

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER CARRIAGE SQUARE LIVING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 4009 GENE FIELD ROAD SAINT JOSEPH, MO 64506	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility to ensure staff provided care in a manner to prevent infection or the possibility of infection when the facility failed to follow the Center for Disease Control and Prevention (CDC) guidelines for long term care facilities to enforce social distancing (actions taken to stop or slow the spread of a highly contagious disease) among residents who are dependent on staff for their mobility needs and failed to ensure all residents wore a face covering prior to staff removing them from their rooms. The facility failed to ensure staff were present at all times to screen anyone entering the building. Additionally, the facility failed to ensure the designated isolation hall doors remained closed, contained signage, and failed to ensure resident room doors remained closed on this isolation hall. Staff failed to use personal protective equipment (PPE, equipment worn to minimize exposure to a variety of hazards examples include gloves, gowns, and masks) correctly for a newly admitted resident who was on isolation precautions who had received testing for COVID-19 (a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans). Staff did not use appropriate techniques for donning (putting on) and doffing (taking off) of PPE, staff failed to instruct the resident to apply a face mask prior to staff entering the resident's room and did not use proper hand washing techniques including washing hands before and after glove removal and after donning PPE which affected six of 6 sampled residents (Residents # 1, #2, #3 #4, #5, #6). The facility census was 74. 1. Review of the CDC website for long term care facilities showed: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19; - Keep COVID-19 from entering your facility: limit points of entry and manage visitors, screen everyone entering the facility for COVID-19 symptoms, implement source control (the use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing) for everyone entering the facility, regardless of symptoms; -Restrict all visitors except for [MEDICATION NAME] care situations, volunteers and non-essential healthcare personnel (HCP), -Actively screen anyone entering the building HCP, for fever and symptoms of COVID-19 before starting each shift; -Actions to take now: Enforce social distancing among residents; - Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others; -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before donning (putting on) and doffing (after removing) PPE, including gloves; - Hand hygiene after removing PPE is particularly important to remove any pathogens (tiny disease causing organism) that might have been transferred to bare hands during the removal process; - Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents; -Isolate symptomatic (active symptoms) patients as soon as possible; - Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible). Review of facility policy titled Hand Hygiene, dated September 2017, showed: - Proper hand hygiene practices reduce the transmission of pathogenic microorganisms to residents, visitors, and other staff members. - All staff shall follow the handwashing/hand hygiene guidelines and procedures to help prevent the spread of infection to other personnel, residents, and visitors. - If hands are not visibly soiled then the use of alcohol based hand rub/gel for all of the following situations; before handling medications, before donning gloves, after contact with a resident's intact skin, after contact with objects in the immediate vicinity of the resident, and after removing gloves. Review of the facility's policy titled Transmission-based Precautions (three categories which are Contact Precautions, Droplet Precautions, and Airborne Precautions, and are based on the likely routes of transmission of specific infectious agents) dated September 2019, showed: -Transmission of infection within the facility must be prevented by the appropriate use of transmission based precautions that is directly related to the infectious organism and the mode of transmission and is determined on an individualized basis; - Contact transmission: The most frequent mode of transmission of nosocomial (illness contracted because of an infection or toxin that exists in a certain location, such as a hospital) infections, is divided into two subgroups: -Direct contact is skin to skin contact, the physical transfer of microorganisms; -Indirect contact is contact with a contaminated object from the resident's environment or contaminated hands that are not washed and gloves that are not changed after use; -Droplet transmission involves contact of the conjunctivae or mucous membranes of the nose or mouth of a susceptible person with large droplets containing microorganism from a person who has clinical disease or is a carrier of the microorganism; -Newly admitted residents who have symptoms of an infection that requires transmission-based precautions should be considered infectious until determined otherwise by a lab confirmation; -The implementation of transmission based precautions does not immediately require a physician's orders [REDACTED], the appropriate specific isolation sign. 2. Observation on 5/18/20, at 12:10 P.M., of the facility's entryway showed: -The doors were not locked; -No staff present at the visitor/staff screening table; -This surveyor repeatedly yelled out hello. During an interview on 5/18/20, at 12:15 P.M., the Administrator said: -Normally there is a staff present 6:00 A.M. to 11:00 P.M., -After 11:00 P.M., the doors are locked; -The staff responsible for ensuring all visitors and employees are screened was currently at lunch; -A staff member should be present at all times when the doors are unlocked to prevent persons who do not meet specified criteria from entering the facility and to ensure all persons entering the facility are screened. 