

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKSIDE MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 HUNT AVENUE COLUMBIA, MO 65202</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> **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, 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, failed to wash or sanitize hands after touching their facemask, and failed to store facemasks in a sanitary manner between uses. Additionally, staff failed to wash or sanitize hands between cleaning resident rooms. The facility census was 77. Review of the CDC recommendation, dated 5/21/20, showed in order to prevent the spread of COVID-19, facility staff are to ensure all healthcare personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Additional review of the CDC recommendation titled How to Wear Face Coverings Correctly dated 5/22/20, showed staff are to place it over their nose and mouth and secure it under their chin. Review of the CDC recommendation, titled Facemask Do's and Don'ts, dated 6/2/20, showed staff are to touch or adjust their facemask without cleaning their hands before and after they touch it. Review of the CDC recommendation Core Practices, Implement Source Control Measures, dated 5/21/20, showed the following: -HCP should wear a facemask at all times while they are in the facility; -These practices should remain in place even as nursing homes resume normal activities; -And HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Review of the CDC recommendation 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, HCP's should wear a facemask at all times while they are in a healthcare facility. Review of the CDC's recommendation Strategies for Optimizing the Supply of Facemasks, dated 3/17/20, showed facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean, sealable paper bag or breathable container. Review of the facility's Crisis Standards of Care for Cloth Facemask Utilization policy, undated, showed the staff were directed as follows: -Anytime the employee adjusts or touches their facemask, they should immediately perform hand hygiene; -And at the end of the shift, staff will remove their facemask and deposit the mask in a clearly marked facemask dirty storage bin. 1. Observation on 6/15/20 at 11:05 A.M., showed Certified Nursing Assistant (CNA) A wore a mask while he/she took resident lunch orders. The mask did not cover his/her nose and mouth. CNA A pulled his/her facemask below his/her chin, spoke to the residents, and replaced the facemask over his/her mouth. CNA A did not wash or sanitize his/her hands after he/she touched his/her facemask. Observation on 6/15/20 at 12:35 P.M. showed CNA A assisted a resident with eating lunch. CNA A rubbed his/her nose, adjusted his/her facemask, and touched the resident's eating utensils without performing hand hygiene. CNA A pulled his/her facemask down under his/her chin while he/she spoke to the resident. CNA A did not wash or sanitize his/her hands after he/she touched his/her facemask. Observation on 6/15/20 at 12:50 P.M., showed Certified Occupational Therapist Assistant (COTA) B sat in the physical therapy room with a resident. Physical Therapist Assistant (PTA) B wore a facemask, but it did not cover his/her nose and mouth. PTA C did not wear a mask while he/she was in the physical therapy room with a resident present. During an interview at approximately 12:50 P.M., the Director of Rehabilitation (DOR), COTA B and PTA C said facility policy is to wear a facemask when a resident is present in the room. PTA C said it is not necessary to wear a facemask when a resident is present in the room if they maintain a distance of six feet or greater. The DOR said the Physical Therapy (PT) staff were given a mask and educated on when to wear it. He/She said the facility policy is basically to wear one all day. Additionally, the PT staff were not familiar with the CDC recommendations for wearing masks in long term care facilities. Observation on 6/15/20 at 1:00 P.M., showed Dietary Aide (DA) D stood at the nurse's station while residents were eating lunch. DA D wore a facemask, but the loop for the right ear was broken. Observation showed DA D wrapped the broken ear loop around his/her ear. DA D did not perform hand hygiene after he/she touched his/her facemask. Additional observation showed CNA A assisted a resident with lunch, while he/she wore his/her facemask under his/her chin. Observation on 6/15/20 at 1:00 P.M., showed DA D wore a broken mask that did not cover his/her nose or mouth. DA D then delivered a food tray to the memory care unit. Upon DA D's return to the nurse's station, DA D did not wear a facemask. During an interview on 6/15/20 at 1:08 P.M., Licensed Practical Nurse (LPN) E said staff wear facemasks and gloves while providing resident care. He/She said facemasks should cover the nose and mouth. Staff should wear facemasks at all times, unless they are in a private space, such as the medication room or outside. Staff are to wash or sanitize their hands anytime they touch their mask. Observation on 6/15/20 at 1:23 P.M., showed CNA G in a resident hallway with his/her mask pulled below his/her nose. Observation on 6/15/20 at 1:48 P.M., showed CNA A at the nurse's station while he/she wore his/her facemask pulled below his/her nose and mouth. Observation on 6/15/20 at 1:58 P.M., showed CNA H come out of multiple resident rooms with his/her mask pulled down under his/her nose and mouth. CNA H pulled his/her mask up to cover his/her nose and mouth. Additional observation showed he/she then pulled his/her mask below his/her nose and mouth, and spoke to a resident. Observation on 6/15/20 at 2:06 P.M., showed CNA G wore his/her mask below his/her nose. During an interview on 6/15/20 at 1:38 P.M., CNA A said staff are expected to wear facemasks and gloves when providing resident care. CNA A said facemasks are used for two days and then discarded. He/She hangs his/her facemask on the rearview mirror of his/her car between shifts. CNA A said he/she did not receive any training on using a facemask, but he/she knows the facemask should be worn so it covers the nose and mouth. He/she said staff should wash or sanitize their hands before and after touching a facemask. CNA A said staff are expected to wear a facemask at all times except in areas such as the breakroom or bathroom, and they should not pull their facemask down when speaking to residents or staff. Observation on 6/15/20 at 1:40 P.M., showed DA D touched his/her facemask. DA D rearranged sandwich bags of snacks on a tray at the nurse's station. DA D did not wash or sanitize his/her hands after touching his/her facemask. During an interview on 6/15/20 at 1:56 P.M., the Dietary Manager (DM) said dietary staff wear masks, gloves, and hairnets. He/she said dietary staff get a new mask every day, and as needed. He/she said staff are expected to replace their mask if it is broken, and should wash or sanitize their hands before and after touching their facemasks. 2. Review of the facility's Standard and Transmission Based Precautions policy, undated, showed staff are directed to remove gloves promptly after use, before touching non-contaminated items and</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>environmental surfaces, and before going to another resident, and wash hands immediately to avoid transfer of microorganisms to other residents or environments. During an interview on 6/15/20 at 11:55 A.M., Housekeeper I said staff are to wear facemasks and gloves when they clean resident rooms. He/She said he/she removes his/her dirty gloves and washes his/her hands when he/she is done cleaning a resident room, but he/she does not wash his/her hands prior to cleaning resident rooms. During an interview on 6/15/20 at 1:19 P.M. Housekeeper F said he/she wears gloves and a facemask when cleaning resident rooms. He/she changes his/her gloves after cleaning two resident rooms. He/she removes his/her gloves using a sanitary process, so he/she does not wash or sanitize his/her hands after removing his/her gloves. There is hand sanitizer on his/her cleaning cart, and he/she will use it when he/she feels gross. During an interview on 6/15/20 at 4:55 P.M., the Administrator said housekeeping staff should remove their gloves and wash their hands between each resident room. He/She said staff should wear a facemask at all times, and the facemask should cover the nose and mouth. Furthermore he/she said staff should wash or sanitize their hands before and after touching their facemasks. He/She said staff should store their facemasks in a brown paper bag when not in use. He/She said it is expected that staff replace their facemask if it is broken.</p>		