

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265740</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLE GROVE LODGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2407 KENTUCKY STREET LOUISIANA, MO 63353</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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 staff utilized appropriate personal protective equipment (PPE) per their policy and current guidance, failed to appropriately store PPE, and failed to perform appropriate hand hygiene. The facility census was 51. Review of the facility policy, Action Plan-COVID-19, dated 7/23/20, showed the section CDC Guidance for PPE with the following guidelines: -Gowns Summary: -The community should attempt to: -1. Use washable isolation gowns; -2. Use disposable gowns if washable gowns are not available; -3. Use reusable patient gowns if washable or disposable gowns are not available; -Extended use of isolation gowns (disposable or washable), such that the same gown is worn by the same HCP (health care provider) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e. COVID -19 patients resident in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices; -Re-use of cloth isolation gowns among multiple patients in a patient cohort area without laundering in between; -Prioritization of gown for the following activities: -1. During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; -2. During the high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. Review of the facility policy, Action Plan-COVID-19, dated 7/23/20, showed the section Eye Protection Summary, with the following guidelines: -Types of eye protection: -1. Goggles; -a. Appropriately fitted, indirectly-vented goggles with a manufacturer's anti-fog coating provide the most reliable practical eye protection from splashes, sprays, and respiratory droplets. Newer styles of goggles may provide better indirect airflow properties to reduce fogging, as well as better peripheral vision and more size options for fitting goggles to different workers. Many styles of goggles fit adequately over prescription glasses with minimal gaps. However, to be efficacious, goggles must fit snugly, particularly from the corners of the eye across the brow. While highly effective as eye protection, goggles do not provide splash or spray protection to other parts of the face; -b. Directly-vented goggles may allow penetration by splashes or sprays, therefore, indirectly-vented goggles or non-vented goggles are preferred for infection control; -Implement extended use of eye protection is the practice of wearing the same eye protection dedicated to one HCP for repeated close contact encounters with several different patients, without removing eye protection between patient encounters including for disposable and reusable devices; -1. Eye protection should be cleaned and disinfected if it becomes visibly soiled, difficult to see through or removed (when leaving the isolation area) prior to putting it back on; -2. If HCP touches or adjusts their eye protection, then they must immediately perform hand hygiene; -3. If eye protection should become damaged, defective, inoperable, visibility is permanently obscured or not functioning as intended, then they should be discarded immediately; -4. Staff should leave patient care area if the eye protection is to be removed; -5. Provide education and follow guidelines on use of, cleaning and disinfecting of eye protection. Review of Using Personal Protective Equipment on the cdc.gov website showed: -How to Take Off (Doff) PPE Gear --More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing. 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. * 3. Healthcare personnel may now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. * --Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. --Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is [MEDICATION NAME] reuse.* * Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices. 1. Observation on 7/28/20 at 11:55 A.M., showed Certified Nurse Assistant (CNA) A with gown, mask, goggles, and gloves on in Resident #2 and Resident #4's room (Transition room marked as isolation droplet precautions). CNA A assisted Resident #4 to adjust his/her oxygen nasal cannula (tube to deliver oxygen through the nose), while the resident coughed. Without changing gloves or washing hands, CNA A went to the door to get the Styrofoam meal container for Resident #2. He/She opened Resident #2's food container, touched the resident's bedside table, and silverware. He/She did not change his/her gloves or wash his/her hands between Resident #4's nasal cannula at the nasal prong site, and touching Resident #2's food container, bedside table and silverware. CNA A went to the door to the residents' room, removed his/her goggles, placed the used goggles on the hand rail in the hall, removed his/her gloves, removed his/her gown touching the outside of the disposable gown with his/her bare hands, and gathered the gown touching the outside of the gown and the outside of the gown touching his/her clothing, and placed it in the trash. CNA A left the room and used hand sanitizer from his/her pocket. 2. Observation on 7/28/20 at 12:04 P.M., showed CNA C donned two cloth masks, a disposable gown, and gloves. He/She entered Resident #3's room (Transition room marked as isolation droplet precautions), and assisted the resident to reposition in his/her chair. CNA C went to the door of the room and removed his/her gloves, reached around to untie the back of the gown with his/her bare hands, touching the outside of the gown with his/her bare hands, removed the gown touching the outside surface of the gown with his/her bare hands, and the outside of the gown touched his/her clothing. CNA C did not cleanse his/her hands. CNA C removed his/her glasses and hung them from his/her shirt. CNA C left the resident's room and went down the hall to the alcohol based hand rub (ABHR) dispenser to clean his/her hands. 3. Observation on 7/28/20 at 12:05 P.M., of resident room [ROOM NUMBER] (Transition room marked as isolation droplet precautions) showed one blue cloth gown hung on the room door from the top edge of the door, draped on the inside and the outside of the door, and a second disposable gown was visible on the seat of a chair near the window. 