

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265538	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER ROARING RIVER HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 812 OLD EXETER ROAD CASSVILLE, MO 65625	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, facility staff failed to wash their hands as often as necessary and handle tableware in a manner to prevent cross-contamination. Facility staff failed to wash, rinse, and sanitize kitchenware between each use to prevent cross-contamination. The facility census was 59. Record review of the facility's undated policy titled Hand Washing, directed staff the following: -Hand washing shall be regarded by this organization as the single most important means of preventing the spread of infections; -All facility personnel should follow our established hand washing procedures to prevent the spread of infection and disease to other personnel, patients, and visitors; -Appropriate 30 to 60 seconds hand washing must be performed after removing gloves; -Appropriate 30 to 60 seconds hand washing must be performed after handling used dressings, contaminated equipment etc.; -Appropriate 30 to 60 seconds hand washing must be performed, after contact with blood, bodily fluids, excretions, secretions, and mucus membranes or non-intact skin; -Appropriate 30 to 60 seconds hand washing must be performed upon completion of duty. 1. Observation on 05/19/20, at 11:55 A.M., showed the following: -Certified Nurse Assistant (CNA) A wheeled a resident towards the dining area. The CNA adjusted the resident's wheels with his/her bare hands. The CNA grabbed a glass of water by the rims of the glass with his/her bare hands and served the resident. CNA A did not sanitize her hands or wash her hand prior to touching the rim of the glass; -At 12:10 P.M., CNA A assisted Resident # 6 in the dining room area, grabbed the resident by his/her hand, and straightened the resident's table. The CNA did not sanitize his/her hands; -At 12:14 P.M., CNA A approached Resident # 7 an adjusted his/her wheel chair and continued to pass bibs, silverware and dressing to residents without washing/sanitizing hands; -At 12:20 P.M., CNA A grabbed Resident # 10's plate from the inside, with his/her left thumb placed inside the resident's plate and did not wash or sanitize hands; -At 12:25 P.M., CNA A continued grabbing silver ware and assisting other residents with meals without sanitizing hands or washing hands. During an interview on 5/19/20, at 12:40 P.M., CNA B said the following: -Staff is instructed to wash hands or sanitize hands in between each task; -Instructions are the same in the dining room area. During an interview on 5/19/20, at 12:50 P.M., CNA A said the following: -He/she is supposed to wash hands or sanitize hands between tasks or after touching other surfaces. During an interview on 5/19/20, at 1:20 P.M., Resident #9 said the following: -He/she eats in the room; -Staff never wash or sanitize hands when they bring food to his/her room; -Expects staff to wash or sanitize hands when they serve food. During an interview on 5/19/20 at 1:30 P.M., Resident #12 said the following: -Has never seen staff washing hands or sanitizing hands in his/her room; -Staff brings meals to his/her room. During an interview on 5/19/20, at 12:40 P.M., Licensed Practical Nurse (LPN) I said the following: -Staff should wash hands before and after resident care: -Staff are required to wash hands between residents in the dining room area. During an interview on 5/27/20, at 10:29 A.M., Director of Nursing (DON) said the following: -Staff are required to wash or sanitize hands anytime they touch a food tray or nonfood contact surfaces. During an interview on 5/27/20, at 10:55 A.M., the administrator said it is not realistic for staff to wash hands after each task in the dining room area.</p>		
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.</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 fully implement Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) recommended infection control practices during a coronavirus disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2)) pandemic when the facility failed to address on resident's (Resident #1's) fever as a possible symptom COVID-19; failed to implement precautions, such as a face covering and/or isolation, after one resident (Resident #1) returned from a [MEDICAL TREATMENT] appointment; failed to have all staff routinely wear face coverings; failed to implement interventions to encourage 12 out of 16 residents residing in a special care unit (SCU) to maintain an appropriate six-foot social distance from one another; and failed to ensure staff performed appropriate hand hygiene. The facility census was 59. Record review of the facility's undated letter sent to all resident and families titled To Our Residents and Family Members, showed the following: -The facility is following the recommendations of the CDC on prevention steps; -Strict handwashing procedures and in many circumstances, wearing gowns and gloves when interacting with residents who present symptoms. Record review of the facility's policy titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), dated 02/21/2020, showed the following: -It is the policy of the facility to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and an epidemic risk for COVID-19 and to adhere to standard, contact and airborne precautions. 