

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265844</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROLLA HEALTH &amp; REHABILITATION SUITES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 MCCUTCHEM ROAD ROLLA, MO 65401</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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, facility staff failed to properly contain or prevent COVID-19 when the facility failed to actively screen all employees and visitors for sign and symptoms of COVID-19 upon entrance to the facility. Facility staff failed to wear appropriate personal protective equipment (PPE) and follow infection control measures when providing care for residents on transmission-based precautions and cleaning resident rooms. The facility census was 59. 1. Review of the Coronavirus (COVID-19) Toolkit-A Resource for Long Term Care Facilities, provided on 05/27/20 by the Director of Nursing (DON), as the facility's screening policy, showed the following: Visitor Screening and Criteria -According to the March 9, 2020 REVISED Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH, 'Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes', nursing facilities should monitor and/or limit visitors. Nursing facilities should screen visitors for the following: *International travel within the last 14 days to CDC identified countries with travel restrictions; *Has had contact with someone who tested positive or is under investigation for COVID-19; *Signs or symptoms of respiratory infection, such as fever, cough, and sore throat. -Each nursing facility should designate staff members, trained in screening protocols, to monitor the entrance to the facility and actively screen all persons entering it. All visitors should sign in and out on a visitor's log. Employee Screening -According to the March 4, 2020 CMS Memo QSO-20-14-NH, the same screening performed for visitors should also be performed for facility staff. Observation on 05/27/20 at 9:45 A.M. showed the front entrance doors to the facility unlocked and unattended by staff. Further observation showed a sign posted at the unattended desk by the front door which read Upon arrival please do your screening, take your temperature and wear a mask. When finished please turn your screening upside down and place in tray on the corner of the desk. Thank you. Observation showed an oral thermometer and thermometer probe covers on top of the desk above the sign. Observation showed the area did not contain supplies to clean the thermometer between users. During an interview on 05/27/20 at 10:10 A.M., Cook A said he/she usually arrives for his/her shift around 4:50 A.M. The cook said a staff member does not screen him/her and staff are expected to screen themselves on our honor. During an interview on 05/27/20 at 11:04 A.M., the Director of Nursing (DON) said employees are screened every time they walk in the door if they have left the property. The DON said the front entrance doors are usually locked and people would have to ring the bell to be let in and screened. The DON said he/she did not know why the doors were unlocked. The DON said the receptionist is responsible to screen people during the day and the nursing staff would be responsible to screen employee, visitors and vendors when the receptionist is not available. The DON said the facility had been using a temporal (ear) thermometer, but it had disappeared. The DON said there should have been disinfecting wipes available to clean the oral thermometer between uses. During an interview on 05/27/20 at 2:20 P.M., the Speech Therapist said when he/she arrived at the facility this morning around 8:30 A.M., staff were not present and the doors were unlocked. The speech therapist said he/she screened him/herself and no one physically observed him/her for signs or symptoms of COVID-19 before he/she began work. During an interview on 05/27/20 at 2:20 P.M., the Certified Occupational Therapy Assistant (COTA) said when he/she arrived at the facility this morning around 7:00 A.M., staff were not present and the doors were unlocked. The COTA said he/she screened him/herself and no one physically observed him/her for signs or symptoms of COVID-19 before he/she began work. The COTA said it was not usual for him/her to have to screen him/herself, but it was not the first time he/she had to do so. During an interview on 05/27/20 at 3:40 P.M., the Assistant Director of Nursing (ADON) said he/she had been in charge of the facility's infection control program since January 2020. The ADON said the front doors to the facility are the designated entrance for everyone and should be locked. The ADON said he/she did not know why the doors were unlocked. The ADON there should be someone at the front desk to screen those who enter so signs and symptom could be observed. The ADON said the receptionist, who usually arrives around 6:00 A.M., is responsible for screening everyone during the day and the night charge nurse would be responsible to screen those who enter the building before the receptionist arrives. The ADON said bleach wipes should be available and used to cleanse the thermometer between uses and he/she did not know why the wipes were not available at the desk that morning. 