

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265798	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY MANOR		STREET ADDRESS, CITY, STATE, ZIP 783 WEBER ROAD FARMINGTON, MO 63640	
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 - Few	<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 failed to use proper infection control practices to prevent and/or minimize the spread of COVID-19 (a corona [MEDICAL CONDITION] infection spread person to person by airborne droplets when a person coughs or sneezes) for one resident (Resident #3) out of the 11 sampled residents. The facility staff failed to wear personal protective equipment (PPE; protective equipment such as mask, gown, gloves, and shoe covers as needed) per the facility's policy. The facility failed to have an Infection Prevention Control Program (IPCP; a risk assessment used to minimize infection) in place. These practices had the potential to affect all residents and staff. The facility's census was 91. 1. Record review of the facility's policy titled COVID-19 Pandemic policy and procedure, updated 5/2020, showed: - All employees are to practice good hand hygiene/handwashing techniques; - Not to touch their faces; - Wear PPE per guidelines. 2. Observation on 5/29/20 at 11:23 A.M., showed: - The nurse's station for the dementia care unit had an opened area concept with easy access to residents and staff; - Licensed Practical Nurse (LPN) A sat at the nurse's station and wore a mask. The mask placed below his/her chin and LPN A's nose and mouth were not appropriately covered; - Certified Medication Technician (CMT) B stood at his/her medication cart at the nurses' station near across from LPN A and less than six feet away; - Nursing Assistant (NA) C stood inside the nurse's station area less than six feet away from LPN A; During an interview on 5/29/20 at 12:30 P.M., LPN A said a mask should be worn correctly, covering the nose and mouth, and it should probably be worn at the nurses' station. During an interview on 5/29/20 at 1:30 P.M., the Director of Nursing (DON), said he/she would expect staff to wear a face covering appropriately, covering the nose and mouth, and know when it should be worn. 3. Observation on 5/29/20 at 11:30 A.M., showed: - NA C took a zippered bag with re-usable blood pressure equipment (re-useable equipment which measures the pressure of blood in the circulatory system of a person), a re-usable stethoscope (re-useable equipment used to hear the sound of blood as it flows), and a re-usable pulse oximeter (re-useable equipment used to measure the oxygen content in the blood) from the nurses' station into Resident #3's room; - NA C laid the zippered bag of equipment on the resident's bed, opened the bag, removed and used the blood pressure cuff and pulse oximetry on the resident; - NA C used the equipment to obtain the resident's blood pressure and oxygen saturation reading, then placed the soiled equipment back into the equipment bag; - NA C did not clean the equipment or bag, left the resident's room, and returned the soiled equipment bag with the soiled equipment in it to the nurses' station where it is kept when not in use. During an interview on 5/29/20 at 12:00 P.M., NA C said he/she should have cleaned the equipment after it was used on the resident and before it had been replaced in the equipment bag. During an interview on 5/29/20 at 1:30 P.M., the DON said all equipment should be cleaned after it had been used on a resident and before it would be used on another resident. The DON said extra equipment had been purchased so one set could be cleaned and drying and the second one could be used. Record review of the facility's policy titled Cleaning and Disinfection of Resident-Care items and Equipment, revised 10/2018, showed: - Durable medical equipment must be cleaned and disinfected before reuse by another resident; - Reusable resident care equipment will be decontaminated and /or sterilized between residents according to manufacturers' instruction. 4. Record review of the facility's policies and procedures showed the facility did not have an IPCP in place. During an interview on 5/29/20 at 11:15 A.M., the Administrator said she did not realize the IPCP was separate from the Antibiotic Stewardship program. She was unaware the IPCP and the Antibiotic Stewardship program were two different things. Record review of the facility's policy titled Infection Control Guidelines for all Nursing procedures, revised 8/2012, showed: - Purpose to provide guidelines for general infection control while caring for residents; - Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on general infection, exposure control issues, and managing infections in residents; - Standard precautions will be used in the care of all residents regardless of suspected or confirmed presence of infectious diseases; - Transmission-based precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent the spread of infection; - Employees must wash their hands for 10-15 seconds using antimicrobial or non-antimicrobial soap and water.</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.