

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER VILLA AT BLUE RIDGE, THE		STREET ADDRESS, CITY, STATE, ZIP 701 BLUE RIDGE ROAD COLUMBIA, MO 65201	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, facility staff failed to prevent the spread of bacteria and other infection causing contaminants during the provision of care and treatments for three residents (Resident #1, #2, & #3) when staff failed to remove soiled gloves and/or properly wash their hands, and failed to properly handle multi-resident use equipment. This had the potential to affect all residents and individuals in the facility due to the ongoing COVID-19 pandemic. The facility census was 69. 1. Review of the facility's Standard and Transmission Based Precautions Policy, undated, showed staff was directed as follows: -Hand hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or using alcohol based hand rubs (gels, foams, rinses) that do not require access to water; -Hands shall be washed with soap and water whenever visibly soiled with dirt, blood, or body fluids, or after direct or indirect contact with such, and before eating and after using the restroom; -In the absence of visible soiling of hands, alcohol-based hand rubs (ABHR) are preferred for hand hygiene; -Wash hands after removing gloves (see below); -Wear gloves (clean, non-sterile) when you anticipate direct contact with blood, body fluids, mucous membranes, non-intact skin, and other potentially infected material; -Wear gloves when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood, body fluids, or infectious organisms; -Change gloves, as necessary, during the care of a resident to prevent cross-contamination from one body site to another (when moving from a dirty site to a clean one); -Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments; -Handle used resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other resident and environments; -And ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single use items are properly discarded. 2. Review of the facility's Hand Hygiene in a Long-Term Care Facility handout, undated, showed staff are directed to perform hand hygiene as follows: -After delivering care and other non-invasive treatment; -After assisting resident with personal care activities; -And after removing gloves. 3. Observation on 5/21/2020 at 9:10 A.M., showed Registered Nurse (RN) A enter Resident #1's room and wash his/her hands. Further observation showed RN A left the resident's room and applied gloves. Additional observation showed RN A removed a wrist blood pressure (B/P) cuff, thermometer and fingertip pulse oximeter (used to measure the oxygen level of arterial blood) from the medication cart, entered the resident's room and placed them directly on the resident's over the bed table. He/She then obtained the resident's vital signs and dropped the thermometer in the trash can next to the resident's bed. Further observation showed RN A removed the thermometer from the trash can, obtained the B/P cuff and oximeter while he/she wore the same gloves, and return to the medication cart, where he/she sat the used blood pressure cuff and pulse oximeter directly on top of the cart. RN A then removed his/her right glove, opened the cart, applied a new glove to his/her right hand and removed a disinfectant wipe from the bottom drawer of the medication cart. RN A held the thermometer in his/her contaminated left hand and cleaned the thermometer with the wipe using his/her right hand. RN A then placed the thermometer directly on top of the cart and repeated this process with the B/P cuff and the oximeter. During an interview on 5/21/2020 at 9:20 A.M., Licensed Practical Nurse (LPN) B said staff are required to go into the resident's room with gloves on when providing personal care. During an interview on 5/21/2020 at 9:30 A.M., the Assistant Director of Nursing (ADON) said staff are required to wash their hands and apply gloves before entering a resident's room. Furthermore, he/she said staff are to remove their gloves after providing care, use hand hygiene and don new gloves when going from a dirty area to a clean area. During an interview on 5/21/2020 at 9:41 A.M., CNA C said he/she washes his/her hands and applies gloves before he/she provides care. Additionally, he/she said staff are to change their gloves or remove their gloves after touching anything dirty. He/she said staff are to remove their gloves and wash their hands before they leave a resident's room. 4. Observation on 5/21/2020 at 9:50 A.M., showed RN A applied gloves, removed Resident #2's multi-dose inhaler (MDI) with spacer (medication holding chamber) and nasal spray from the bottom drawer of the medication cart, and placed them on top of the medication cart. RN A then took the resident's medications, a B/P cuff, a thermometer, and a fingertip pulse oximeter into the resident's room. RN A placed the B/P cuff on the resident's over the bed table and placed the pulse oximeter, thermometer, medications, and inhalers on a piece of paper on another over the bed table. Additional observation showed RN A obtained the resident's temperature, B/P, and pulse oximetry reading, and return the equipment to the piece of paper. RN A then left the room with gloves on his/her hands and, opened the medication cart. He/she returned to the room checked the resident's heart rate with his/her stethoscope, and then placed the stethoscope around his/her neck. RN A then assisted the resident with his/her nasal spray. He/She then left the resident's room and changed his/her gloves in the resident's doorway as he/she reentered the resident's room. RN A assisted the resident with his/her eye drops, and poured the resident's oral medications into his/her gloved hand without changing his/her gloves or performing hand hygiene. Additionally, as RN A left the resident's room, he/she held the B/P cuff, oximeter, thermometer, inhalers and eye drops against his/her uniform. During an interview on 5/21/2020 at 9:53 A.M., CNA D said he/she washes his/her hands before he/she provides care and before he/she leaves a resident's room. He/she said staff are expected to change their gloves, and wash their hands prior to leaving resident rooms. During an interview on 5/21/2020 at 10:25 A.M., RN A said hand hygiene should be performed between residents, before walking in and out of a resident's room, after touching anything that is dirty, and before administering eye drops. He/she said medical equipment used for multiple residents should be cleaned with disinfectant wipes when you are done using them. He/she said it is probably a good idea to clean medical equipment before placing it on the medication cart. 5. Observation on 5/21/2020 at 10:09 A.M., showed Certified Nursing Assistant (CNA) E entered Resident #3's room to provide care. Further observation showed CNA E provided perineal care to the resident, and did not change his/her gloves or perform hand hygiene. Additional observation showed CNA E touched the resident's clothing, the water faucet, the bedding and pillows, and transferred the resident to his/her wheelchair while wearing the same soiled gloves. During an interview on 5/21/2020 at 11:30 A.M. the Director of Nursing (DON) said he/she would expect multi-use equipment be cleaned immediately after use and between residents. He/she said if the equipment was placed on the medication cart, he/she would expect staff to disinfect the medication cart. He/she said inhalers should not be placed on top of the medication cart after use, and he/she expects staff to use a blue poly towel as a clean barrier for equipment in a resident's room and on the medication cart. Additionally, he/she said staff should not hold used equipment against their uniform. During an additional interview on 5/22/2020 at 12:38 P.M., the Director of Nursing (DON) said she instructed staff to wash their hands upon entry of residents' rooms and don gloves. She said staff are required to change their gloves and perform hand hygiene before donning new gloves when going from dirty to clean areas. She said staff are to remove their gloves and perform hand hygiene before leaving the room.</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.