

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265666</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAWSON MANOR &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>210 WEST 8TH TERRACE LAWSON, MO 64062</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review, observation and interviews, the facility failed to ensure infection control to prevent the spread of COVID-19 when one dietary staff failed to sanitize or wash his/her hands between entering different resident rooms and handling their dirty dishes and failed to change gloves and wash hands as necessary to ensure a sanitary environment. The facility census was 39. Review of the facility policy titled Handwashing/Hand Hygiene, dated August 2019, included the following: - This facility considers hand hygiene the primary means to prevent the spread of infections; - All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; - Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following reasons: o After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; o Before and after eating or handling foods; - The use of gloves does not replace handwashing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Review of the undated facility policy titled COVID-19 Policy and Procedure showed the following: - The top priority at this point with COVID-19 is to prevent [MEDICAL CONDITION] from entering out nursing home given the high case facility rate in the elderly, which preliminary data shows it at 15% or greater. Evaluations from prior [MEDICAL CONDITION] epidemics that spread like COVID-19 found that actions taken early in outbreaks (such as social distancing, restricting interaction with others, washing hands) can significantly reduce the spread of [MEDICAL CONDITION]; - Encourage individuals entering the building to wash their hands or use Alcohol Based Hand Rub throughout their time in the building and in accordance with Centers for Disease Control and Prevention (CDC). 1. Observation on 5/20/20 at 10:10 A.M., showed Dietary Aide (DA) A: - Opened room [ROOM NUMBER]'s door, handling the doorknob, entered the room and retrieved the dirty dishes in the room, then shut the door and placed the dirty dishes on a cart; - DA A then opened the door to room [ROOM NUMBER], handling the door knob and retrieved dirty dishes and shut the door and put the dirty dishes on the cart; - During the observation, DA A walked into two other rooms but did not touch anything in the room; - Did not wash his/her hands before entering or exiting any of the rooms and did not wear gloves at any time during the observation. 2. Observation on 5/20/20 at 12:18 P.M., showed DA A: - Touched his/her facemask and forehead with a gloved hand; - Using his/her gloved hands, DA A put ketchup on a hamburger bun, grabbed the bun and placed it on top of the hamburger patty, placed the plate on the hall cart to be delivered to a resident; - Grabbed bucket of ice, grabbed multiple glasses, touching the glasses toward the top where residents' mouths would touch, and filled the glasses with ice; - DA A did not change gloves or wash his/her hands during the observation. 3. During on site and phone interviews on 5/20/20 at 12:23 P.M. and 3:45 P.M. DA A said: - There was no process for personal protection equipment (PPE) use or handwashing between entering different resident rooms; - He/she should wash his/her hands between touching anything dirty; - He/she did not remember touching his/her facemask but would consider that a dirty surface and should have de-gloved and washed his/her hands; - He/she also should have de-gloved and washed his/her hands after touching the hamburger bun. During an interview on 5/20/20 at 12:30 P.M., the Dietary Manager said: - Usually Certified Nurse Aide (CNA) staff take the dirty dishes from the resident rooms and set it on the cart the DA brings down the hall but sometimes DA staff have to go in the rooms to get the dishes; - He was not given a policy on how room trays would be delivered and taken from the rooms; - He would rather the DA staff bring down the room trays then CNAs deliver the plates in to the rooms; - Staff should have changed gloves after touching the hamburger bun. During on site and phone interviews on 5/20/20 at 12:40 P.M. an 3:58 P.M. the Administrator said dietary staff should: - Use sanitizer or wash their hands between each resident room they enter; - She would expect the dietary staff to de-glove and wash their hands when they touched their mask and after they touch anything dirty.</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.