

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265674	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER ST FRANCOIS MANOR		STREET ADDRESS, CITY, STATE, ZIP 1180 OLD JACKSON ROAD FARMINGTON, MO 63640	
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** Based on observations, interviews, and record reviews the facility failed to maintain an infection prevention and control program when the facility staff did not use the appropriate infection control practices to minimize the potential spread of COVID-19 (a [MEDICAL CONDITION] spread person to person mainly through respiratory droplets produce when an infected person coughs or sneezes and can be spread in close contact with one another, within six feet). These practices have the potential to effect all staff and residents of the facility, including the 12 residents sampled. The facility's census was 88. 1. Record review of the facility's policy titled Outbreak Management-Crisis Standards of Management for COVID-19 dated 4/28/20 showed: - Ensure facility employees are educated, trained, and have practiced the appropriate use of personal protective equipment (PPE; equipment worn to protect the wearer, such as mask, gloves, gowns, and shoe covers) prior to caring for a resident, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment; - Ensure employees perform hand hygiene according to the Center of Disease Control and Prevention (CDC; government agency which tracks and investigates public health threats) guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing PPE; - Ensure environmental and disinfection procedures are consistently followed; - High touch surfaces such as hand rails, door handles, facility phones, etc should be cleaned at least daily; - Routine cleaning and disinfection procedures conducted as indicated on the disinfectant product's label are appropriate for COVID-19 in healthcare settings; - Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. 2. Observation on 5/27/20 at 9:35 A.M., showed: - Three residents and one staff member sat next to each other on the benches outside the facility by the front door; Social distancing was not observed as the residents and staff sat less than one foot apart; - Registered Nurse (RN) D entered the foyer of the building to perform the COVID-19 screening; - Dietary Aide (DA) C walked from 600 Hall towards the main entrance to exit the building; - DA C had the mask pulled down around his/her chin; - RN D made no attempt to question DA C about the mask. During an interview on 5/27/20 at 2:00 P.M., the Administrator said she would expect the staff to wear masks appropriately and staff to intervene as necessary when other staff are not performing per policies. 3. Observations on 5/27/20 at 12:20 P.M., showed the following: - Each square dining room table had one chair to each table and only one resident could sit at each table; - As each resident finished his/her meal, the staff would remove the dishes from the table; - DA C sprayed the dining room tables with a disinfectant and quickly wiped the top of the tables; - DA C sprayed the dining room tables with a food-safe sanitizer and quickly wiped the top of the tables; - DA C did not leave the disinfectant and sanitizer on for the full 2 minutes as described in the manufactures' instructions; - DA C did not clean the edges of the tables, the chair arms, the chair seats. Record review of the disinfectant and sanitizer manufacturer's instructions showed the product should be wet on the surface for a minimum of two minutes and then wipe the surface. During an interview on 5/27/20 at 12:25 P.M., DA C said, he/she was unaware how long the disinfectant and sanitizer needed to be left wet on the tables. 4. Observations on 5/27/20 at 11:55 A.M. of the 300 hall showed the following: - Certified Nurse Aide (CNA) A removed three incontinent pads and a sheet from the hallway linen cart. CNA A held all the clean linen next to his/her uniform; - Two wash clothes lay on the floor next to the linen cart; - A three tiered cart contained clean linen and the three shelves/frame had brown grime build-up and smears of black and brown. During an interview on 5/27/20 at 2:10 P.M., the Administrator said: - High touch surfaces in common areas and resident rooms should be cleaned at least daily; - Staff should follow universal precautions for handwashing; - Clean linen should be held away from staff clothing.</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.