

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265800	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER GOWER CONVALESCENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP PO BOX 170, 323 SOUTH HIGHWAY 169 GOWER, MO 64454	
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)		
E 0024	<p>Establish policies and procedures for volunteers.</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>		
F 0880	<p>Provide and implement an infection prevention and control program.</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Based on record review and interviews, the facility failed to properly plan for the possibility of staffing shortages during emergencies, specifically the COVID-19 pandemic. The facility census was 70. 1. Review of the facility's emergency preparedness plan showed their plan did not direct the facility on how to address staffing shortages. The facility provided a list of staff who were cross-trained but the emergency preparedness plan did not address staffing shortages. During interviews on 5/21/20 at 2:05 P.M., the Administrator and Assistant Administrator said they did not have a written emergency preparedness policy that addressed staffing shortages. The facility had staff who were cross-trained and they would train and use family members and community volunteers if they experienced staffing shortages.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interviews, the facility failed to properly plan for the prevention of the spread of COVID-19 when they did not ensure residents maintained six feet apart during meal time which affected four residents (Residents #1, #2, #3 and #4), and did not properly document screenings of visitors, residents, and employees. The facility census was 70. Review of the undated facility policy titled Procedure for the Pandemic showed the following purpose was to protect our residents, families and staff from harm resulting from exposure to an emergent infectious disease while in the facility. General preparedness for emergent infectious diseases included: - Screen all staff and visitors (if allowed) upon entering the building by checking temperatures and interviewing regarding symptoms of infection and wash hands upon entering; - Monitor and document signs, symptoms and temperature on all residents on a daily basis; - Interdisciplinary team to monitor Centers of Disease Control and Prevention's (CDC) updates and guidelines to ensure facility is following proper protocols to reduce risk of facility outbreak. 1. Observation on 5/21/20 starting at 11:12 A.M., in the front dining area showed the following: - Three horseshoe shaped tables located up toward the front of the dining room in a row (tables A, B, and C); two residents sat at each end of each table. The tables were for residents who required assistance with eating. The space between the right side of Table A and Table B was approximately two feet, and the space between the right side of Table B and the left side of Table C was approximately two and a half feet; - Resident #1 sat on the right side of Table A and Resident #2 sat on the left side of Table B, causing the two residents to be within six feet of each other. - At 11:29 A.M., staff members separated the table to allow a six-foot space between the two residents; - Resident #4 sat at the end on the right side of Table B and Resident #3 sat on the left side of Table C, causing the two residents to be within six feet of each other; - At 12:15 P.M., two staff, including Licensed Practical Nurse (LPN) A, assisted Resident #3 and Resident #4 with eating; all four people were within six feet of each other. During an interview on 5/21/20 at 12:57 P.M., Licensed Practical Nurse (LPN) A said: - Social distancing was ensured at the assist tables by placing one resident on each end of the tables; - He/she was not sure if it was acceptable for residents to be within six feet of each other if they had their backs to each other; - He/she said the assist tables might be a little close to each other. During a phone interview on 5/27/20 at 8:13 A.M. the Administrator said: - Residents should be six feet apart during dining if they are not roommates. 2. Review of the facility's resident screening document showed the following boxes to be filled out by staff: - Temperature; - Signs and symptoms present; - Nurse Initial. Review of Resident #1's medical record showed the following: - admitted [DATE]; - Staff recorded the resident's temperature but left nurses' initial boxes and the signs and symptoms boxes blank on 5/11/20 and 5/16/20. Review of Resident #2's medical record showed the following: - admitted [DATE]; - Staff recorded the resident's temperature but left the nurses' initial boxes and the signs and symptoms boxes blank on 5/16/20 and 5/18/20. Review of Resident #3's medical record showed the following: - admitted [DATE]; - Staff recorded the resident's temperature but left the nurses' initial boxes and the signs and symptoms boxes blank on 5/16/20 and 5/18/20; Review of Resident #4's medical record showed the following: - admitted [DATE]; - Staff recorded the resident's temperature but left the nurses' initial boxes and the signs and symptoms boxes blank on 5/16/20 and 5/18/20. 3. Review of the facility's employee screening document showed the following boxes to be filled out: - Employee name; - Date; - Temperature less than 100.3 (<100.3); - Signs and symptoms assessed; - Nurse signature. Review of the completed employee screening documentation showed the following: - Multiple days between 5/7/20 and 5/20/20, multiple staff documented their name and temperature but the signs and symptoms assessed box and nurse signature box were left blank; - 17 out of 18 days between 4/20/20 and 5/14/20, the Assistant Administrator's documented the daily screenings temperatures as ok and did not provide the temperature. Review of the document the facility was using to document visitors, titled Screener Sign-In Form included the following boxes to be filled out: - Name; - Date; - Time in; - Time out; - Signature. Review of the document showed 11 instances of a visitor at the facility between 4/27/20 and 5/21/20. Four out of the 11 screenings did not have a temperature documented, and none of the visitors had documented that signs and symptoms had been assessed. 4. During interviews on 5/21/20 at 1:36 P.M. and 5/27/20 at 8:13 A.M., the Administrator said: - Residents are screened for signs and symptoms and temperatures are taken one time per day; - When a visitor or outsider such as lab, or a chaplain, comes to the facility, they are screened for signs and symptoms and their temperature is taken; - She was not sure why the temperatures were not recorded for the visitors; - When staff come to work their temperatures are checked and they are asked about signs or symptoms by a nurse, she would expect the nurse to at least sign the document.</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.