

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265618	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER SOUTH HAMPTON PLACE		STREET ADDRESS, CITY, STATE, ZIP 4700 BRANDON WOODS COLUMBIA, MO 65203	
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 follow infection control protocols for COVID-19 when staff failed to follow guidance from the Centers for Disease Control and Prevention (CDC) in regards to utilization and storage of facemasks, hand hygiene, and maintaining a social distance of at least six feet for residents and staff. The facility census was 59. Review of the Centers for Disease Control and Prevention (CDC) recommendation titled Core Practices, Implement Source Control Measures, dated 5/21/20, showed health care professionals (HCP) should wear a facemask at all times while they are in the facility. Review of the CDC's recommendation Strategies for Optimizing the Supply of Facemasks, dated 3/17/20, showed facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean, sealable paper bag or breathable container. Review of the CDC recommendation, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Infection Control Guidance, dated 7/15/20, showed the following: - Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 Infection; - Implement source control measures (refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing): HCP should wear a facemask at all times while they are in the health care facility; - Encourage physical distancing (maintaining six feet between people); - For HCP, the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 (COVID-19) is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers or visitors in break rooms or other common areas. Review of the CDC recommendation, titled, Preparing for COVID-19 in Nursing Homes, Infection Control for Nursing Homes, dated 6/25/20, showed core practices include staff must take care to avoid touching the respirator, facemask or eye protection (goggles or face shield). If this occurs (e.g., to adjust or reposition PPE), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. Review of the facility's Infection Control and Prevention Quick Reference, not dated, showed the following: -Hand hygiene: Clean your hands frequently; -Hand hygiene is the single most important step you can take to reduce transmission of infectious agents; -Clean your hands before and after contact with a resident or the resident's environment; -This includes before and after entering a resident room. -Further review of the facility's policy showed it did not contain guidance for staff in regards to wearing face coverings or masks. 1. Observation on 8/26/20 at 1:05 P.M., showed the Dietary Manager (DM) walked outside to the smoking area and removed his/her facemask. The DM held the door for a resident entering the building. Further observation showed the DM was not wearing a facemask and was less than six feet away from the resident. Additional observation showed the DM re-entered the building and walked past the resident without wearing his/her facemask. The DM then put on his/her facemask while he/she walked across the dining room. Observation on 8/26/20 at 1:24 P.M., showed Certified Nursing Assistant (CNA) B wiped the outside of his/her face shield with his/her bare hand. Further observation showed CNA B opened the door to the clean linen closet and moved the linens around. CNA B did not perform hand hygiene after he/she wiped the front of his/her face shield and/or before he/she touched multiple clean items stored in the closet. During an interview on 8/26/20 at 1:50 P.M., Therapist B said he/she uses a facemask and a face shield during therapy sessions with the residents. He/she said he/she uses her facemask for a week before changing it, and stores his/her facemask and face shields over his/her desk using a thumbtack. He/she said he/she did not receive any training on storing his/her facemask or face shield when not in use. Furthermore, he/she said he/she did not know what the facility policy was on storing facemasks and face shields. During an interview on 8/26/20 at 2:44 P.M., Housekeeper D said he/she changes his/her gloves between each resident room, and washes his/her hands after he/she has cleaned three resident rooms. He/she washes his/her hands when he/she changes his/her bucket of sanitizing solution. He/she said he/she has hand sanitizer on his/her cleaning cart, but he/she only uses it if there is something gross in the trash. Additionally, he/she said he/she received training on hand hygiene, PPE, and infection control. Observation on 8/26/20 at 2:54 P.M., showed registered nurse (RN) E, Business Office Manager (BOM), and Activity Director (AD) stood outside in the courtyard. The staff were not wearing masks and the staff were less than six feet apart. Observation on 8/26/20 at 4:10 P.M., showed Therapist C's facemask and face shield laid on his/her desk, without a barrier. During an interview on 8/26/20 at 4:10 P.M., Therapist F and Therapist G said they use a facemask and a face shield when working with the residents. They said they lay their facemasks and face shields on their desks when they are not in use. They said they did not receive training on how to store their personal protective equipment (PPE: such as facemasks and face shields), and they are not aware of the facility policy regarding storing their PPE. During an interview on 8/26/20 at 2:19 P.M., the Assistant Director of Nursing (ADON) said high contact surfaces in the resident's room include door knobs, tray table, and bed. He/she said staff are expected to wash their hands when they enter and exit a resident's room. Furthermore, he/she said staff are to wear their facemasks at all times in the building, but they do not have to wear them outside in the smoking area. He/She said staff are expected to stay six feet apart when outside in the smoking area. Additionally, he/she said these are the facility policies, and all staff have been trained on the policies. During an interview on 8/28/20 at 10:50 A.M., the Administrator said staff are expected to perform hand hygiene after touching their facemask or face shield. He/she said staff do not need to wear their facemask outside, as long as they maintain a six foot distance from others. Furthermore, he/she said all staff are expected to perform hand hygiene when entering and exiting a resident's room. Additionally, he/she said all staff, to include therapy staff, received training on COVID infection control and PPE.</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.