1. Record review of the facility's COVID-19 assessment, dated 3/31/20, showed the following: -Residents who leave the facility for [MEDICAL TREATMENT] on a regular basis, wear a mask whenever he/she leaves his/her room. Record review of Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance dated 4/2/2020 showed: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19. -Enforce social distancing among residents (measures to reduce the spread of contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other); -Patients and residents who must regularly leave the facility for care (e.g., [MEDICAL TREATMENT] patients) should wear facemasks when outside of their rooms. Record review of Resident #1's face sheet showed the following Diagnoses: [REDACTED]. Record review of the facility's weights and vitals summary showed the following: -On 4/7/2020, staff wrote the resident's temperature was 101.9 degrees Fahrenheit (F); -On 5/19/2020, staff wrote the resident's temperature was 100.3F. -Record review showed staff did not place the resident under isolation. Observation on 5/19/20, at 2:22 P.M., showed the following: -Resident #1 propelled his/her wheelchair from the greenhouse, located outside the facility, into the main community and asked a certified nurse aide to assist him/her to his/her room. The resident said he/she was too tired due to his/her [MEDICAL TREATMENT] appointment that morning; -The resident did not wear a facemask while propelling throughout the facility. Observation and interview of staff during a wound dressing change on 5/19/2020, at 3:20 P.M., showed the following: -LPN I changed and applied a wound dressing bandage on Resident #1's coccyx (tailbone) area; -He/she was not wearing a face mask; -The administrator gave him/her direction not to wear face masks. During an interview on 5/19/2020, at 3:58 P.M., Assistant Director of Nursing (ADON) said the following: -Facility policy classifies a temperature higher than 100.5F as fever; -When a resident's temperature is higher than 100.5F he/she is immediately placed in isolation; -Resident #1 has never been placed in isolation. During an interview on 5/27/2020, at 8:20 A.M., Resident # 1 said the following: -Every Tuesday he/she goes to [MEDICAL TREATMENT]; -On 4/7/2020 and on 5/19/2020 he/she went to [MEDICAL TREATMENT]; -Staff at [MEDICAL TREATMENT] gave him/her a reusable face mask to wear; -Facility staff did not provide a facemask; -Wears a face mask while at [MEDICAL TREATMENT]; -He/she is not required to wear a face mask when he returns inside the facility; -Removes the face mask when he/she leaves [MEDICAL TREATMENT]; -Staff has never placed</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>him/her under isolation. During an interview on 5/27/20, at 10:29 A.M., the Director of Nursing (DON) said the following: -Residents #1 is on [MEDICAL TREATMENT]; -Staff are required to take his/her temperature on a daily basis; -Resident has never been placed in isolation. 2. Record review of the CDC website for long term care facilities showed the following information: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19; -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 respiration secretions when they are talking, sneezing or coughing) for everyone entering the facility, regardless of symptoms; -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others; -Health care personnel should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before donning (putting on) and doffing (after removing) personal protective equipment (PPE), including gloves. Record review of Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance, dated 4/2/2020, showed the following information: -For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility; -Patients and residents who must regularly leave the facility for care should wear facemask when outside of their rooms; -In particular, facilities should focus on adherence to appropriate hand hygiene as set forth by CDC. Observations of the facility entrance, and other areas inside the facility, on 5/19/2020, from 11:45 A.M. to 4:20 P.M., showed the following: -A open box full of face masks at the front entrance; -Staff walked in the front entrance of the building without face masks; -The DON walked inside the building without face masks; -Two staff at the nurses' station talked to residents without face masks; -CNA A, B, and C assisted residents in the hall way with no masks on; -Licensed Practical Nurses (LPN) D and E were at the nurses' station without a face mask; -Staff passed medication and assisted residents without wearing face masks. Observations on 5/19/20 showed the following information: -At 12:02 P.M., staff did not wear facemasks or a face-covering when in close proximity with residents and other staff. -At 12:05 P.M., CNA G assisted a resident with the noon meal. The CNA did not wear a facemask or face-covering when in close proximity of the resident. Observation on 5/27/2020, at 8:35 A.M., showed the following: -Facility staff providing care and passing ice to residents without wearing face masks. During an interview on 5/19/2020, at 12:30 P.M., CNA C said the following -The charge nurse checks his/her temperature when he/she reports for duty; -Staff are not required to wear face masks inside the facility. During an interview on 5/19/20, at 2:39 P.M., CNA H said staff did not have to wear masks. Administrative staff left the decision up to the staff. The facility had enough