

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER VILLA MARIE-A STONEBRIDGE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 1030 EDMONDS STREET JEFFERSON CITY, MO 65109	
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 - Some	<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 follow infection control protocols for COVID-19 (an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (DIAGNOSES REDACTED)-CoV-2). Common symptoms include fever, cough, fatigue, shortness of breath, and loss of smell and taste) when staff failed to follow guidance from the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) in regards to utilization and application of facemasks, and failed to maintain a social distance of at least six feet for residents and staff. Furthermore staff failed to wash or sanitize their hands per facility protocol and failed to sanitize resident activity items between residents. The census was 73. Review of the Centers for Disease Control and Prevention (CDC) recommendation titled Core Practices, Implement Source Control Measures, dated 5/21/20, showed the following: -Health care professionals (HCP) should wear a facemask at all times while they are in the facility; -And these practices should remain in place even as nursing homes resume normal activities. Review of the CDC recommendation titled Preparing for Covid-19 in Nursing Homes, updated 6/5/20, showed the following: - The potential for asymptomatic Severe Acute Respiratory Syndrome, [MEDICAL CONDITION] 2 (DIAGNOSES REDACTED)-CoV-2; [MEDICAL CONDITION] that causes COVID-19) transmission underscores the importance of applying prevention practices to all patients, including social distancing, hand hygiene, and surface decontamination: -And to protect patients and co-workers, HCPs should wear a facemask at all times while they are in a healthcare facility. Review of the CDC recommendation titled Core Practices, Additional Strategies Depending on the Facility's Reopening Status, Implement Social Distance Measures, dated 5/21/20, showed considerations when restrictions are being relaxed include: allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered, while maintaining social distancing, source control measures, and limiting the numbers of residents who participate. Review of the CDC recommendation titled Considerations for Memory Care Units in Long-term Care Facilities, dated 5/21/20, showed staff should limit the number of residents or space residents at least six feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. Review of the facility's [MEDICAL CONDITION] Precautions Procedure, undated, showed staff were directed as follows: -Facilities may limit all resident communal meals and activities. Any residents who require supervision during meals will eat, supervised, in a designated dining area, sitting approximately six feet away from each other; -Prevention: Utilize personal protective equipment (PPE) in the workplace. All staff are to wear facemasks while in the facility; -Prevention: Social distancing in and out of the work place: Employees should attempt to remain approximately six feet from each other, with the exception of when providing patient care; -And clean and disinfect objects and surfaces using approved disinfectants. 1. Observation on 6/10/20 at 9:45 A.M., showed the Administrator opened the facility door and greeted the surveyors. The Administrator, who was not wearing a facemask, took the survey staff to be screened. The Administrator stood closer than six feet to the survey staff, while he/she did not wear a mask. Observation on 6/10/20 at 10:35 A.M., showed five residents sat in the activity room. Three residents sat together at one table and the additional two residents sat together at another table. The residents were not six feet apart from each other. Observation on 6/10/20 at 10:39 A.M., showed residents sat in an activity room. The residents were not six feet from each other. Observation on 6/10/20 at 10:45 A.M., showed fifteen residents sat in the memory care unit dining room. The residents were not wearing facemasks and sat two to three residents at a table. The residents and tables were not six feet apart. Observation on 6/10/20 at 11:11 A.M., showed Housekeeper A walked to a table and spoke to a resident. Housekeeper A took a tissue out of the resident's hand and wiped the resident's face. The housekeeper placed the tissue on the table, and then touched his/her cart, the key pad at the exit door, and the exit door, without washing or sanitizing his/her hands. During an interview on 6/10/20 at 10:30 A.M., the Director of Nursing (DON) said residents eating in the communal dining room are to be spaced appropriately, with two to three residents seated at each table. During an interview on 6/10/20 at 11:15 A.M., Registered Nurse (RN) B said all staff are expected to wear masks at all times in the facility. He/she said it is expected that staff would wash or sanitize their hands after assisting a resident with wiping their face. Additionally, he/she said staff have been trained on wearing PPE and on handwashing and sanitizing. Observation on 6/10/20 at 11:22 A.M., showed five residents sat in the activity room playing a game with Activity Aide (AA) C. AA C gave a bean bag to a resident to toss, then picked up the same bean bag, and gave it to another resident to toss. Additional observation showed one resident coughed into his/her hand while he/she played the game, and AA C handed the resident the bean bag, picked up the bean bag, and gave the same bean bag to another resident to toss. AA C did not wash or sanitize the bean bag between residents, and did not encourage the residents to wash or sanitize their hands. During an interview on 6/10/20 at 2:23 P.M., AA C said the residents should wash or sanitize their hands after coughing into them. He/She said if a resident touches a bean bag, then that bag should be removed and sanitized. Furthermore, he/she said all residents should wash or sanitize their hands before and after activities. Observation on 6/10/20 at 12:50 P.M., showed the Administrator walked down the hallway, without a facemask on. He/She walked into the business office, the DON's office, and into a common area. He/She did not maintain a social distance of six feet or more away from other staff. Further observation showed residents propelled themselves into and sat in these areas throughout the survey. During an interview on 6/10/20 at 1:40 P.M., Dietary Aide (DA) D said he/she was trained on properly wearing PPE. He/She said staff are expected to wear their masks all day unless they are in the bathroom or breakroom. Observation on 6/10/20 at 3:10 P.M., showed Certified Nursing Assistant (CNA) F, and another staff, walked from the screening area into the hallway. The staff were wearing a mask, but the facemask did not cover their nose and mouth. A resident was present in hallway. During an interview, CNA E said that he/she has received training on PPE, and he/she wears a cloth mask, which he/she stores in the side pocket of his/her bag. He/She said staff are required to wear their mask on the unit, but he/she removes his/her facemask when he/she leaves the unit as long as he/she is not in a resident care area. Observation on 6/10/20 at 3:35 P.M., showed the DON entered the conference room and talked to the survey staff. The DON was not wearing a mask and he/she stood within six feet of the surveyors. Observation on 6/10/20 at 3:39 P.M., showed the DON walked out of the kitchen, and was not wearing a facemask. There was dietary staff in the kitchen. During an interview on 6/10/20 at 4:07 P.M., the Administrator and the DON said staff should wear a mask when they are in a resident care area or in close proximity to a resident. They said a resident care area is anywhere staff provides care to a resident. Furthermore, they said they did not know the facility policy, or the CDC's recommendations for facemask use. They said the CDC's recommendation for social distancing is groups less than 10, with residents and staff six to eight feet apart. They said that applies to activities and dining; however, social distancing in the unit dining room is impossible. They said staff do not social distance residents in the unit dining room. Additionally, they said if a facility staff used a napkin to wipe a resident's face, the staff should throw the napkin away and wash their hands. If a resident coughs into their hand, staff should encourage the resident to wash or sanitize their hands. They said the object that was</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>touched by the resident should have been replaced.</p>		