

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER AURORA NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1700 SOUTH HUDSON AVENUE AURORA, MO 65605	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide complete and adequate incontinent care and document indwelling urinary catheter care (tube that drains urine from the bladder) per nursing standards of infection control for two residents (Resident #2 and #3). The facility census was 54. Record review of the Center for Disease Control's (CDC) Guideline for Hand Hygiene in Healthcare Settings, 2002, volume 51 showed the following information: -The hands are the most common mode of transmitting pathogens (microorganisms); -Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic resistance (infections caused by microorganisms that are resistant to antibiotics) in healthcare settings; -There is substantial evidence that hand hygiene reduces the incidence of infections. Record review of the facility's policy titled, Infection Control/Catheter Care, dated 10/19/18, showed the following information: -Gather all necessary equipment; -Wash hands and put on gloves; -Keep drainage bag below the level of the bladder; -Gently hold the catheter and begin washing the end near the body; -Move slowly down the catheter and clean away from the body, never clean toward the body. 1. Record review of Resident #3's face sheet (brief information sheet about the resident) showed the following information: -admitted to the facility on [DATE]; -Readmission from the hospital on [DATE]; -[DIAGNOSES REDACTED].), and urinary tract infection. Record review of the resident's admission Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 6/18/2020, showed the following information: -Cognitively intact; -Required extensive assistance for bed mobility and transfers; -Indwelling catheter; -Used electric wheelchair for mobility. Record review of the resident's current care plan, dated 6/17/2020, showed the following information: -At risk for atonal bladder (weakened bladder muscles unable to fully contract to aid the passing of urine) and [MEDICAL CONDITION] (bladder does not completely empty) related to indwelling catheter; -Goal: Will show no signs or symptoms of urinary infection through review date; -Change catheter monthly; (Staff did not care plan routine catheter care and cleaning.) Record review of the resident's medical record showed staff did not document catheter cleaning or catheter care completed. Observation and interview on 7/2/2020, at 1:20 P.M., showed Resident #3 sat in the electric wheelchair and had an indwelling urinary catheter with cloudy yellow urine with white sediment in the tubing. The catheter tubing appeared old and unclean as it had a hazy coating, it was not clear plastic in appearance. The resident said staff empties the catheter bag at the end of the shift He/she said staff rarely cleans the catheter tubing. 2. Record review of Resident #2's face sheet showed the following information: -admitted to the facility on [DATE]; -readmitted from the hospital on [DATE]; -[DIAGNOSES REDACTED]. that may extend down to but not including the bone), and [MEDICAL CONDITION] (paralysis of one side of the body) affecting right dominant side. Record review of the resident's admission MDS, dated [DATE], showed the following information: -Cognitively intact; -Required extensive assistance of staff for bed mobility, toileting, and personal hygiene; -Always incontinent of bowel and bladder. Record review of the resident's current care plan, dated 6/17/2020, showed the following information: -Always incontinent of bladder; -Staff to check the resident for incontinence every two to three hours; -Staff to wash, rinse, and dry perineum (residents' genitalia and surrounding skin), and change the resident's clothing as needed after incontinence episodes, the resident used a disposable brief. Observation on 7/7/2020, at 10:08 A.M., showed Certified Nurse Aide (CNA) A and the Registered Nurse (RN) B entered the resident's room, washed their hands at the sink and put on gloves. The CNA and the RN prepared the Hoyer lift (mechanical lift device that allows patients to be transferred between a bed and a chair, by the use of hydraulic power) and the resident and transferred the resident to the bed. The RN removed his/her gloves, washed his/her hands at the sink, and left the room. The CNA pulled down the resident's pants, unfastened the brief and touched the inside of the brief, saturated with urine, then tucked the brief between the resident's legs. The CNA rolled the resident to the side. The CNA tucked the Hoyer pad (a pad that fits under the person's body and connects to the Hoyer lift frame), the resident's pants, and the saturated brief all together under the resident, then rolled the resident over the roll of the contaminated brief, pants, and pad to the other side to fully remove the dirty items. The CNA did not remove the contaminated gloves or wash his/her hands. Another staff, CNA C, entered the room, washed his/her hands at the sink and prepared wet wash cloths and plastic bag for resident cares. CNA A rolled the resident to his/her right side and placed a pillow under the left side wearing the same contaminated gloves. CNA A sprayed cleanser on the wet wash cloth and wiped the resident's inner groin, then used a new cloth to wipe the opposite groin area, then used a new cloth to wash the genitalia and urethral (the passageway from the bladder for urine to leave the body) area wearing the same contaminated gloves. The CNA did not change gloves, wash his/her hands, or use hand sanitizer throughout the personal care with the resident or before leaving the room. 3. During an interview on 7/7/2020, at 12:55 P.M., CMT (Certified Medical Technician) F said staff should complete incontinent care every time the resident is incontinent and should complete catheter care at least one time per shift. Staff should be washing hands before, during, and after resident personal cares. There is no particular place to document catheter cares as completed, physician's orders [REDACTED]. 4. During an interview on 7/7/2020, at 1:11 P.M., CNA A said staff should perform hand hygiene before and after catheter care and pericare. Catheter care should be completed every shift and the catheter bag should be drained at least one time per shift. There is no place for staff to document completion of catheter care; but, there is a place to document if the resident was continent or incontinent. 5. During an interview on 7/7/2020, at 1:19 P.M., RN I said staff should be washing their hands every time they enter and exit a room, with pericare, and in between glove changes from dirty to clean care. There is no place to document catheter care, but staff is supposed to be doing the care. Catheter cleaning was not being done like it should have been. 6. During an interview on 7/7/2020, at 1:28 P.M., the Director of Nursing (DON) said the nurses and CNAs are responsible for catheter care, but that the nurses are ultimately responsible for the resident catheters. Staff should be documenting in the CNA care plan book when the care is completed and staff should be washing their hands when they enter and exit a room, in between glove changes, and with every resident personal care. 7. During an interview on 7/7/2020, at 2:20 P.M., the administrator said she expected staff to wash their hands frequently. MO 130</p>		
