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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>265854</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>05/20/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>REST HAVEN CONVALESCENT AND RETIREMENT HOME</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1800 SOUTH INGRAM<br/>SEDALIA, MO 65301</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, facility staff failed to follow infection control guidelines provided by the Centers for Medicare &amp; Medicaid Services (CMS) and the Centers for Disease Control &amp; Prevention (CDC) by failing to appropriately restrict, screen, and educate visitors and facility staff due to the ongoing Coronavirus Disease 2019 (COVID-19) pandemic. Staff also failed to remove soiled gloves and/or properly wash their hands to prevent the spread of bacteria and other infection causing contaminants during the provision of care for one resident (Resident #1). The facility census was 39. 1. The CDC's COVID-19 guidance titled Preparing for COVID-19 in Nursing Homes, updated 5/19/2020 showed the following: -Facilities should assign at least one individual with training in Infection Prevention &amp; Control (IPC) to provide on-site management of COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of healthcare professionals (HCP), and auditing adherence to recommended IPC practices; -Regularly review the CDC's Infection Control Guidance for HCP regarding COVID-19 for current information and to ensure staff and residents are updated when this guidance changes; -Screen visitors for fever (temperature greater than 100.0 degrees Fahrenheit), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility; -As part of routine practice, ask HCP (including consultant personnel and ancillary staff such as environmental and dietary services) to regularly monitor themselves for fever and symptoms consistent with COVID-19; -If HCP develop fever (temperature greater than 100.0 degrees Fahrenheit) or symptoms consistent with COVID-19 while at work they should inform their supervisor and leave the workplace. Have a plan for how to respond to HCP with COVID-19 who worked while ill (e.g., identifying and performing a risk assessment for exposed residents and co-workers); -Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace; -And ensure Environmental Protection Agency (EPA)-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. 2. Review of an untitled document provided by the administrator, dated March 2020, with EFFECTIVE IMMEDIATELY in the heading showed: -This policy is to remain in effect as long as the pandemic crisis is current; -It is the policy of Rest Haven Convalescent and Retirement Home that all employees during the coronavirus pandemic/COVID-19, must adhere to the following: -Upon reporting for work, each employee is to have their body temperature taken and recorded on employee temperature sheet; -A temperature greater than 99.5 degrees Fahrenheit is grounds to be sent home and cannot return until temperature is below 99.6 for 48 hours. -If an employee leaves the facility for any reason during the shift, temperature must be taken when the employee returns to the building and recorded on employee temperature sheet. -At the end of your shift, each employee must take their temperature prior to clocking out and going home and record on the employee temperature sheet. -Every Monday or the first day of your work week, each employee is to fill out a COVID-19 questionnaire worksheet and put on clipboard. The administrator will pick these up. -If an employee is exposed to a COVID positive person, it is the policy that the employee will quarantine at home for 14 days. -And if an employee is tested for COVID-19, they must quarantine at home until test results are received. If the test is negative and there has been no exposure as previously mentioned, the employee may return to work. If the test is positive, they must quarantine at home for 14 days and follow physician orders. 3. Review of the facility's Coronavirus (COVID-19) Signs and Symptom Screening form showed: -Name, date, contact number, and to check either resident, visitor, employee, healthcare provider. -For visitors only: Do you reside in a community where the spread of the coronavirus is occurring? If yes, refrain from visiting until the facility is no longer experiencing the spread of COVID-19. -Have you or someone you are in close contact with traveled outside the United States in the last 14 days. If yes, please refrain from visiting for a minimum of 14 days after you or your close contact returned to the United States and are confirmed as not having any signs or symptoms of COVID-19 for at least 72 hours. -Have you or someone you are in close contact with tested positive for the coronavirus in the last 14 days? If yes, please refrain from visiting for a minimum of 14 days after you or your close contact are no longer positive for the coronavirus (COVID-19) and are free from any signs or symptoms of the coronavirus (COVID-19) for at least 72 hours. -Are you experiencing any following symptoms: fever (current temp is ____). In this case a fever is considered 99.5 degrees or above; sore throat; cough; shortness of breath. -If yes to any of #3 questions, please refrain from visiting or working until receiving a thorough clinical evaluation (PLEASE NOTE BELOW) or you are confirmed as no longer having any signs or symptoms of the coronavirus (COVID-19) for at least 72 hours. 4. Observation on 5/20/2020 at 9:50 A.M., showed the facility's front door to be unlocked and without staff members present. A sign on the entrance door showed the facility was not accepting visitors and instructed staff to go directly to the nurse's station for screening. Further observation showed the nurses's station to be centrally located in the facility, where staff and other essential personnel would have to enter resident populated areas to be screened. Two surveyors entered the facility and were not screened for signs and symptoms of COVID-19 before entrance, or during the visit. 