

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER CEDARCREST MANOR		STREET ADDRESS, CITY, STATE, ZIP 324 WEST 5TH STREET WASHINGTON, MO 63090	
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	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 staff failed to follow infection control protocols for COVID-19 (an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2)) when staff did not properly wear facemasks while in the facility. The census was 88. Review of the Centers for Disease Control and Prevention (CC) recommendation, dated 05/21/20, showed in order to prevent the spread of COVID-19, facility staff are to ensure all healthcare personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Additional review of the CDC recommendation titled How to Wear Face Coverings Correctly, dated 05/22/20, showed staff are to place it over their nose and mouth and secure it under their chin. 1. Observation on 06/02/20 at 10:50 A.M., showed housekeeping aide A did not properly place the facemask over his/her mouth and nose to ensure infectious agents could not be transmitted. Observation on 06/02/20 at 10:50 A.M., showed Certified Nursing Assistant (CNA) B did not properly place the facemask over his/her mouth and nose to ensure infectious agents could not be transmitted. Observation on 06/02/20 at 11:22 A.M., showed activity aide C did not wear his/her mask in the residential area. Observation on 06/02/20 at 12:24 P.M., showed Licensed Practical Nurse (LPN) D did not properly wear a facemask by leaving his/her nose exposed and mouth covered while in a resident area. During an interview on 06/02/20 at 12:24 P.M., LPN D said the residents do not wear masks and he/she doesn't wear a mask when behind the desk, because I can't breathe. During an interview on 06/02/20 at 12:49 P.M., Registered Nurse (RN) E said staff wear their mask anytime they are on the floor and should wear their masks anytime they are in a resident area. He/She said masks should cover their nose and mouth. During an interview on 06/02/20 at 11:16 A.M., the administrator said staff are expected to wear their masks over their nose and mouth.		

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.