

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER NHC HEALTHCARE, TOWN & COUNTRY		STREET ADDRESS, CITY, STATE, ZIP 13995 CLAYTON ROAD TOWN AND COUNTRY, MO 63017	
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**</p> <p>Based on observation, interview and record review, the facility failed to properly contain COVID-19 by not following facility policies and current standards of practice regarding the control of infection transmission. The facility failed to ensure staff obtained their temperature before entering resident care areas and failed to ensure staff disinfected glucometer (blood glucose machine) with approved disinfecting agent before/after use for two residents (Residents #4 and #5). In addition, the facility failed to ensure staff wore facemasks appropriately. The sample size was five. The census was 96. Review of the Center for Disease Control and Prevention (CDC) Preparing for COVID-19 in Nursing Homes, updated 6/25/20, showed the following: -Screen all Health Care Personnel (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. -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process; -HCP should perform hand hygiene by using alcohol based hand sanitizer (ABHS) with 60-95 percent alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS; -Implement Source Control Measures: Health care providers should wear a facemask at all times while they are in the facility. Review of the facility's Blood Sampling-Capillary (Finger Sticks) Policy, revised September, 2014, showed the following: -Purpose: The purpose of this procedure is to guide the safe handling of capillary-blood sampling devices to prevent transmission of bloodborne disease to residents and employees; -Equipment and supplies: -Alcohol pledget (pad); -Disinfected glucometer; -Disposable lancet (needle); -Gloves; -Sharps container; -Approved Environmental Protection Agency (EPA) registered disinfectant for cleaning of sampling device. -General Guidelines: -Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses. Single-resident use fingerstick devices (pen-like devices) should never be used by more than one resident; -The lancets and platforms (plastic stick that accepts the blood specimen) must always be changed after use on each resident; -Handle the lancet as a used needle. -Steps in Procedure: -Wash hands; -Don (put on) gloves; -Place blood glucose monitoring device on clean field; -Place a new lancet and disposable platform on the spring loaded finger stick device; -Wipe the area to be lanced (pricked) with an alcohol pledget; -Obtain the blood sample following the manufacturer's instructions for the device; -Discard lancet and platform in to the sharps container; -Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and/or devices after each use; -Remove gloves and discard into appropriate receptacle; -Wash hands; -Replace blood glucose monitoring device in storage area after cleaning. -When to clean and disinfect the meter: -All surface of the meter if visibly soiled must be physically cleaned to remove gross soil. Disinfect the meter between each resident to prevent infection; -How to clean and disinfect the meter: The meter must be cleaned prior to disinfection. Use one disinfecting wipe to clean exposed surfaces of the meter thoroughly and remove any visible dirt, blood, or any other body fluid with the wipe. Use a second wipe to disinfect the meter by following the disinfecting procedure below. - Do NOT use organic solvents to clean the meter; -We recommend for meter cleaning and disinfection you should use EPA registered germicidal or bleach wipes that are approved for use in healthcare settings and for surface cleaning, and are effective against the Human Immunodeficiency Virus [MEDICAL CONDITION], the [MEDICAL CONDITION] Virus (HBV) and the [MEDICAL CONDITION] Virus (HCV); -We recommend for meter cleaning and disinfection you should use Super Sani-Cloth germicidal disposable wipes. The active ingredients have been tested to be effective against HBV for glucose monitors; -Improper system cleaning and disinfection may result in meter malfunction. -Disinfecting Procedures: -Put on non-sterile gloves; -Take out disinfecting wipe from the package and squeeze out any excess liquid in order to prevent damage to the meter; -Wipe all meter's exterior surface display and buttons. Hold the meter with the test strip slot pointing down and wipe the area around the test slot but be careful not to allow excess liquid to get inside. Keep meter wet with disinfection solution contained in the wipe for a minimum of 2 minutes. Follow the instructions on the package label of disinfecting wipes. Use two or more wipes if necessary; -Remove the wipe and allow meter surface to dry thoroughly; -Discard the used wipes and never reuse them; -Remove and discard gloves in appropriate receptacle and wash hands. Review of the facility's COVID Mitigation and Prevention Strategy for New Admissions/Readmissions policy, revised 8/19/20, showed the following: -New admissions will be housed on Terrace 2. Terrace 3 will serve as the back-up floor for new admissions if Terrace 2 does not have open rooms; -All admissions and readmissions will be quarantined for 14 days after hospitalization ; -Staff providing care for admissions and readmissions will wear full PPE, to include a gown, gloves, N95 mask, and face shield/eye protection; -Staff entering a quarantine/PUI (person under investigation) room should be limited to direct caregivers only as much as possible; -Signs will be posted on doors of residents who are quarantined, and PPE will be available in bins outside of each room. Each room will have its own biohazard laundry and trash bins; -Residents on quarantine will receive their meals on disposable trays with disposable utensils, which will be disposed of in the biohazard trash. 