

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265633	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER REDWOOD OF CAMERON		STREET ADDRESS, CITY, STATE, ZIP 801 EUCLID CAMERON, MO 64429	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record review, the facility failed to post signs to alert staff and visitors to use precautions and for appropriate personal protective equipment (PPE) for two sampled residents (Resident #1 and Resident #2) who were on isolations precaution, failed to provide a receptacle for the use of soiled PPE and failed to screen and monitor the residents for COVID-19 (a new disease, caused by a novel (or New) coronavirus that has not previously been seen in humans) per the facility protocol for Resident #1, Resident #2 and one additional resident (Resident #3). The facility census was 59. Review of the facility's Infection Prevention control program showed: - Signs indicating residents are in isolation and the type of PPE are clear and visible on the residents door or next to the door. - Gowns and gloves are removed and properly discarded, before leaving the resident care environment; - The facility alerts staff to the type of precautions a resident requires. The facility may utilize a sign requesting visitors and staff to check with the nurse before entering. 1. During an interview on 5/19/20 at 10:21 A.M., the Administrator said: - Residents who receive [MEDICAL TREATMENT] are monitored for signs and symptoms of COVID-19 two times a day and are in isolation. The facility follows the CDC guidelines for isolation precautions. 2. Review of Resident #1's face sheet showed a [DIAGNOSES REDACTED]. Review of the physician orders [REDACTED]. 3. Review of Resident #2's face sheet showed a [DIAGNOSES REDACTED]. Review of the physician orders [REDACTED].M. showed no sign posted on or near the resident's door to alert staff and visitors to check with the nurse before entering the room or to instruct staff what PPE should be worn during resident care or a receptacle inside the residents room for used PPE. 4. Review of Resident #3 face sheet showed a [DIAGNOSES REDACTED]. During an interview on 5/19/20 at 11:30 A.M. Certified Nurse Aide (CNA) A said: - Residents who receive [MEDICAL TREATMENT] are in isolation; - Staff should wear PPE consisting of a gown, gloves, face shields, face masks when they go in the room to care for the resident; - The PPE is kept in a small closet area in the middle of the hall; - Soiled PPE should be removed inside the resident's room and placed in containers in the resident's room; - There are no receptacles in the resident's room to put the soiled PPE in. During an interview on 5/19/20 at 12:30 P.M. the Infection Control Nurse said: - There should be signs posted to alert staff and visitors to check with the nurse before entering for those residents who are on isolation; - Receptacles should be placed in each resident's room for soiled PPE.</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.