3. Observation on 5/18/20, at 12:20 P.M., of the facility's common area/ television area showed: -Resident # 2, #3, #4, # 5, and #6 sitting in their chairs without face coverings; -Social distancing was not being enforced as Resident # 2, #3, and #4, were sitting in their geri chairs (reclining chair with wheels) or wheelchairs and they were not positioned at least six feet from one another. During an interview on 5/18/20, at 12:25 P.M., the Assistant Director of Nursing (ADON) said: - He/she would estimate Resident # 3 and #4, were approximately two feet from each other; -Resident #2 and #4 were positioned at three feet apart; -Social distancing should be used and all residents should be positioned at least six feet apart. During an interview on 5/18/20, at 12:35 P.M., Registered Nurse (RN) A said: - All five residents in the common area are dependent on staff for care including eating and their mobility needs; -All five residents are unable to ambulate independently and use a geriatric chair or wheelchair to assist with their mobility needs; -Staff should ensure social distancing is implemented and residents should be at least six feet apart at all times; - Resident # 2, #3 and #4 are not positioned at least six feet apart; -Staff should have applied a face covering on all five residents prior to removing them from their rooms; -All five residents in the common area should have had a face covering prior to their meal being delivered; 4. Review of Resident #1's physician's orders [REDACTED].M., resident has been tested twice for COVID-19 with two negative tests physician called today to obtain orders to discontinue isolation. Observation on 5/18/20, at 12:45 P.M., Certified Nurse Aide (CNA) A did the following: -Walked over to the meal cart stationed in the hall and removed a meal tray and delivered the food to Resident # 4; -After he/she delivered the meal to Resident #4 he/she removed his/her gloves did not wash his/her hands and applied a clean pair of gloves; -Returned to the meal cart stationed in the hall removed a meal tray walked down the 800 hall through an open door and placed the tray of food on top of the isolation cart that was in the hall outside of Resident #1' room; -Opened the top drawer of the isolation cart and obtained a cloth gown from a plastic bag and applied the PPE; -Picked up the Styrofoam plates and cups from the tray that sat on top of the isolation cart and</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 - Many	<p>(continued... from page 1)</p> <p>entered the resident's room; -Placed the resident's food on the resident's bedside table and exited the resident's room; -Did not remove PPE prior to exiting the resident's room; -While in the hall he/she removed the cloth gown and placed it in a plastic bag and placed the plastic bag with the used gown on top of the isolation cart; -Removed his/her gloves did not use hand sanitizer after glove removal and he/she picked up the plastic bag that contained the gown and walked down the hall; -While walking down the hall he/she removed his/her disposable mask then continued to walk down the hall without a mask then entered the dirty utility room. During an interview on 5/18/20, at 1:00 P.M., CNA A said: -Staff should wash their hands after glove removal and prior to applying clean gloves; -Resident #1 is on isolation precautions; -PPE should be removed as you are exiting a resident's room; -He/she should have removed his/her gown in the resident's room and discarded it in the bin near the door; -Staff should not be in the hall without a mask on. During an interview on 5/18/20, at 1:15 P.M., RN A said: -The facility has designated the 800 hall for residents on isolation precautions; -This includes newly admitted residents as they are screened and on isolation precautions for 14 days; -Resident #1 is on contact/droplet isolation precautions and has been tested for COVID-19. During an interview on 5/19/19, at 3:00 P.M., the Director of Nursing (DON) said: -Residents # 2, #3, #4, #5, and #6 are dependent on staff for their activities of daily living (ADL)'s; -All five residents are unable to ambulate independently and require the use of a geriatric chair or wheelchair to assist with their mobility needs; -Staff should have applied a face covering for these residents prior to removing them from their rooms; -Staff should ensure social distancing is implemented and residents should be at least six feet apart at all times; - The facility follows CDC guidelines; -A resident on isolation precautions for COVID 19 should be on contact precautions and droplet precautions; -The 800 hall is the facility's designated isolation hall; - All new admissions are assigned to this hall for 14 days; -The doors to this hall should remain closed; - Residents on isolation precautions should also have their doors closed; -Appropriate signage should have been placed on the outside of these doors; -The isolation cart outside Resident #1's room contained signage for contact precautions but should have also included droplet precautions; - Staff should perform hand hygiene before and after removing gloves; - On 5/18/20, Resident #1 was on isolation precautions because he/she was newly admitted and was in the process of being screened for COVID-19; - Staff should use PPE appropriately when providing care for residents on isolation precautions; - Staff should wash their hands after removing and disposing of PPE; - A sign should have been placed outside Resident #44's - It is not acceptable for staff to remove their PPE in the hall; -CNA A should have removed the gown as he/she was exiting the resident's room discarding it in the bin near the door, removed his/her gloves, and immediately used hand sanitizer that was available on the isolation cart; -Then remove his/her mask use hand sanitizer and obtain a clean mask from the isolation cart; -It is not acceptable to place a resident's meal tray on the top of the isolation cart because of the risk of cross contamination; -When staff are delivering meals to resident's on isolation precautions two staff are needs for this task; -After removing PPE from the isolation cart staff should immediately don the item; -The PPE should not be placed on the top of isolation cart when donning or doffing PPE.</p>		