4. Observation on 7/28/20 at 12:10 P.M., of resident room [ROOM NUMBER] (Transition room marked as isolation droplet precautions) showed CNA A wore two cloth masks that covered his/her mouth and nose. He/She donned a new plastic gown and did not wear gloves. CNA A picked up two Styrofoam containers of food (lunch meal) off of the table outside the</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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He/She stopped the meal cart, did not wash hands or use hand sanitizer and picked up another resident's Styrofoam meal container and walked to a chair in the hallway and placed the Styrofoam container in the seat of the chair. He/She picked up a clean plastic gown, placed his/her arms inside the gown, placed the gown over his/her head and tied the gown around his/her waist in the front. He/She did not don gloves, wash his/her hands, or use hand sanitizer and entered resident room [ROOM NUMBER]. He/She handed the foam container to the resident and obtained a pair of gloves from the bathroom. He/She donned the gloves (did not wash hands prior), and opened the container of food for the resident closest to the room door. He/She then removed the gloves and discarded them in the trash can inside the room. He/She removed the gown by pulling one arm out, lifted the gown off over his/her head, pulled the other arm out, wadded the gown up and placed it in the trash can inside the room. CNA A left the room and used hand sanitizer from his/her pocket. 5. Observation on 7/28/20 at 12:17 P.M., showed CNA C wore two cloth masks. He/She donned a disposable gown and gloves. CNA C entered Resident #6's room (Transition room marked as isolation droplet precautions) to deliver his/her lunch, and assisted the resident move his/her bedside table. CNA C went to the door of the room and removed his/her gloves, reached around to untie the back of the gown with his/her bare hands, touching the outside of the gown with his/her bare hands, removed the gown touching the outside surface of the gown with his/her bare hands, and the outside of the gown touched his/her clothing. CNA C did not cleanse his/her hands prior to exiting the room. CNA C left the resident's room and went down the hall to the ABHR dispenser to clean his/her hands. 6. Observation on 7/28/20 at 12:25 P.M., showed CNA A opened the door to room [ROOM NUMBER]. He/She wore a gown, two masks, goggles and gloves. He/She touched the outside of his/her mask with his/her gloves on. CNA A went back into the resident's room. Observation on 7/28/20 at 12:28 P.M., showed CNA A opened the door to room [ROOM NUMBER] and wore a gown, two masks, goggles and gloves. He/She stood in the doorway of the room and leaned against the door and the door frame. CNA A touched the top of her head with his/her gloves on, and made a scratching motion with his/her fingers in his/her hair. CNA A went back into the resident's room. 7. Observation on 7/28/20 at 1:01 P.M., showed CNA A in room [ROOM NUMBER] (Transition room marked as isolation droplet precautions). Observation showed he/she did not have goggles on, and his/her gown was not tied. His/her gown was off his/her shoulders and the top of the gown was above his/her elbows and across his/her chest. CNA A assisted the resident in the chair to move back in the chair and take off his/her shoes. CNA A came to the door and removed his/her gloves, removed the gown touching the outside with his/her bare hands, and used sanitizer from his/her pocket. 8. During an interview on 7/28/20 at 12:45 P.M., CNA C said the following: -Gowns are to be hung on the hooks in the room for staff, staff put their initials on the gowns if they are reusing; -Gowns should not be hung from the edge of the door, or in a resident's chair; -Before donning PPE, staff are expected to wash their hands, put on gown, tie gown, mask on if not already on, put gloves on, then put goggles on; -To remove PPE, staff take gloves off being careful not to contaminate bare hands with outside of gloves, roll off; then take gown off, and then remove goggles; -He/She does not know how to take off a gown without touching the outside of the gown with bare hands; -He/She did not think about making sure the outside of the gown did not touch his/her clothing when he/she removed the gown; -He/She has not had education on removing PPE, just how to put it on. During an interview on 7/28/20, at 1:05 P.M., CNA A said the following: -To don PPE staff already have a mask on, then put on clean gloves, then goggles, and then the gown; -To doff PPE untie the gown and try to pull out of it, take off gloves in the hall, wash/cleanse your hands, then take off goggles; -Staff should not touch their personal clothing or self with contaminated PPE, or any clean surface. During an interview on 7/28/20, at 1:22 P.M., LPN D said the following: -To don PPE: wash/cleanse hands, put on goggles, then gown, and gloves rolling the gloves over the top of the sleeves of the gown; -To doff PPE with reusing the gowns, take the gloves off first and try to pull out of the gown the best you can to try not contaminate yourself with the outside of the gown. He/She does not know how disposable gowns can be taken off to reuse without some cross contamination because they are tied, lightweight and move around, and not designed to be reused; -To doff PPE with disposable gowns not being reused, pull the gown out popping the ties of the gown, use gloved hands to pull the outside of the gown off the shoulders and pull down the arm taking the gloves off with the sleeve of the gown for one arm, and then the other, rolling the gown so the inside of the gown is covering the outside contaminated part of the gown, and place in the trash. Then staff should clean their hands and remove goggles. During an interview on 7/30/20 at 10:12 A.M., the director of nursing (DON) said the following: -To don PPE mask is already on, then gown, then put on clean gloves, and then the goggles last; -To doff PPE, take off gloves, wash/cleanse hands, shrug out of gown not touching the outside of the gown, wash/cleanse hands, then take off goggles and wash/cleanse hands; -Gowns should be one gown per resident per staff member if reused, and should only be stored on the hooks in the resident's room between uses; -Staff should have one pair of goggles per resident per staff member per shift and hang with the gown or from the hook if using disposable gowns; -Staff are expected to remove all PPE wash/cleanse hands, and put on new PPE between residents; -Staff should not open the door and stand in the hallway with contaminated PPE; -Full PPE (mask, gown, gloves, and goggles) should be worn for all residents with suspected or positive COVID or in the transition rooms; -Education has been done with the staff on donning and doffing PPE, and conservation of PPE; -There has not been time to do staff observations for the last 2-3 weeks because nursing administration has been working as floor staff, so education is provided as issues are observed while working; there was no official monitoring or documentation of monitoring or education.</p>		