

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265848	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITIES OF WILDWOOD RANCH		STREET ADDRESS, CITY, STATE, ZIP 3222 SOUTH JOHN DUFFY DRIVE JOPLIN, MO 64804	
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 - Some	<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, record review, and interview, the facility staff failed to use appropriate infection control/hand hygiene practices when a medication technician failed to wash/sanitize hands at appropriate intervals, during medication pass for three residents (Residents #1, #2 and #3) and when facility staff failed to wash/sanitize hands between glove changes during meal pass for two unidentified residents. The facility failed to fully implement Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) recommended infection control practices, following the outbreak of a coronavirus disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2)) pandemic, in order to control and/or prevent the potential spread of the disease among residents and facility staff failed to wear face coverings properly. The facility census was 82 residents. Record review of the facility's policy titled Infection Prevention and Control Program, dated August 2016, showed, in part, the following: -Staff should follow established general and disease- specific guidelines such as those of the Centers for Disease Control (CDC). 1. Record review of CDC.gov showed the following: -CDC recommends using alcohol based hand rub with greater than 60% [MEDICATION NAME] or 70% [MEDICATION NAME] in healthcare settings. Unless hands are visibly soiled, an alcohol based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink; -Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom. 2. Record review of Resident #1's face sheet showed: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Record review of Resident #1's May 2020 physician order [REDACTED]. 3. Record review of Resident #2's face sheet showed: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Record review of Resident #2's May 2020 physician order [REDACTED]. 4. Record review of Resident #3's face sheet showed: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Record review of Resident #3's May 2020 physician order [REDACTED]. 5. Observation on 5/27/2020, starting at approximately 11:10 A.M., showed Certified Medication Technician (CMT) A went into Resident #1 and Resident #2's room (shared room) and gave medication to one of the residents. The CMT then came out without performing hand hygiene and administered medications to Resident #3 in an adjoining room. 6. Observations on 5/27/2020, beginning at 11:30 A.M., showed CMT A gave an unidentified resident yogurt and water, touching his/her work station, his/her computer, and administering medications, touching his/her mask, opening drawers on the medication cart, and administering more medications without performing hand hygiene. 7. Observations on 5/27/2020, beginning at 11:35 A.M., showed a staff member did not wash or sanitize his/her hands after removing his/her gloves and touching a glass, a napkin, and touching the drinking end of a straw for a resident. 8. During an interview on 5/27/2020, at 12:00 P.M., Licensed Practical Nurse (LPN) B, said staff had skills checks on hand washing. Hand hygiene should be performed any time resident care was performed, or before handling resident meal plates. 9. During an interview on 5/27/2020, at 12:40 P.M., LPN C, said staff should perform hand hygiene before and after giving medications and performing resident care. 10. During an interview on 5/27/2020, at 2:00 P.M., the Assistant Director of Nursing said staff should sanitize or wash hands between residents. 11. During an interview on 5/27/2020, at 2:20 P.M., the Director of Nursing and Administrator said staff had been given competency checks on hand washing and they expect staff to wash or sanitize their hands before and after resident care, and between glove changes. Hands should be washed or sanitized between residents during medication administration and meal pass. 12. Record review of CDC.gov showed the following: -Face coverings should cover the nose and mouth and fit under the chin. The covering should fit snugly under on the sides of the face. Observations on 5/27/2020, beginning at 11:58 A.M., showed one staff member with his/her mask under his/her nose. Observations on 5/27/2020, beginning at 12:35 P.M., showed one staff member with his/her mask missing a top strap and ill fitting. During an interview on 5/27/2020, at 2:20 P.M., the Director of Nursing and Administrator said masks should be worn where they cover the nose and mouth.</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.