5. Record review of documents titled Employee Temps on a clipboard at two out of two nurse's stations, dated 5/19/2020 through 5/20/2020, showed the forms had a column for date, employee name, fever with option to choose yes or no, and initials. -Twenty of the initial columns we left blank; -A single temperature was written next to the employee's name on 38 of 40 rows; -No temperature was documented for one employee; -One employee had two temperatures listed next to his/her name. There was no indication of what time the temperatures were taken; -Two employees had temperatures taken twice on 5/19/2020 and one employee had a temperature check three times on 5/19/2020; - And there was no evidence employees were monitored for other signs and symptoms of COVID-19 upon arriving to work. Observation on 5/20/2020 at 10:40 A.M. showed three staff members walk into the building and walk directly into the kitchen without being screened by the facility. During an interview on 5/20/2020 at 10:15 A.M. the director of nursing (DON) said licensed practical nurse (LPN) A was in charge of the infection control book. Furthermore she said the facility did not have a trained infection preventionist (a qualified, designated individual who has had specialized training in infection prevention and control). During an interview on 5/20/2020 at 10:25 A.M. LPN B said some employees came in the back door by the time clock and reported to the nurse's station to have their temperature taken. Additionally, he/she said screening for signs and symptoms is to be completed once a week. During an interview on 5/20/2020 at 12:05 P.M. the DON said the facility no one is responsible for letting residents and families know of a suspected case. She said if the facility had a positive case, her and the administrator would call the health department and follow their guidance. She said the health department would tell them who needed to be tested. During an interview on 5/20/2020 at 12:45 P.M. LPN B said staff are supposed to fill out the temperature sheet first thing in the morning, after their break if they leave the building, and before leaving for the day. He/she said he/she did not know whose initials were supposed to go in the initial column on the employee temperature sheet. Furthermore, he/she said the charge nurse signs it, but the DON and other</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Some</b>             | <p>(continued... from page 1)</p> <p>department heads initial their own. He/she said most of the time someone is at the desk when temperature checks are done, and he/she had missed signing one temperature check that day. During an interview on 5/20/2020 at 11:35 A.M. LPN A said three residents had been tested but the results were negative. Furthermore, he/she said four staff members had been tested, two were negative and two were still pending. He/she said the two pending staff members were licensed nurses, who had complaints of nausea and vomiting over the weekend, as well as a change in their ability to taste. He/she said staff completed extra cleaning, but nothing else changed. He/she said if a staff member tested positive the county health department took over. He/She said staff are to take their temperature when they come to work and before they leave, and the licensed nurse has to sign that it was completed. He/she said department heads are responsible for making sure temperatures are checked. Additionally, he/she said the facility had a signs and symptoms screening form that was completed by each employee once a week on Monday, and there is a list of COVID-19 signs and symptoms on the weekly sheet but not on the daily sheet. During an interview on 5/20/2020 at 1:45 PM, the administrator said employee screening is completed through temperature checks, and should be done immediately upon arrival for their shift, if they leave the building and come back, and before leaving for the day. He/she said every Monday the employee should fill out the COVID-19 signs and symptoms screening sheet, and the facility should complete temperature checks and the weekly sheet. He/she said if the employee has been sick a few days, they talk to them and have them complete another sheet. He/she said staff are being monitored for signs and symptoms when they come to work daily but there was no documentation. He/she said they talk to staff and tell them what they are supposed to do but it was not typed up. Furthermore, he/she said signs and symptoms he/she would expect staff to be monitor for are cough, diarrhea, loss of taste/smell, temperature, fatigue, or contact with someone who has tested positive. He/she further said visitors are not allowed in the building. During an interview on 5/22/2020 at 1:10 P.M., the DON said staff realized the surveyors were not screened for temperature and signs and symptoms of COVID-19 later that day. Furthermore, he/she said visitors are to be screened for temperatures and they should complete the signs and symptoms questionnaire before they leave the lobby. 6. Observation on 5/20/2020 at 10:50 A.M. showed Resident #1 lay in his/he bed incontinent of urine. Additional observation, showed certified nurses assistant (CNA) D and CNA E entered the resident's room to provide incontinence care. CNA D performed incontinence care, and with the same soiled gloves, he/she placed a clean brief under the resident. He/she then touched the resident's pants and shirt with the same soiled gloves. During an interview on 5/20/2020 at 11:00 A.M. CNA D said during perineal care he/she should change gloves when he/she goes from front to back, between the two, and when the gloves become soiled. He/she said staff should change gloves after providing perineal care, and before touching anything else in the room. He/she said he/she did not remove his/her gloves after washing the resident's buttocks. Furthermore, he/she said hand hygiene should be performed before entering the resident's room and before leaving the room. During an interview on 5/22/2020 at 1:10 P.M., the DON said during perineal care he/she expects staff to wash their hands and apply gloves before starting and, at a minimum, after the cleaning process and before putting on a clean brief. He/she said hand hygiene should be performed after contact with a resident and before leaving the room.</p> |  |   |