

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265646	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER LA BELLE MANOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1002 CENTRAL LA BELLE, MO 63447	
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 failed to maintain an infection control program during a Coronavirus Disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) pandemic, to provide a safe and sanitary environment for all residents. The facility failed to ensure all employees wore an appropriate facemask, in accordance with Centers for Disease Control (CDC) guidelines and facility policy. These practices had the potential to affect all residents of the facility. The facility census was 49.</p> <p>Review of the undated facility policy, Policy for Coronavirus, showed the facility would maintain the CDC guidelines to protect the residents, staff and the community from the coronavirus; -If COVID-19 is identified in the facility, all residents will be restricted to their room and all healthcare personnel will wear personal protective equipment (PPE) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation); -To keep COVID-19 from entering the building: Staff will wear a mask while in the building and it can be a cloth mask as long as it is laundered daily. Review of CDC guidance, updated 5/18/20, showed Healthcare Providers (HCP) should wear a facemask at all times while they are in the facility. When available, face masks are generally preferred over cloth face coverings for HCP as face masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if Personal Protective Equipment (PPE) is required. I. Observation in the main dining room on 6/2/20 at 8:47 A.M., showed two staff members fed dependent residents and did not wear facemasks. Observation on 6/2/20 at 8:48 A.M., showed the Assistant Director of Nursing (ADON) stood at the front door of the facility. He/She did not wear a facemask. Staff sat at tables in the front dining room assisting several residents to eat breakfast. The staff did not wear masks. Observation on 6/2/20 at 8:55 A.M., showed one staff member administered medications to one resident and did not wear a facemask. Observation on 6/2/20 at 8:58 A.M., showed three staff members walked in the hall where residents resided and did not wear facemasks. Observation and interview on 6/2/20 at 9:04 A.M., showed Certified Nurse Assistant (CNA) A pushed a rack of soiled dishes down the hall in the special care unit. He/She did not wear a facemask and said staff were to only wear gloves when providing care to residents. Observation on 6/2/20 at 9:05 A.M., showed Nurse Assistant (NA) B and CNA C did not wear masks while providing incontinence care to Resident #5. During an interview on 6/2/20 at 10:00 A.M., CNA C said staff were to wear a facemask while providing care to residents in isolation. Management did not tell staff to wear a facemask at all times. Observation on 6/2/20 at 9:28 A.M., showed the dietary manager walked down the resident hallway from the dining room where residents were eating to the kitchen. He/She did not wear a facemask. During interview on 6/2/20 at 9:24 A.M., the Housekeeping Supervisor said staff should wear gloves and a facemask while cleaning in the facility. If housekeeping staff need to clean in a resident's room who is on isolation, then staff will also wear a gown. He/She did not wear a facemask while in the facility. During interview on 6/2/20 at 9:40 A.M., Licensed Practical Nurse (LPN) D said staff do not have to wear a mask unless caring for a COVID-19 positive resident or if the resident was on isolation. During interview on 6/2/20 at 9:40 A.M., the Infection Control Specialist said staff were not required to wear facemasks when caring for residents or while in the facility unless providing care for residents under isolation precautions. During interview on 6/2/20 at 10:01 A.M., the Director of Nurses (DON) said the facility followed the CDC guidelines for infection control and he/she was under the impression staff did not have to wear facemasks unless they were working with a COVID-19 positive resident or a resident in isolation such as a new admission. During interview on 6/2/20 at 10:15 A.M., the administrator said the facility followed the CDC guidelines on infection control. Staff had to wear facemasks only when caring for a resident who was on isolation (either a COVID positive resident or a new admission). He/She was not aware of the guidance directing staff to wear facemasks in the facility at all times.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.