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 observation, interview, and record review, the facility failed to use appropriate infection control procedures to prevent the spread of bacteria or other infectious causing contaminants when staff failed to use appropriate hand hygiene after personal cares for one resident (Resident #2) and during medication pass for one resident (Resident #4). The facility census was 54. Record review of the Center for Disease Control's (CDC) Guideline for Hand Hygiene in Healthcare Settings, 2002, volume 51 showed the following information: -The hands are the most common mode of transmitting pathogens (microorganisms); -Clean hands are the single most important factor in preventing the spread of pathogens and antibiotic</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>resistance (infections caused by microorganisms that are resistant to antibiotics) in healthcare settings; -There is substantial evidence that hand hygiene reduces the incidence of infections. Record review of the manual titled, Nurse Assistant in a Long-term Care Facility, 2001 Revision edition, showed the following information: -Wash hands before and after contact with the resident, which is the single most important means of preventing the spread of infection; -Always wash hands after using gloves; -Wash hands before and after glove use; -Gloves do not eliminate the need to wash hands; -Never touch unnecessary articles in the room or one's face, hair, contact lens, or glasses when wearing gloves. 1. Record review of Resident #2's admission Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 6/18/2020, showed the following information: -Cognitively intact; -Required extensive assistance of staff with bed mobility, toileting, and personal hygiene; -Always incontinent of bowel and bladder. Observation on 7/7/2020, at 10:08 A.M., showed Certified Nurse Aide (CNA) A completed incontinent care for Resident #2 and did not remove his/her soiled gloves, wash hands, or use hand sanitizer. The CNA repositioned the resident, pulled up the sheet to cover the resident's legs, and picked up the bed control to elevate the head of the bed. The CNA picked up the bag with the dirty wet cloths, and the soiled brief and laundry, and crossed the room to move the Hoyer lift (mechanical lift device that allows patients to be transferred between a bed and a chair, by the use of hydraulic power) and empty the trash can. The CNA pushed the resident's bedside table into the resident's reach, handed the resident the call light and the bed controls. The CNA removed the Hoyer lift and the trash from the room. The CNA removed his/her gloves in the hall and went down to the utility room. The CNA did not change gloves, wash his/her hands, or use hand sanitizer after completing the incontinent care with the resident, before touching other items in the room, or before leaving the room. 2. Observation on 7/7/2020, at 11:43 A.M., showed Certified Medication Technician (CMT) D prepared medications at the medication cart in the secured unit dining room. The CMT's facemask sat just below his/her nose and only covered the mouth. The CMT pulled the face mask up to cover the nose by pulling the fabric at the mouth area and continued preparing medications, he/she did not use hand sanitizer. The facemask slipped back down and the staff pulled it back up and again continued preparing the medications without using hand hygiene products. The CMT did this a total of four times without hand hygiene. The CMT took the medications to Resident #4 who sat in a chair in the hall by the dining room. After the resident took the medications, the CMT returned to the medication cart and picked up a jar of grape jelly and put it in the refrigerator, scratched the back of his/her head, and repositioned his/her facemask. Without completing hand hygiene, the CMT put some medication cards into the medication cart. The CMT walked over to a nearby resident seated at a table and repositioned the resident's facemask. The staff repositioned his/her own mask and pushed the medication cart down the hall to the staff room. The CMT used hand sanitizer as he/she left the room. 3. During an interview on 7/7/2020, at 12:55 P.M., CMT F said hand hygiene should be done before and after touching anything in a resident room and between dirty and clean cares with a resident. Staff should be washing hands after five uses of hand sanitizer or when hands are soiled. 4. During an interview on 7/7/2020, at 1:00 P.M., Licensed Practical Nurse (LPN) H said she expects the staff on the unit to be washing or using hand sanitizer every time they interact with a patient. Staff should be hand sanitizing after they have touched their facemask. 5. During an interview on 7/7/2020, at 1:11 P.M., CNA A said hand hygiene should be done before and after any resident care and staff should complete hand hygiene between resident rooms when passing meal trays. 6. During an interview on 7/7/2020, at 1:19 P.M., Registered Nurse (RN) I said he/she expects staff to wash their hands every time they enter and/or exit a resident room, with any resident personal care, and in between dirty and clean tasks such as catheter care. 7. During an interview on 7/7/2020, at 1:28 P.M., the Director of Nursing (DON) said staff should be washing or using hand sanitizer when they enter and exit a resident room, in between every meal tray, in between glove changes, after touching their face, after using the bathroom, after they eat. They should always be washing their hands. 8. During an interview on 7/7/2020, at 2:20 P.M., the administrator said she expects staff to wash their hands frequently. Staff are to sanitize their hands after being screened upon entry for their shift each day and after putting on or repositioning a facemask.</p>		