1. Observation on 8/19/20 at 6:15 A.M., showed a table at the front entrance of the facility with a binder labeled for visitor/employees with questionnaire, one bottle of alcohol sanitizer and two digital thermometers in a container. Both surveyors sanitized their hands with alcohol hand sanitizer, completed the questionnaire and attempted to obtain their temperatures. Both thermometers showed, LO (low) and did not register a body temperature. A total of six unknown staff members entered the building, did not sanitize their hands, completed the questionnaire, picked up both of the thermometers, could not get the thermometers to work, did not sanitize their hands, placed the thermometers back in the container, left the front entrance area and continued into the facility. At 6:34 A.M., an unknown female staff member entered the front entrance, completed the questionnaire, obtained her temperature with one of the thermometers, placed the thermometer back in the container, did not sanitize her hands and proceeded through the facility. Both surveyors at this time, sanitized their hands, obtained their temperature, placed the thermometer in the container and sanitized their hands. During an interview on 8/19/20 at 9:30 A.M., the administrator said there were two thermometers available at the front desk, for staff use to obtain their temperature when they enter the facility. He said if the thermometers did not work, staff should go to Terrace-2 to obtain another thermometer. He expected staff to obtain their temperature before entering into resident care areas. The staff should clean/disinfect the thermometers with alcohol or sanitizer before/after use and staff should sanitize their hands when entering the facility, after use of the thermometer and before leaving the front entrance of the facility. 2. Review of Resident #4's facility face sheet, showed the following: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Observation on 8/19/20 at 7:11 A.M., showed Licensed Practical Nurse (LPN) A rolled the treatment cart to the doorway of the resident's room. He/she donned gloves, removed the glucometer, lancet, platform and alcohol pad from the drawer, laid a paper towel on the top of</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>the unclean cart and laid all the supplies on the paper towel. He/she looked in the drawers for Sani-wipes (disinfectant wipes) and none were available. He/she then went to the housekeeping cart and returned with a spray bottle labeled Lemon Zip Disinfectant RTU (a ready-to-use non-acid bowl and bathroom cleaner that cleans, disinfects and deodorizes toilet bowls, urinals, rims, sinks, sink basins, faucets, tubs, and all non-porous inanimate surfaces found in the restroom). LPN A sprayed the disinfectant on the glucometer, then wiped the glucometer with the paper towel barrier, folded the barrier, entered the resident's room and laid the glucometer on the folded paper towel on the bedside table. He/she laid the needle, alcohol pad and gloves directly on the bedside table and washed his/her hands. He/she obtained the specimen and completed the test, laid the glucometer directly on the table, removed gloves, washed his/her hands and with bare hands picked up the glucometer and the used supplies and returned to the treatment cart. He/she discarded the used supplies and laid the glucometer on a paper towel on the treatment cart. Review of Resident #5's facility face sheet, showed the following: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED]. Observation on 8/19/20 at 7:27 A.M., showed LPN A donned gloves, sprayed Lemon Zip Disinfectant RTU on the glucometer and used the barrier to dry it. Housekeeper D arrived at the treatment cart and retrieved the Lemon Zip Disinfectant and LPN A said he/she needed to keep it to clean the glucometer. Housekeeper D insisted he/she needed it, so LPN A saturated a paper towel with the disinfectant to use on subsequent tests. LPN A wheeled the treatment cart to the resident's doorway and washed hands and donned gloves. Housekeeper D returned to the treatment cart and handed LPN A a container of disinfectant-wipes. LPN A then cleansed the glucometer with a disinfectant-wipe, washed hands, donned gloves, entered the resident's room with the glucometer, lancet, alcohol pad and platform and laid them directly on the resident's desk. He/she completed the test, returned to the treatment cart, discarded the used supplies and laid the glucometer on the mouse pad located on the treatment cart. He/she retrieved a disinfectant wipe, wrapped the glucometer in the disinfectant wipe and laid it on a paper towel. During an interview on 8/19/20 at approximately 7:36 A.M., LPN A said he/she probably should not have used that stuff. He/She did not really know what it was, but I didn't have any of the bleach cleanser. The glucometer should always be cleaned before and after use and should always be put on a barrier. During an interview on 8/19/20 at 9:15 A.M., the Director of Nursing (DON) said staff should clean the glucometers with the bleach wipes and not a cleanser from the housekeeping cart. If staff do not know what the cleanser is, it may be ineffective and it could possibly harm the glucometer. The nurse also should not have dried the glucometer with a paper towel and then carried it in to the room as a barrier because he/she just carried germs into the room. He/she should have sought out some bleach wipes and laid the glucometer on a barrier and not directly on the resident's table. All of these issues have to do with infection control. 3. Observations on 8/19/20 at 7:09 A.M., 7:18 A.M., 7:29 A.M., 7:46 A.M. and 8:14 A.M., showed housekeeper D entered and exited occupied resident rooms with cleaning supplies. He/she wore a mask that covered his/her mouth, not his/her nose. Observation and interview on 8/9/20 at 9:05 A.M., showed housekeeper D's mask covered his/her nose and mouth, and he/she said the mask should always cover nose and mouth. During an interview on 8/19/20 at 9:15 A.M., the DON and administrator said staff should wear masks at all times and the mask should always cover the nose and mouth. 4. During an interview on 8/19/20 at 8:28 A.M., the Infection Preventionist (IP) said she started work at the facility approximately three weeks ago and was in the process of taking the infection control modules to become certified as the facility's IP. She said the DON was tracking COVID-19 cases or suspected cases within the facility at this time and eventually she would take over the tracking of any COVID-19 positive cases and/or suspected cases. She said staff should always wear a facemask that covered their nose and mouth.</p>		