

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265864</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNTERRA SPRINGS INDEPENDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19200 E 37TH TERRACE S INDEPENDENCE, MO 64057</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, interview, and record review the facility failed to ensure the facility policy and critical infection control elements associated with decreasing the transmission of COVID (a new disease caused by a novel (new) coronavirus) were followed when failing to provide documentation of health screenings and temperature readings for two sampled staff members, Certified Nurse Assistant (CNA) A and Licensed Practical Nurse (LPN) B, out of three sampled staff members. The facility census was 30 residents. Record review of the facility's policy and procedure titled Coronavirus COVID-19 Skilled Nursing Facility, effective 3/7/20, and most recently revised 9/9/20, showed: -The purpose of the policy and procedure was to provide infection control guidelines to help protect and prevent the spread of COVID-19 within the facility by minimizing disease transmission among patients, visitors, and healthcare personnel. -Healthcare personnel will receive documented training on COVID-19 including infection control practices, personal protection equipment and isolation practices. -Employees will complete symptoms screen/questionnaire prior to the beginning of every shift and report any signs of illness to their supervisor immediately. 1. Record review of the work schedule for CNA A showed the employee worked and failed to complete COVID-19 Healthcare Personnel Screening Forms on 8/27/20, 8/28/20, and 9/3/20. 2. Record review of the work schedule for LPN B showed the employee worked and failed to complete COVID-19 Healthcare Personnel Screening Forms on 8/25/20 and 8/26/20. Observation on 9/11/20 at 9:00 A.M., showed no facility staff at the entrance to check in staff or persons entering the facility: -The door to the entryway was unlocked, but the door to enter the facility was locked. - A table was set up in the entryway/foyer with health screen questionnaires, a thermometer and basket to put the completed screening form in. -There was no one designated to ensure completion of forms or assessment of temperatures. During an interview on 9/11/20 at 1:23 P.M., the Assistant Director of Nursing (ADON) said: -He/She was also filling in as a CNA due to staff being out. -The Director of Nursing (DON) was not in, but he/she contacted the DON and would check dates to make certain of the days sampled staff members worked. -The health screenings were conducted on an honor system, and there was no staff member designated to make certain every person entering the building had his/her temperature taken and completed the health screening form. During an interview on 9/11/20 at 1:40 P.M., the Corporate Representative, who was filling in for the Administrator, said: -The health screening form and temperature screenings were to be completed in the lobby by all staff before entering the facility. -The screening process was on an honor system and no one was checking to make certain it was being done. -The health screening forms were collected and placed in a box. -There was no dedicated staff that was taking responsibility for making certain the process was being followed, but he/she was certain they would have to come up with another plan in order to make sure the screening process was always taking place prior to entrance into the facility. During a telephone interview on 9/22/20 at 12:16 P.M., CNA A said: -When coming into work he/she stops at a table in the foyer and fills out a health screening form and takes his/her temperature. -He/She knew the form was to always be filled out before entering the building, and had been doing so. -After filling out the form, he/she placed it in a basket that was also on the table. -From what he/she was told, someone picks up the forms, but he/she did not know who was responsible for doing that. -No one is ever at the entrance to make sure forms are filled out and temperatures are taken. It is done on a complete honor system. During a telephone interview on 9/22/20 at 4:13 P.M., LPN B said: -When entering the building staff took their temperature and filled out a health screening form, then placed the form in a basket. -He/She was not sure, but said he/she could have missed completing the health screening. -If he/she was running late, he/she could have taken the form in and forgotten to finish it and/or turn it in. During an interview on 9/22/20 at 12:22 P.M., the Administrator said: -He/She would have expected all staff to take their temperature and fill out the health screening form upon entrance to building. -The screening process had been on an honor system. -A new plan would be put into place to ensure health screening forms were completed and temperature checks were being done.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.