

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER ACCURA HEALTHCARE OF AMES, LLC		STREET ADDRESS, CITY, STATE, ZIP 3440 GRAND AVENUE AMES, IA 50010	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interview and facility protocol, the facility failed to properly screen employees prior to entering and exiting the facility. The facility identified a census of 53 residents. Findings include: The Centers for Medicare/Medicaid Services (CMS) memorandum for long term care providers instructs every individual regardless of reason for entering a long-term care facility must have their temperature checked to help mitigate the spread of 2019 Novel Coronavirus (COVID-19). During a tour of the facility's designated COVID-19 unit on 8/11/20 at 11:35 A.M., forms titled Accura COVID-19 Employee Screening Log were noted on a table near an exit door. The forms dated 8/4/20, 8/5/20, 8/7/20, 8/8/20, 8/9/20, 8/10/20 and one undated form revealed the following: A form dated 8/4/20 revealed 5 employee names, 1 out of 5 names contained a signature of the staff person completing the assessment, 3 out of 5 documented temperatures at the end of the shift, 0 out of 5 signatures were present for staff taking their temperature at the end of their shift. A form dated 8/5/20 revealed 2 employee names, 1 out of 2 names contained a signature of staff completing the assessment, 1 out of 2 documented temperatures at the end of shift, 0 out of 2 contained signatures of staff taking their temperature at end of shift. A form dated 8/5/20 also revealed date 8/6/20 with 1 employee name, no signature of staff completing assessment. A form dated 8/7/20 revealed 3 employee names, 1 out of 3 names contained a signature of staff completing assessment, 2 out of 3 names contained a temperature at the end of shift and 0 out 3 signatures were present for staff taking their temperature at the end of their shift. A form dated 8/8/20 revealed 1 employee name, no signatures of staff completing assessment, no signatures of staff taking temperature at end of shift. A form dated 8/9/20 revealed 1 employee name, no signature of staff completing assessment, no temperature at the end of shift, no signature of staff taking temperature at end of the shift. A form dated 8/10/20 revealed 2 employee names, 1 out of 2 signatures were present of staff completing assessment, no documented temperatures at the end of shift, no signatures of staff taking temperature at the end of the shift. An undated form revealed 10 employee names, 6 out of 10 had temperatures documented at the beginning of shift, 4 out of 10 had signatures of staff completing assessment, 8 out of 10 had documented temperature checks at the end of shift, 2 out of 10 documented signatures of staff taking temperature at the end of shift. During an audit of COVID-19 Employee Screening Logs dated 8/5/20-8/10/20 completed by the Director of Nursing (DON) revealed only 1 employee that had completed the screening log on the COVID-19 unit had also been screened 8/5/20 at the beginning of their shift per facility protocol. All other employees that had completed the employee screening on the COVID-19 unit had not screened per facility protocol. During an interview on 8/11/20 at 12:55 P.M. with the DON, she stated all staff are expected to come in the side door by the back parking lot to be screened prior to work and when leaving work. At the beginning of the shift staff are to have their temperature taken, answer screening questions, get their personal protection equipment (PPE) that is located in individual boxes for each employee, come into the facility to get their assignment located near the Administrator's office, and then go to where they are assigned. At the end of the shift staff are to again have their temperatures taken. Staff from the COVID-19 unit are expected to exit from the exit door on the unit to the outside and come back around to the side entry where they entered at the beginning of their shift to have their temperature taken and remove their PPE.</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.