

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER CAMELOT NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 705 GRAND CANYON DRIVE FARMINGTON, MO 63640	
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 observations, interviews, and record reviews the facility failed to maintain an infection prevention and control program when the facility staff did not use the appropriate infection control practices to minimize the potential spread of COVID-19 (a [MEDICAL CONDITION] spread person to person mainly through respiratory droplets produced when an infected person coughs or sneezes and can be spread in close contact with one another, within six feet) for 12 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12) out of the 12 residents sampled. The facility's census was 68.</p> <p>Record review of the facility policy titled Infectious Disease Threat, Infection Control Measures During, dated 4/2019 showed: - When an infectious disease threat is detected in the geographic region of the facility, aggressive infection control measure will be implemented to prevent introduction of the pathogen to residents, staff and visitors; - Training all staff, residents and visitors on the importance of stand infection control precaution (e.g., handwashing, respiratory hygiene/cough etiquette, etc.); - Strict adherence to appropriate transmission-based precautions. Record review of the facility's policy titled [MEDICAL CONDITION] Disease (COVID-19) Prevention and Control policy statement dated 3/2020 showed: - Personnel Education - information provided to personnel includes: - Reinforcement of standard and transmission-based precaution procedures (including hand hygiene, respiratory hygiene, and proper use and disposal of personal protective equipment (PPE). Observations and interviews on 5/27/20 from 10:00 A.M. to 11:30 A.M., showed the following: - The Activity Director (AD) went room to room and talked with Residents #4, #5, #11 and #12. The AD did not wash his/she hands upon entry and exit of resident rooms. The AD provided writing material, obtained supplies from drawers, and touched residents; - The AD said he/she normally washes hands when he/she leaves a room and believed he/she was doing so; - Certified Medication Technician (CMT) B wore a cloth face mask (PPE used to protect the wearer from airborne particles; it must cover the nose and mouth) on his/her face. The mask did not cover the CMT's nose. CMT B, in the hallway, checked Residents #3, #8, #9, and #10 oxygen saturations with the aid of a finger pulse oximeter (re-useable equipment to monitor the oxygen saturations) and each resident's body temperature with a re-useable forehead thermometer. CMT B did not clean and disinfect the re-useable equipment between use on residents and did not wash or sanitize his/her hands between residents; - CMT B said he/she probably should clean the equipment and sanitize his/her hands between residents but normally does not. CMT B said the face mask is difficult to keep over his/her nose; - Licensed Practical Nurse (LPN) C wore a cloth face mask. The mask did not cover the LPN's nose; - LPN C did not wear the cloth face mask appropriately as he/she walked through the hallways near residents and sat at the nurse station; - LPN C said he/she knows the mask should be over his/her nose; - Registered Nurse (RN) D used a re-useable finger pulse oximeter and a re-useable forehead thermometer, in the hallway, to check Residents #1, #2, #4, and #5's oxygen saturation and temperature; - RN D did not wash his/her hands between residents; - RN D did not clean and disinfect the re-useable equipment in-between each use of the equipment on each resident; - RN D sat the soiled equipment down on the nurse's station desk, did not wash hands, and went into supply/medication room to obtain additional supplies; - RN D said he/she did not clean the equipment or sanitize hands between residents but probably should. During an interview on 5/27/20 at 11:45 A.M., the Administrator said all staff have been in-serviced on the proper use of point of care, re-usable medical equipment, hand washing and the proper use of PPE.</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.