

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER AKRON CARE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 991 HIGHWAY 3 AKRON, IA 51001	
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, record reviews, and staff interviews, the facility failed to ensure appropriate infection control procedures related to the screening practice of staff entering the facility. The facility reported a census of 41 residents. Findings Include: Review of the Staff Covid-19 Screening for Start and End of Shift Log showed staff is self-screening as there is no witness signature for temperatures or screening questions. Log directed if you have two or more of the following symptoms or fever, do not come into the facility any further. You need to go back to your car immediately and call a nurse that is working and get tested that day. Review of the Staff Covid-19 Screening for Start and End of Shift Log show staff A, Certified Nurse Assistant (CNA) answered yes to having a cough, headache, congestion, muscle aches, and sore throat on 9/17/20. Staff A answered yes to ask to go home. Staff A entered the facility for COVID testing. Review of the working schedule for 9/6/20 through 9/19/20 showed Staff A was not scheduled to work on 9/17/20 but came to the facility to complete the outbreak testing requirements. Review of the Staff Covid-19 Screening for Start and End of Shift Log on 9/18/20 show Staff B, Dietary Cook answered yes to headache and congestion. Yes was answered to asked to go home at 6:30 am. Review of time card punches showed Staff B punched in and entered the facility at 5:44 am on 9/18/20. Review of Staff Covid-19 Screening for Start and End of Shift Log show Staff C, CNA answered yes to cough and congestion on 9/16/20, answered yes to cough, headache, and congestion on 9/15/20, answered yes to cough and congestion on 9/14/20. Review of time card punches showed Staff C punched in and entered the facility at 5:37 am and punched out at 4:00 pm on 9/14/20, punched in and entered the facility at 5:38 am and punch out at 2:08 pm on 9/15/20, and punched in and entered the facility at 5:37 am and punched out at 1:47 pm on 9/16/20. During interview on 9/22/20 at 2:30 pm Staff C stated that nobody from the facility has questioned her about answering yes to the screening questions. Staff C stated staff self-screen and thought she just had a small cold. During interview on 9/22/20 at 9:00 am Staff D, CNA stated she enters the building, sanitizes hands, takes her own temperature and answers the signs and symptoms questions, then starts her shift. Staff D stated she self-screens at mid and end of shift. During interview on 9/22/20 at 10:40 am Staff E, CNA stated staff always screen themselves in and out. On 9/22/20 at 12:23 Staff F, Dietary Aid was observed screening herself into work. Staff F answered the screening questions and took her own temperature and documented it on the screening log with no other staff around the location. Review of the Coronavirus Surveillance Policy dated 9/9/20, noted staff who have signs and symptoms of a respiratory infection shall not report to work. Any staff that develops signs and symptoms while on the job shall: stop work, apply facemask, and self-isolate at home. Inform the Infection Preventionist, include information on individuals, equipment, and locations the person came in contact with. On 9/23/20 at 10:10 am the Director of Nursing (DON) stated she expects staff to notify the nurse on duty of any signs or symptoms before the start of work. The DON stated staff has been educated on reporting signs and symptoms several times and understands the current screening process has issues. DON stated they are working on a new screening process.</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.