

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRINGFIELD VILLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1100 EAST MONTCLAIR SPRINGFIELD, MO 65807</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to use appropriate infection control procedures to prevent or reduce the risk of spreading bacteria or other infectious causing contaminants and failed to following to fully implement Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) recommended infection control practices, during the 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 when staff failed to use appropriate hand hygiene during resident care for six residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6); staff failed to properly use alcohol-based hand cleaner (hand sanitizer); staff failed to properly wear personal protective equipment (PPE) facemasks, and failed to disinfect multi-use equipment when providing care for four residents (Resident #3, #4, #5, and #6). The facility was a census of 86. 1. Record review of CCD guidelines showed the following: -Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. -CDC recommends using ABHR 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. -Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom. -Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. -Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. -Routine cleaning and disinfection procedures are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings. 2. Record review of the facility's policy titled, Infection Control and Prevention Program, dated 3/17/2020, showed the following information: -Hand hygiene is the single most important step to reduce transmission of infectious agents; -Clean hands before and after contact with a resident or the resident's environment. This includes before and after: entering a resident room, gloves, toileting, and meals; -Gloving does not replace the need to perform hand hygiene; -Use either an alcohol-based product or soap and water; -Soap and water must be used when hands are visibly soiled or caring for a resident with [MEDICAL CONDITION] (a bacteria that causes diarrhea, alcohol will not kill the spores); -Use alcohol-based products effectively; -Apply product to palm of one hand. Follow manufacturer's recommendation for volume of product use (usually an amount adequate to keep hands wet for at least 15 seconds); -Rub hands together, covering all surfaces of hands and fingers, until hands are dry. 3. Observation on 5/20/2020, at 9:35 A.M., showed the following: -Certified Nurse Aide (CNA) A and CNA B entered Resident #3's room with a wheeled cart with a basket containing the blood pressure machine, thermometer, and pulse oximeter (electronic device that measures the saturation of oxygen carried in your red blood cells). CNA B took the resident's blood pressure and CNA A wrote the information on the clipboard. The staff left the room and used hand sanitizer from the wall dispenser in the hall. The staff did not disinfect the blood pressure equipment. -The staff entered Resident #4's room with the same wheeled cart and vital sign equipment. The staff took the resident's blood pressure and used the pulse oximeter. The staff returned the equipment to the wheeled cart without disinfecting the equipment. The staff washed their hands at the sink. -The staff entered Resident #5's room with the same wheeled cart and vital sign equipment. The staff took the resident's temperature, blood pressure, and used the pulse oximeter. The staff put all equipment back in the basket without disinfecting the equipment. The staff washed their hands at the sink. -The staff entered Resident #6's room, a new admission on isolation precautions, with the same wheeled cart and vital sign equipment. The staff took the resident's blood pressure, temperature, and used the pulse oximeter. The staff put all the equipment back into the basket without disinfecting. The staff washed their hands at the sink. During an interview on 5/20/2020, at 3:02 P.M., the Assistant Director of Nursing (ADON) said the trolley used to carry the vital sign equipment should not be taken into resident rooms; it is just a convenient way to move items down the hallway. Staff should be wiping down the equipment after each use with the sanitizer wipes. During an interview on 5/20/2020, at 3:45 P.M., the administrator said the vital sign equipment should be cleaned after each use as it is a multi-use item. The pulse oximeter should be cleaned after each resident use. 4. Record review of Resident #1's face sheet (basic information sheet) showed the following information: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Record review of Resident#1's annual Minimum Data Set (MDS), a federally mandated comprehensive assessment instrument completed by facility staff, dated 4/17/2020, showed the following information: -Required extensive assistance with bed mobility, transfers, toileting, and dressing; -Required two persons physical assistance with activities of daily living (ADL); -Occasionally incontinent of bladder; -Required a wheelchair for mobility. Record review of Resident #2's face sheet (basic information sheet) showed the following information: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. blood as well as it should; muscle weakness; and overactive bladder. Record review of Resident #2's annual MDS, dated [DATE], showed the following information: -Required extensive assistance