POMEROY, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 EAST 7TH STREET POMEROY, IA 50575</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and staff interviews the facility failed to screen staff prior to coming in to the facility, failed to wear the required Personal Protection Equipment (PPE) after entering the facility, and failed to perform hand hygiene after leaving the East Wing, which contained isolated residents. The facility reported a census of 29 residents. Findings include: Observation on 7/14/2020 at 1:43 PM revealed Staff A, Maintenance Director, exited the back half of the East Hall which contained isolated residents. Observation showed the back half of the East Hall blocked off by a thick plastic wall from the ceiling to the floor, with the edges taped to the wall and a zipper going down the center of the plastic wall. Staff A unzipped the plastic wall, stepped through to the other side, zipped up the plastic wall and continued to walk throughout the facility without performing hand hygiene. The isolation area contained a hand sanitizer dispenser located on the wall to the right of Staff A who did not use the sanitizer. During an observation on 7/14/2020 at 1:58 PM Staff B Certified Nursing Assistant (CNA) wore a mask and goggles while screened at the nurse's station where residents sat. After screening, Staff B went to the breakroom. During observation on 7/14/20 at 2:00 PM staff entered the building through back entrance without wearing any PPE and walking directly to staff breakroom, not nurse's station to complete screening by oncoming nurse. During an observation on 7/14/2020 at 2:00 PM Staff E Certified Medication Aide (CMA) and Staff F CNA entered the facility from the back entrance with no PPEs on. Staff C then entered the facility from the back entrance with only goggles on, no mask on. These three staff members went straight to the breakroom. Staff D Licensed Practical Nurse (LPN) then walked in the breakroom with the questionnaire clip board and a thermometer. Six staff members then exited the breakroom with PPEs (mask and goggles) on. During an observation on 7/14/2020 at 2:15 PM staff entered the facility through the back entrance. The wall of the back entrance contained clothes lines with brown paper bags clipped to the line. Each bag listed a staff name and date on and contained their PPEs to use to enter the facility. Observation on 7/14/2020 at 2:24 PM revealed the distance from the back entrance door to the nurse's station as 11 steps and the distance from the back entrance door to the breakroom as 9 steps. During a staff interview on 7/14/20 at 1:50 PM the Administrator stated all staff enter through the back entrance, walk to the nurse's station and are screened, have their temperature checked by one of the nurses. If staff answer yes to any screening questions then there is a second set of questions that they are asked. She said staff are to hand sanitize and don their PPEs before entering the building. She also stated all face masks are disposed of after 5 days use or if visibly soiled, staff sanitize goggles at the end of their shift, all screening and temperature checks occur at the nurse's station. During a staff interview on 7/14/20 at 2:05 PM Staff E stated she wiped her goggles down at the end of her shift with alcohol wipes that are kept in the utility closet and she disposes of her mask after 3 days. During a staff interview on 7/14/2020 at 2:21 PM Staff D Licensed Practical Nurse (LPN) walked the surveyor through the screening process utilized before she begins her shifts. Staff D stated she enters through the back entrance of the facility, signs and clocks in, completes the screening process by filling out the questionnaire and gets her temperature taken. When asked where the screening takes place she stated either the breakroom or nurse's station. She stated she usually goes to the nurse's station to get screened because the nurses are there to do the screening because of shift change. During a staff interview on 7/14/20 at 2:25 PM with Staff D stated she does not clean her goggles but she did show the survey team to the back entrance where all staff hangs PPE, to look for a bottle of disinfectant which she could not find. Staff D stated she says she disposes of her mask after 7 days of wearing. During a staff interview on 7/14/2020 at 2:26 PM Staff C CNA walked the surveyor through the screening process prior to starting his shift. Staff C stated he enters the back entrance, they obtain his temperature, ask if he has signs and symptoms of COVID-19, and fills out a questionnaire. When asked where the screening takes place, he stated usually at the nurse's station and sometimes in the breakroom. When asked where he puts his PPEs on before his shift, he stated the breakroom. When asked where he takes his break, he stated in the breakroom. During a staff interview on 7/14/2020 at 2:32 PM the Infection Preventionist walked the surveyors through the staff screening process. She stated staff enter through the back entrance where they are asked if they are exhibiting signs and symptoms of COVID-19, if they answer yes staff fill out the employee screening form. Staff are to put on their PPEs, clock in and go to the nurse's station to continue the screening process with their PPEs on. When asked why staff screened in the breakroom, the Administrator stated staff probably did that because of surveyors in the building. The Infection Preventionist stated she expects staff to obtain their PPEs and wear them before entering the hallway from the back entrance. When asked if it was ok for staff to leave the back entrance with their PPEs on, then go to the nurse's station to be screened; she stated as long as the staff have their PPEs on, the residents are protected. The Infection Preventionist and Administrator stated they expect staff to perform hand hygiene after leaving the isolation hall and before entering the rest of the facility.</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.