2. Review of the facility's Isolation-Categories of Transmission-Based Precautions policy dated January 2012, showed the following: -Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infection that can be transmitted to others. -In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The decision on whether precautions are necessary will be evaluated on a case by case basis. -In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile) when entering the room. -Wear a disposable gown upon entering the Contact Precautions room or cubicle. -After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces. -When possible, dedicate the use of non-critical resident-care equipment items such as stethoscope, sphygmomanometer, bedside commode, or electronic thermometer to a single residents (or cohort of residents) to avoid sharing items between residents. -If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. 3. Observation on 05/27/20 at 10:55 A.M., showed the staff called for a registered nurse (RN) to assist with an unresponsive resident located on the designated resident isolation hall. Further observation showed the RN entered the resident room wearing a short-sleeve cloth gown over his/her clothes and used his/her bare forearm to touch the resident's forehead. 4. Observation on 05/27/20 at 11:35 A.M., showed Certified Nursing Assistant (CNA) B donned a short-sleeve cloth gown to enter a resident's room located on the designated resident isolation hall. Observation showed the CNA did not secure the neck or back of the gown before he/she entered the room. Further observation showed a sign posted on the room door which directed staff to put on a gown and gloves before entering the room. Observation also showed long-sleeve disposable gowns available in the same PPE storage drawers as the cloth gowns. 5. During an interview on 05/27/20 at 10:55 A.M., the DON said the 100 hall had been designated as a resident isolation hall and staff are directed to use transmission-based precautions on that hall. The DON said in addition to the face masks worn by all staff, staff entering the isolation rooms should also wear gowns and gloves. During an interview on 05/27/20 at 1:55 P.M., CNA B said he/she had been trained how to properly don and doff PPE, including how a gown should be secured at the back to cover the wearer's clothes. The CNA said the short-sleeve cloth gowns are used when not changing the resident and the long-sleeve disposable gowns are used if the resident has [MEDICAL CONDITION] (C. Diff), (intestinal infection) so it does not get on him/her. 6. Observation on 05/27/20 at 11:42 A.M., showed Certified Medication Technician (CMT) E, enter a resident's room on the designated resident isolation hall without donning gloves or a gown to administer medications. 7. Observation on 05/27/20 at 11:44 A.M., showed CMT E put on a short-sleeve cloth gown in the doorway of a resident's room on the designated resident isolation hall. Observation showed the CMT did not secure the neck or back of the gown before he/she entered the room. Further observation showed the CMT physically interacted with resident in the room with his/her gown unsecured. 8. Observation on 05/27/20 at 11:50 A.M., showed CNA C, entered a resident's room on the designated resident isolation hall</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>wearing a short-sleeve cloth gown with the back of the gown unsecured which exposed his/her clothes. Further observation showed the CNA used his/her gait belt on the resident and when he/she exited the resident's room, he/she tied the gait belt around his/her waist without disinfecting the multi-use gait belt. Observations on 05/27/20 at 11:57 A.M. and 11:59 A.M., showed the CNA C entered two additional resident rooms on the resident isolation hall while he/she wore an unsecured short-sleeve cloth gown which exposed the contaminated gait belt around his/her waist. 9. During an interview on 05/27/20 at 2:30 P.M., CNA D, said he/she received training from the DON and ADON about one week ago on how to use PPE. The CNA said gowns are to go around the back and tied at neck and back. The CNA said there is no reason not to wear a gown in a transmission precaution room. 10. During an interview on 05/27/20 at 3:20 P.M., Licensed Practical Nurse (LPN) F said to enter resident rooms on the resident isolation hall, staff are supposed to wear gowns, gloves, mask, and shoe covers. The LPN said staff had an in-service from the DON and ADON on how to properly don and doff PPE. 11. During an interview on 05/27/20 at 3:40 P.M., the ADON said all residents who are readmitted from the hospital or are new admissions are admitted to single bed rooms for 14 days and right now those residents are placed on the 100 hall which is the designated resident isolation hall. The ADON said staff are directed to use transmission based precautions when entering the resident rooms on that hall at all times. The ADON said staff are expected to wear surgical masks, single-use gowns, eye protection, gloves, and shoe covers and ideally everything would be covered when entering a resident's room on transmission precautions. The ADON said the short-sleeve cloth gowns are not appropriate for transmission based precaution use and should be used as a last resort if no single-use disposable gowns are available. The ADON said all staff are expected to wear gowns when going into those rooms regardless of how long they are in the room and there is no reason for staff to not wear appropriate PPE, including gown and gloves, when entering a room with transmission based precautions. The ADON said when staff don gowns, they should have someone help them tie the gown in the back to cover their clothing. The ADON said staff should not touch a resident on transmission based precautions with their bare skin. The ADON also said each resident on the designated resident isolation hall should have their own gait belt and staff are not to wear gait belts in and out of those rooms. 