

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265846	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER SHADY LAWN LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 13277 STATE ROUTE D SAVANNAH, MO 64485	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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. The facility failed to limit points of entry into the facility for healthcare personnel (HCP), and failed to screen HCP immediately upon entering the facility and failed to 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 HCP, when HCP were required to walk through the facility past the dining room, down the 400 hall which included 14 resident rooms that housed twenty residents to be screened for symptoms of COVID-19 (a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans). Additionally, the facility did not use personal protective equipment (PPE, equipment worn to minimize exposure to a variety of hazards examples include gloves, gowns, and masks) correctly and did not use proper hand washing techniques when staff did not wash his/her hands and apply gloves before using an oral thermometer, did not wash hands after obtaining the HCP temperature, and failed to clean the oral thermometer after usage. The facility census was 42. 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 for everyone entering the facility, regardless of symptoms; -Restrict all visitors except for [MEDICATION NAME] care situations, volunteers and non-essential HCP; -Actively screen anyone entering the building including HCP, for fever and symptoms of COVID-19 before the start of each shift; -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. Review of the facility's undated policy titled COVID-19 Facts published by the CDC showed: -Simple things you can do to help keep yourself and others healthy include washing your hands often with soap and water for at least 20 seconds. Review of the facility's policy titled Residents and Family Members dated March 10, 2020, showed: -Ensuring residents are cared for in a safe and healthy environment is our first priority; -Residents please help prevent the spread of infection by exercising proper hand washing hygiene; -The facility follows the CDC recommendations including following strict handwashing procedures. Review of the facility's undated policy titled Infection Control showed: -Gloves will be used for exposure to saliva. Review of the facility's policy titled Attention All Visitors dated March 2020, showed: -Providers and physicians must be screened upon entry and hands must be washed immediately. 2. Observation on 5/19/20, at 2:15 P.M., of the centralized nurses' station showed: -A resident sitting in his/her wheelchair near the nurses' station with a face covering on; -Dietary Staff (DS) A stood in front of the nurses desk then he/she removed his/her mask while the Administrator stood behind the desk and assessed the employee for signs and symptoms of COVID 19; -The Administrator did not wash her hands or use a hand sanitizer and did not apply clean gloves; - She used an oral thermometer pulling the probe from the holder then slide the probe into the cardboard box attached to the side of the thermometer to apply a plastic protective covering over the thermometer; -Without gloves she then placed the probe with the plastic protective covering into DS A mouth to obtain his/her temperature; -After taking DS A temperature the Administrator discarded the plastic protective covering into the trash; -She did not clean the oral thermometer with a disinfecting agent; - Did not wash his/her hands or use hand sanitizer. During an interview on 5/19/20, at 2:20 P.M., the Administrator said: -All employees enter the facility through the dock entrance then they walk to the nurses' station to be screened; -After the employee is screened a mask is provided for the employee. Observation on 5/19/20, at 2:25 P.M., of the dock/South entrance showed: -No signage and no area for HCP to be screened prior to entering the facility; -No PPE to include a face covering. Observation on 5/19/20, at 2:30 P.M., of the kitchen showed: -A dietary cart near the kitchen entrance which contained approximately 30 bananas, several loafs of bread, and several packages of hot dog buns; -A large plastic bin of flour that sat on the floor next to the dietary cart. During an interview on 5/19/20, at 2:35P.M., DS A said the following: -All staff are expected to enter the facility through the dock entrance; -Today prior to being assessed by the Administrator at the nurses' station he/she entered the facility through the dock entrance; -Upon entering through the dock door he/she washed his/her hands, used the time clock in the break room to begin his/her shift, then entered into the kitchen to obtain a face covering from one of the offices; - He/she walked past the dietary cart in the kitchen that contained food items without a face covering before he/she had been screened; -After he/she obtained a face covering from the office in the kitchen he/she exited the kitchen then walked through the facility down the 400 hall to the nurses' station to be screened by the Administrator. During an interview on 5/19/20, at 2:40 P.M., Housekeeping Staff (HS) A said the following: - All staff are expected to enter the facility through the dock entrance; -Earlier today after he/she entered the facility through the dock entrance he/she washed his/her hands then he/she used the time clock in the break room and clocked in to begin his/her shift then walked through the facility past the dining room and down the 400 hall to the nurses' station to be screened by a staff; -After he/she was screened at the nurses' station staff provided a face covering for/him her. During an interview on 5/19/20, at 2:45 P.M., Licensed Practical Nurse (LPN) A said the following: - All staff are expected to enter the facility through the dock entrance; -The employee is expected to come to the centralized nurses' station and wait to be screened after the employee is screened a face covering is then provided for the employee; During an interview on 5/21/20, at 2:00 P.M., the Administrator said: -She should have washed hands or used hand sanitizer and applied clean gloves before she used an oral thermometer on 5/19/20, to obtain DS A temperature; -She should have used a disinfecting agent to cleanse the thermometer after she took DS A temperature; -She should have washed her hands or used an alcohol based hand sanitizer after she obtained the staff members temperature; -The facility follows CDC recommendations.</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.