

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265843	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER APPLETON CITY MANOR		STREET ADDRESS, CITY, STATE, ZIP 600 NORTH OHIO, PO BOX 98 APPLETON CITY, MO 64724	
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 - Many	<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 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 two residents (Resident #2 and #3) remained at least six feet apart or wore face masks when in close proximity. The facility's census was 24. Record review of the recommendations for long-term care facilities, related to COVID-19 infection, located on the Centers for Disease Control 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 8:00 A.M., showed the following: -When a surveyor arrived at the facility, the front entrance was locked to prevent unauthorized entrance into the facility. -The Social Service Director (SSD) opened the door allowing the surveyor to enter. -The SSD took the surveyor's temperature and documented it on the facility's infection control log. -After the SSD took the surveyor's temperature, she allowed the surveyor access to the rest of the facility. (The SSD did not ask the surveyor screening questions to monitor for possible signs and symptoms of COVID-19). Record Review of the facility's Infection Control Log showed the following: - The staff and visitor temperature log was located in a binder managed by the SSD. The binder was in the social services office, located approximately eight feet from the facility's front door. -The SSD or charge nurses documented staff and visitor temperatures before allowing entry into the facility. (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 8:15 A.M., the SSD said he/she did not ask staff or visitors screening questions regarding signs and symptoms of COVID-19 infections. If she was not at the facility, the charge nurse screened staff and visitors and documented the results on the temperature log. During an interview on 5/19/20, at 8:30 A.M., Licensed Practical Nurse (LPN) E said the following: -Last week, staff received an in-service regarding COVID-19 infection. The in-service consisted of hand washing, use of facemasks, symptoms of COVID-19 infection, and sanitizing work areas: -No one asked staff any screening questions before entry to the facility, they only measured temperatures; -If staff showed symptoms of COVID-19, they were instructed not come to work. During an interview on 5/19/20, at 8:55 A.M., Housekeeper F said the following: -He/she attended a recent in-service which included information on hand washing, face masks, symptoms of COVID-19 infection (sore throat, cough and shortness of breath), and sanitizing work areas; -No one asked staff, upon entrance to the facility, any screening questions, they only measured temperatures; -If staff showed symptoms of COVID-19, they would not come to work. During an interview on 5/19/20, at 9:10 A.M., Nursing Assistant (NA) G said the following: -The last in-service regarding COVID-19 infections was last week. It consisted of hand washing, face masks, symptoms of COVID-19 infection (sore throat, cough and shortness of breath), and sanitizing their work area; -No one asked him/her screening questions for symptoms of COVID-19 prior to entry to the facility, staff only measured employees' temperatures; -If staff showed symptoms of COVID-19, they stayed home. During an interview on 5/19/20, at 9:10 A.M., Activity Director (AD) H said the following: -The last in-service regarding COVID-19 infection was last week. It consisted of hand washing, facemasks, symptoms of COVID-19 infection (sore throat, cough and shortness of breath) and sanitizing work areas; -The staff screening employees did not ask questions regarding signs and symptoms of COVID-19 prior to entry to the facility. Staff only took their temperatures. -If he/she showed symptoms of COVID-19, he/she would not come to work. During an interview on 5/19/20, at 10:30 A.M., the Director of Nursing (DON) said the following: -The SSD or charge nurses, if the SSD was not available, who conducted the screening, only measured staff's temperature before entrance into the facility, they did not ask questions related to symptoms of COVID-19 infection. 2. Record review of the facility's COVID-19 policies to reduce the spread of COVID-19, showed the facility implemented the following intervention: -All staff must don a facemask with all resident care. (The policies did not include instructions related to residents wearing facemasks). Observations on 5/19/20, beginning at 8:30 A.M., showed Resident #3 propelled Resident #2, who sat in his/her wheelchair, throughout the facility. The residents were less than six feet apart and neither resident wore a facemask. During an interview on 5/19/20, at approximately 9:15 A.M., Dietary Staff B said staff wore facemasks with all resident care. He/she did not know if residents had to wear a facemask. During an interview on 5/19/20, at approximately 9:55 A.M., Certified Medication Technician (CMT) C said staff had to wear facemasks when providing care to residents. They did not place masks on residents. During an interview on 5/19/20, at approximately 8:25 A.M., Certified Nursing Assistant D said staff wore facemasks with all cares. Residents should remain six feet apart from each other. Staff did not place facemasks on residents. During an interview on 5/19/20, at 11:25 A.M., the Assistant Director of Nursing (ADON) said the following: -Both residents were confused; -They thought they were married; -They would not leave a facemask on; -She did not know what they could do to ensure the residents stayed six feet apart or wore masks when in close proximity. During an interview on 5/19/20 at 11:30 A.M., the DON said the following: -Both residents were confused and thought they were married; -Neither resident would wear a facemask; -Staff attempted to place a facemask on both residents one time, and realized, at that time, the residents would not keep the masks on; -Staff would try everything they could; -Neither resident understood the rationale for mask.</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.