

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER JACKSON MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 710 BROADRIDGE JACKSON, MO 63755	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 three residents (Resident #1, #2 and #3) out of the 5 residents sampled. The facility's census was 58. 1. Observations on 5/27/20 at 10:50 A.M. showed the following: - Certified Nursing Aide (CNA) A entered Resident #1's room and did not wash or sanitize his/her hands; - CNA A provided care for the resident, did not wash or sanitize hands, and left the room to get more supplies; - CNA A re-entered the resident's room and did not wash or sanitize his/her hands; - CNA A continued to provide care for the resident; - CNA A did not wash or sanitize his/her hands between dirty and clean procedure. During an interview on 5/27/20 at 11:15 A.M., CNA A said you should wash your hands before you take care of a resident and when you are done taking care of the resident. Observations on 5/27/20 at 11:30 A.M. showed the following: - Licensed Practical Nurse (LPN) C administered medications to Resident #2; - LPN C did not wash or sanitize his/her hands after giving medication to Resident #2; - LPN C with soiled hands prepared and administered medications for Resident #3. During an interview on 5/27/20 at 11:55 A.M., LPN C said he/she should have washed his/her hands after care of Resident #2 and before care of Resident #3. During an interview on 5/27/20 at 12:05 P.M., the Director of Nursing (DON) said all staff should wash their hands before entering the resident's room and after care. Record review of the staff screening assessments (assessments done at the beginning of the staff's shift to verify if the staff member has signs and symptoms of COVID-19 which included speaking to a manager with a temperature greater than 100 degrees Fahrenheit) showed on 5/26/20 Therapist E had a temperature of 100.7 Fahrenheit and continued to work with residents. During an interview on 5/27/20 at 11:45 A.M., the Minimum Data Set (MDS; a federally mandated assessment completed by the facility staff) Coordinator said he/she had thought he/she had re-checked Therapist E's temperature but must have forgotten. MDS Coordinator said when the evening shift comes to work, they are often hot and sweaty and they are able to sit in a room with a fan then the temperature is re-checked. 3. Record review of the facility's policy titled Hand Hygiene: The Basis from Relias Learning, dated 2017 showed: - The purpose of performing hand hygiene is to destroy harmful pathogens, such as bacteria or viruses, on the hands. It is an essential component of a set of infection control and prevention measures called standard precautions; - The following situations require you to perform hand hygiene either using an alcohol-based hand rub or by washing your hands with soap and water: - Before and after having direct contact with a resident; - Before and after performing any type of care task, such as oral care; - When moving from a contaminated body site to a clean body site during care. Record review of the facility's policy titled Front Door policy undated, showed: - All employees and essential personnel must complete a respiratory screening that includes a temperature reading; - Anyone that does not pass the screening is not allowed to enter the building.</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.