with bed mobility, transfers, toileting, and dressing; -Required one person physical assistance with ADL's; -Frequently incontinent of bladder; -Wheelchair required for mobility. Observation on 5/20/2020, at 10:10 A.M., showed CNA A and Certified Medication Technician (CMT) C entered the resident room to provide care for Resident #1. Both staff applied gloves, they did not wash their hands or use hand sanitizer before putting on the gloves. CNA A then put the resident's shoes on her/his feet. CMT C moved the oxygen tubing and moved the trash can. CNA A lowered the foot rest on the resident's recliner and CMT C lined up the sit-to-stand lift. Once staff secured the resident safely in the lift, CMT C raised the resident in the sit to stand lift. CMT C pushed the resident down the hall in the lift into the shower room. After entering the shower room, the CNA went to the sink and wet some paper towels, then wiped off the toilet seat with the wet paper towels, per the resident's request to wipe the toilet seat before sitting him/her down. The CNA threw the paper towels in the trash can. CNA A did not change gloves or wash his/her hands. CNA A pulled the resident's pants down and CMT C lowered the resident in the lift to the toilet seat. CMT C removed his/her gloves and washed his/her hands at the sink and left the room to obtain wet wipe supplies. CNA A remained with the resident with the same gloved hands. CMT C re-entered the room with supplies, put on new gloves without washing hands, then raised the resident in the lift. CNA A wiped the resident's peri-area and buttock region with the wet wipes and then used his/her left hand to apply barrier cream to the resident's buttock. CNA A pulled up the resident's pants with his/her right hand, as his/her left hand glove had barrier cream on it. CNA A removed the gloves, gathered the trash and followed CMT C back to the resident's room. CMT C pushed the resident in the lift down the hall. CNA A did not wash his/her hands or use hand sanitizer rub. CNA A moved the resident's pillow from the wheelchair and placed it on the recliner, and then moved the wheelchair into position. CMT C lowered the resident into the wheelchair. CNA A adjusted the resident's clothing with the same unwashed hands and then unbuckled the resident's legs from the lift. CMT C washed his/her hands at the sink and left the room with the lift. At</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 - Many</b>	<p>(continued... from page 1)</p> <p>10:32 A.M., CNA A did not wash hands or use hand sanitizer after providing care for Resident #1. Observation on 5/20/2020, at 10:32 A.M., showed CNA A turned to the roommate, Resident #2, in the same room, and began to provide care for Resident #2 without washing his/her hands. The aide put on Resident #2's shoes to prepare to go to the bathroom. The CNA then removed the pillow from behind the resident's back in the recliner and put it on the bed. The CNA moved the wheelchair into position for the resident, then assisted the resident to stand with his/her gloved hand on the resident's back. The resident stood and pivoted into the wheelchair, with the staff's hand on his/her back. CNA A then opened the resident dresser drawers and picked out the resident's clean pants, underwear, and incontinence pad and handed them to the resident to hold. CNA A pushed the wheelchair to the shower room, he/she did not remove his/her gloves, did not use wash his/her hands or use hand sanitizer. With the same gloved hands, the CNA went to the sink and wet some paper towels and wiped the toilet seat, per the resident's request. The CNA took the resident's clean clothes and set them on the shelf. The CNA assisted the resident to transfer to the toilet with his/her hand on the resident's back. The CNA pulled down the resident's pants, removed the wet incontinence pad, and put the pad in the trash. The CNA removed the resident's underwear. He/she did not remove his/her gloves or sanitize hands after removing dirty items from the resident. The CNA picked up the resident's clean underwear and put in the new incontinent pad with the same unwashed gloved hands. The staff then removed the resident's shoes and assisted the resident to put his/her legs into the clean underwear and pants. The CNA put the resident's shoes back on with the same gloved hands. CMT C entered to see if the CNA needed any assistance. CMT C put a gait belt around the resident's waist. The CNA used the gait belt to help the resident stand, with the same gloved hands. The CNA used wet wipes to wipe the resident's peri-area and then applied barrier cream to the buttock area with the same gloved hands. The CNA pulled the resident's pants up with the his/her right hand, the left gloved hand had barrier cream on the glove. The CNA assisted the resident to pivot to the wheelchair. The CMT washed his/her hands and left the room. The CNA removed his/her gloves, gathered the trash, and then pushed the resident in the wheelchair to the room, he/she did not wash his/her hands or use hand sanitizer. After ensuring the resident did not need anything further, the CNA washed his/her hands at the resident sink and left the room. During an interview on 5/20/2020, at 1:20 P.M., CNA A said staff received infection control in-services and that staff should wash hands before putting on gloves, after taking off gloves, before and after resident contact, after resident cares and before