12. Review of the facility's Isolation-Categories of Transmission Based Precautions policy dated January 2012, showed the policy directed staff to dedicate the use of non-critical resident-care equipment items to a single resident or cohort of residents to avoid sharing between residents when possible. Further review showed the policy directed staff to adequately clean and disinfect resident-care equipment before use for another resident when the common use of items was unavoidable. Observation on 05/27/20 at 11:48 A.M. showed an opened one gallon jug of distilled water on top of a PPE storage bin in the designated resident isolation hall. During an interview on 05/27/20 at 1:55 P.M., CNA B said the jug of distilled water is used to fill up the oxygen concentrator humidifiers in the rooms on the resident isolation hall. The CNA said staff are directed to use transmission based precautions on the isolation hall. The CNA said the CNA's are directed to put on gloves, take the jug into the residents' rooms, and pour the water into the oxygen concentrator humidifiers. During an interview on 05/27/20 at 3:40 P.M., the ADON said staff should use droplet transmission precautions when working on the resident isolation hall. The ADON said when staff refill oxygen concentrator humidifiers, they should get a new oxygen concentrator bottle and fill the bottle up with distilled water from the jug in the hallway and not take the jug into the resident rooms. 13. Review of the Missouri Department of Health and Senior Services Environmental Cleaning and Disinfection Recommendations sheet dated 03/11/20, provided by the DON as the facility's cleaning and disinfecting policy, showed for disinfection, diluted household bleach solutions, alcohol solutions with at least 70 percent alcohol, and most common environmental protection agency (EPA)-registered household disinfectants should be effective. Review also showed direction to allow the disinfectant to remain on the surface for the prescribed time as directed on the label which would allow the disinfectant to work properly. Review of a housekeeping in-service record on the cleaning of an isolation room and preventing the spread of Coronavirus, undated, showed instruction to use proper isolation PPE if required (gown, facemask, booties, etc.) Further review showed instruction to sanitize the room with the approved solution. Review showed the in-service did not contain instruction on how long the approved solution used to sanitize the room should remain on the surfaces for proper disinfection. Observation on 05/27/20 at 12:00 P.M., showed Housekeeper G cleaned rooms on the designated resident isolation hall. Observation showed the housekeeper entered each room without wearing a gown to protect his/her clothes. Further observation showed the housekeeper obtained a cleaning cloth from a basin on his/her cleaning cart, filled with a liquid and multiple other cleaning cloths, wrung out the liquid from the cloth and then used the cloth to wipe down surfaces in the resident room. During an interview on 05/27/20 at 12:15 P.M., the housekeeper said he/she had never been told that he/she needed to wear a gown when he/she cleaned rooms identified with the need for transmission-based precautions. The housekeeper said management trained him/her to clean the rooms by wiping down the surfaces with a cloth soaked in a disinfectant solution. The housekeeper said he/she had not read the instructions for use on the disinfectant, but it had to stay wet on surfaces for three minutes. Review of the label for the product identified by the housekeeper as the disinfectant used to clean the rooms on the isolation hall, showed instruction to apply the solution to hard non-porous surfaces with a brush, cloth, mop, sponge, autoscrubber or mechanical spray device to thoroughly wet surfaces and allow the treated surfaces to remain wet for 10 minutes. During an interview on 05/27/20 at 2:55 P.M., the Housekeeping Supervisor said staff are directed to use bleach wipes in the rooms on the isolation hall and the disinfectant everywhere else. The Housekeeping Supervisor said housekeeping staff were trained on the use of the wipes and the disinfectant. The Housekeeping Supervisor said staff were directed to use a spray bottle to spray the surfaces all over the room with the disinfectant and then clean the other areas of the room that disinfectant is not used on to allow for the required 10 minute contact time for the disinfectant. The Housekeeping Supervisor also said housekeeping staff are directed to wear PPE, including gowns, when cleaning transmission-based precaution rooms.</p>		