

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRUMAN LAKE MANOR INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>600 EAST 7TH ST, PO BOX 415 LOWRY CITY, MO 64763</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 - Many</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, 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 staff. The facility failed to thoroughly screen all staff and visitors for signs and symptoms of COVID-19 prior to facility entry, and failed to ensure four residents remained at least six feet apart or wore facemasks when in close proximity. The facility's census was 48. Record review of the recommendations for long-term care facilities, related to COVID-19 infection, located on the CDC website showed the following: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19: -Actively screen anyone entering the building for fever and symptoms of COVID-19 before starting each shift; -Prevent spread of COVID-19: Enforce social distancing among residents (measures to reduce the spread of contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other); -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. 1. Observation on 5/19/20, at 12:15 P.M., showed the following: -When a surveyor arrived at the facility, the front entrance was locked to prevent unauthorized entrance into the facility. A sign located on the front door instructed visitors enter through the back door. -When the surveyor arrived at the back door, a staff member asked the surveyor to wait near the back door until the Director of Nursing (DON) assessed the surveyor. -The DON took the surveyor's temperature and documented it on the facility's infection control log. -After the DON took the surveyor's temperature, she allowed him access to the rest of the facility. (The DON did not ask the surveyor screening questions to monitor for possible signs and symptoms of COVID-19). Record Review of the facility Infection Control Log located at the back door showed staff documented staff and visitors temperatures on the log. (The log did not include a list of symptoms for staff to ask/answer as part of the screening process.) During an interview on 5/19/20, at 12:30 P.M., the DON said the following: -The last in-service concerning COVID-19 infections was conducted on 3/30/20. The in-service included instructions on hand washing, facemasks, symptoms of COVID-19 infection and sanitizing staff's work area; -The charge nurses, including the DON, did not ask staff or visitors screening questions regarding signs and symptoms of COVID-19 infections prior to entering the facility, they only measured temperatures; -If staff showed any symptoms of COVID-19, they were instructed to stay home. During an interview on 5/19/20, at 1:05 P.M., Housekeeper A said the following: -Staff recently attended an in-service which instructed staff on hand washing, facemasks, symptoms of COVID-19 infection (sore throat, cough and shortness of breath), and sanitizing work areas; -If he/she had symptoms of COVID-19, he/she would not come to work. During an interview on 5/19/20, at 1:09 P.M., Nursing Assistance (NA) B said the following: -The last in-service concerning COVID-19 infections was three week ago. It included instructions on hand washing, facemasks, symptoms of COVID-19 infection (sore throat, cough and shortness of breath) and sanitizing our work areas; -No one asked him/her screening questions for signs and symptoms of COVID-19 before entrance into the facility, they only measured temperatures. -If he/she had symptoms of COVID-19, he/she would not come to work. During an interview on 5/19/20, at 12:30 P.M., Certified Nursing Assistance (CNA) C said the following: -All staff and visitors must enter the facility through the back door. -No one asked him/her screening questions for signs and symptoms of COVID-19 before entrance into the facility, they only measured temperatures. 2. Observations on 5/19/20, beginning at 12:30 P.M., showed the following: -Two residents sat in wheelchairs, next to one another near the nurses' station. The residents were less than six feet apart and did not wear facemasks. Staff observed the residents talking, but did not ask residents to wear masks or move further apart. -Two residents, one who walked without assistance and one who sat in a wheelchair, were next to one another talking in the hallway. The resident were less than six feet apart and did not wear facemasks. Staff observed the residents talking, but did not ask residents to wear masks or move further apart. During an interview on 5/19/20, at approximately 12:35 P.M., the Restorative Nurse's Aide (RNA) said staff wore facemasks with all resident care, but he/she did not know if residents had to wear facemasks. During an interview on 5/19/20, at approximately 1:20 P.M., NA F said staff wore facemasks with all cares. Residents should maintain a distance of at least six feet from each other. During an interview on 5/19/20, at 1:35 P.M., Resident #1 said residents should wear masks if they were less than six feet from each other. During an interview on 5/19/20, at 2:30 P.M., the DON said the following: -It was hard to keep residents apart, especially if they were able to, independently, move themselves closer to each other. -Most of the residents would follow the distance recommendations, but it was very difficult to reason with confused residents.</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.