contact with resident personal items. During an interview on 5/20/2020, at 1:32 P.M., CMT C said staff should wash hands after taking off gloves, before and after resident cares. During an interview on 5/20/2020, at 2:37 P.M., Licensed Practical Nurse (LPN) F said staff is to wash hands before entering the facility, before resident cares and immediately after resident care, and personal items should not be touched before cleaning hands. During an interview on 5/20/2020, at 3:02 P.M., the ADON said staff should clean their hands between each resident care. If the resident is in isolation, staff should wash their hands with soap and water. If staff is taking a resident to the bathroom in the shower room, they should wash their hands before leaving that room, there is an accessible sink in that room. During an interview on 5/20/2020, at 3:20 P.M., the Director of Nursing (DON) said staff should wash hands before and after any exchange of resident cares, and hands should be washed or sanitized any time there could be a chance of cross-contamination. Staff can use hand sanitizer any time hands are not visibly soiled, before and after use of gloves. During an interview on 5/20/2020, at 3:45 P.M., the administrator said staff should be washing their hands anytime they are assisting a resident. 5. 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. Observation on 5/20/2020, at 8:45 A.M., showed CNA G wore his/her mask over his/her mouth, but the mask did not cover his/her nose. Observation on 5/20/2020, at 9:30 A.M., showed CNA H wore his/her mask over his/her mouth, but the mask did not cover his/her nose. Observation on 5/20/2020, at 9:30 A.M., showed CMT D wore his/her mask over his/her mouth, but the mask did not cover his/her nose. At the time of the observation, CMT D assisted a resident with a drink of water and stood less than 6 feet from the resident. Observation on 5/20/2020, at 12:04 P.M., showed CNA H carried drinks to residents in the dining room, the staff's face mask covered his/her mouth, but the mask did not cover his/her nose. Observation on 5/20/2020, at 12:10 P.M., showed CNA I placed dishes of food from the tray to the table in front of a resident, the staff then put on gloves to cut up the food, the staff's facemask covered his/her mouth, but did not cover his/her nose. During an interview on 5/20/2020, at 2:30 P.M., CNA E said: -Staff need to wear the mask up to their nose and can take it off outside or in the break room. During an interview on 5/20/2020, at 3:02 P.M., the ADON said staff should be wearing masks that cover their nose and mouth while working in the facility, especially when working with a resident. During an interview on 5/20/2020, at 3:20 P.M., the DON said facemasks should be worn from above the nose to below the mouth. Staff should not be passing foods/drinks with the mask worn below the nose. During an interview on 5/20/2020, at 3:15 P.M., the administrator said staff can remove masks to eat lunch in the staff room or in the bathroom. The mask needs to be worn over the mouth and the nose.</p> <p>6. Record review of the facility's (undated) policy titled, How to Hand Rub? showed the following information: -Apply a palmful of the product in a cupped hand, covering all surfaces. Rub hands palm to palm. Right palm over left dorsum with interlaced fingers vice versa; palm to palm with fingers interlaced; backs of fingers to opposing palms with fingers interlocked; rotational rubbing of left thumb clasped in right palm and vice versa; rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa; once dry, hands are safe. Observation on 5/20/2020, at 11:35 A.M., showed the following: -CMT D passed medications and assisted a resident in taking a drink. CMT D placed alcohol-based rub on hands, rubbed it into his/her hands for approximately 5 seconds, then wiped his/her hands on his/her shirt. -CMT D passed medications to another resident. CMT D placed alcohol-based rub on hands, rubbed it into his/her hands for approximately 5 seconds, then waved hands in a vertical direction for approximately 5 seconds before returning to paperwork. During an interview on 5/20/2020, at 1:30 P.M., CMT D said: -Staff should wash hands in the resident's room. When staff exit the resident's room, staff should wash hands and also use hand sanitizer. When staff need to change your gloves, staff should wash hands. If staff are changing a resident, staff should use hand sanitizer before and after assisting the resident. During an interview on 5/20/2020, at 2:30 P.M., CNA E said: -Staff should wash hands for 60 seconds and wash hands after being with a resident or between passing food trays. When using hand sanitizer, rub it all over hands and do not rub it on clothes. During an interview on 5/20/2020, at 2:40 P.M., LPN F said: -If hands are not soiled, staff can use hand sanitizer. Staff should rub the sanitizer in hands and let it dry completely. During an interview on 5/20/2020, at 3:00 P.M., the ADON said: -Staff should use hand sanitizer as if washing hands. Staff should use it for 20 seconds until hand sanitizer is dry. During an interview on 5/20/2020, at 3:30 P.M., the DON said: -Staff should use hand sanitizer when hands are not visibly soiled and before and after donning PPE. Staff should rub hand sanitizer all over hands and do not do anything until hand sanitizer is completely dry. Staff should not rub wet hand sanitizer on clothing to have it dry.</p>		