

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER HUNTER ACRES CARING CENTER		STREET ADDRESS, CITY, STATE, ZIP 628 NORTH WEST STREET SIKESTON, MO 63801	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to properly prevent or contain the possible spread of COVID-19 for four residents (Residents #4, #5, #6, and #7) residing on the facility Alzheimer's unit, and all residents and staff in the facility. The facility census was 81. 1. Observation on 5/28/2020 at 10:00 A.M., showed an employee from an outside contracted company wore a face mask and entered into the front door of the facility. The Social Service Worker (SSW) allowed the vendor to enter into the front office area without the mandated COVID 19 screening being performed. 2. Observation on 5/28/2020 at 11:00 A.M., showed Certified Nurse Aide (CNA) A and CNA B sat at the residents' dining table on the facility's Alzheimer's unit. Both CNA's ate their personal lunches without wearing face mask. Resident #4, Resident #5, Resident #6, and Resident #7 were seated around the table with the two CNAs. None of the residents had food or drinks. CNA B pushed Resident #4's hands away from his/her personal plate several times and continued to eat lunch without washing his/her hands. 3. During an interview on 5/28/2020 at 11:10 A.M., CNA A said it was lunch time and he/she removed their mask in order to eat. He/she said the policy is to request assistance for hall to be covered by other staff and eat in the employee dining area. He/she should not be without his/her mask at anytime while caring for residents. During an interview on 5/28/2020 at 11:10 A.M., CNA B, said it was lunch time and walked away from the surveyor without being interviewed. During an interview on 5/28/2020 at 11:20 A.M., the SSW said she received proper in-servicing and training on COVID-19 infection control policy. She said all visitors wishing to enter the building are to enter on the side and be properly screened for signs and symptoms of COVID 19. The SSW did not know why that vendor came through the front door, but should have stopped the vendor and had him/her go through the process. During an interview on 5/28/2020 at 11:30 A.M., the Director of Nurses (DON) and the Administrator stated the facility policy is all visitors are to enter the facility on the designated side door and be properly screened before entering the building. It is facility policy for staff to eat in the appropriate designated areas and not in the resident's dining room. She said she would expect all staff to wear their mask while in the building. 4. Record review of the facility policy, COVID-19 Policy and Procedure, showed: - The facility will actively screen all individuals entering the building including employees, government officials and contractors. The process should include asking individuals for respiratory symptoms, screen for temperatures, international travel within the past 14 days and exposure to anyone in another health care facility; and - All staff shall wear face masks while in the facility.		
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.