PPEs (gloves, masks, gowns). During an interview on 5/27/20, at 8:20 A.M., CNA K said staff chose if they wanted to wear a facemask. During an interview on 5/27/20, at 9:05 A.M., Resident #4 said the following: -He/she wore a facemask when he/she left his/her room. -He/she preferred staff to wear facemasks. -He/she would feel safer if staff wore facemasks. During an interview on 5/27/20, at 9:11 A.M., Resident #2 said the following: -He/she preferred staff to wear facemasks, like they do at the hospital. -He/she would feel safer if staff wore facemasks. -Wearing a mask was a rule and staff should follow the rules. During an interview on 5/27/20, at 9:28 A.M., Resident #3 said he/she wanted staff to wear facemasks. During an interview on 5/27/2020, at 8:30 A.M., Assistant Director of Nursing (ADON) said the following: -The administrator directed staff not to wear face mask. During an interview on 5/27/2020, at 9:00 A.M., Registered Nurse (RN) E said the following: -The facility does not require staff to wear face masks; -He/she does not know how to prevent asymptomatic resident or staff from spreading infection. During an interview on 5/27/2020, at 9:00 A.M., Resident # 5 said the following: -Has been sneezing more often than usual; -Sneezes in the dining room area and the hall way; -Usually starts to sneeze when he/she leaves his/her room; -Does not wear a facemask; -Would prefer staff to wear face mask inside the building. During an interview on 5/27/2020, at 9:30 A.M., CNA C said the following: -He/she is required to wear masks at another facility where he/she works; -This facility does not require staff to wear face masks. During an interview on 5/27/2020 at 09:35 A.M., Housekeeping (H/K) J said the following: -Does not like to wear a face mask; -The administrator said staff are not required to wear face masks. During an interview on 5/27/2020 at 10:55 A.M., the administrator said the following: -Newly admitted residents are automatically placed in quarantine; -All staff are required to have their temperature reading when they report on duty; -Does not know how to handle asymptomatic staff or residents; -She does not expect staff to wear face masks inside the facility; -She has two large boxes full of face masks.</p> <p>3. Record review of the facility's COVID-19 assessment, dated 3/31/20, showed the following: -Communal dining canceled. Record review of Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance dated 4/2/2020 showed: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19. -Enforce social distancing among residents (measures to reduce the spread of contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other). Observation on 5/19/20, at 12:05 P.M., in the SCU showed the following: -Twelve residents sat at five four-top square tables. All the tables had one side positioned against a wall; -Four residents sat at two tables pushed together; -Two residents sat across from each other at the same table; -Three residents sat at two tables; -A staff member delivered residents' lunch trays to the SCU. Two certified nursing assistants (CNAs) served lunch trays to the residents, while one CNA assisted residents to their tables. Staff did not attempt to socially distance the residents from one another. -Residents, at each table, sat approximately two to four feet from one another throughout the entire meal. During an interview on 5/19/20, at 12:15 P.M., CNA F said staff was supposed to attempt to socially distance residents from one another. During an interview on 5/19/20, at 1:06 P.M., CNA G said the following: -Staff practiced social distancing. -Only eight residents and two staff were allowed in the (SCU) dining room. During an interview on 5/19/20, at 2:39 P.M., CNA H said he/she assisted up to 14 residents at a time in the dining room. It was not a problem since the residents stayed in the SCU. During an interview on 5/27/2020, at 9:00 A.M., RN E said the following: -Staff are instructed to follow CDC's social distance guidelines. During an interview on 5/27/2020, at 10:55 A.M., the administrator said the following: -She expects staff and residents to follow CDC's social distance guidelines. 4. Observations and interview on 5/19/20 showed the following: -At 1:06 P.M., showed CNA G applied gloves, without performing hand hygiene, obtained dentures from a resident and placed them in the resident's denture cup. The CNA removed his/her gloves and did not perform hand hygiene. -At 1:06 P.M., CNA G said the facility had a binder, at the nurse's station, which included updates on COVID-19. Staff was supposed to check the binder daily. The facility provided meetings and teaching moments for hand hygiene, respiratory hygiene and PPE. -At 2:08 P.M., CNA G walked into a resident's room, touched his/her bedding then left the room. The CNA did not perform hand hygiene before or after entering the resident's room. During an interview on 5/19/20, at 2:08 P.M., CNA G stated the following: -Staff should perform hand hygiene between resident care, after pushing a resident in a wheelchair and between residents when assisting them with their meal. -The facility did not let staff use a residents' bathroom to perform hand hygiene. Staff had to perform hand hygiene in the room attached to the dining room or in shower room. During an interview on 5/27/20, at 8:20 A.M., CNA K said he/she received education, at the facility, on hand washing and not touching his/her face.</p>		