STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265383	A. BUILDING _____ B. WING _____	10/01/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FOUNTAINBLEAU LODGE	**2001 NORTH KINGSHIGHWAY CAPE GIRARDEAU, MO 63701**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain proper infection control practices based on facility policy and acceptable standards of practice for the 2019 Novel Coronavirus Disease (COVID-19) pandemic, when staff did not properly wear personal protective equipment (PPE; equipment such as gown, gloves, facemask, shoe covers, and head cover) appropriately; when staff did not follow the facility's screening process policy upon entrance to the facility when the screener failed to instruct the visitor to perform handwashing/sanitize; when staff did not perform handwashing/sanitizing when leaving resident rooms and entering another room; when facility staff did not follow their policy for keeping doors closed to rooms with residents infected with COVID-19 for two residents (Resident #5 and #6) in the sample and one resident (Resident #7), outside of the sample. Six residents were reviewed during the on-site investigation. The facility census was 23. Record review of the facility's policy titled Infection Control Policy for Prevention of COVID-19, dated 3/16/20 and updated 4/23/20, showed: - To follow CDC (Center for Disease Control) guidelines to prevent and control an outbreak; - All resident are being monitored Q (every) shift for elevated temp and respiratory symptoms. Physician is notified of any reportable symptoms. If any symptoms occur the resident will be confined to their room until symptom free or as long as physician deems medically necessary; - All staff members including housekeeping and dietary have been provided with updated training on handwashing, gloving, use of other PPE, and how they can help prevent the spread of infection; - All resident responsible parties will be notified ASAP (as soon as possible) per staff; - Affected resident(s) will be placed in private room or residents with COVID will be placed in room together in a room with the door kept closed; - If a resident must leave the room they must wear an N95 mask (a piece of personal protective equipment worn over the mouth and nose designed to protect the wearer from airborne particles) during the transport. Record review of the facility's policy Visitation and Infection Control Policy, to Address the Coronavirus Disease 2019 (COVID-19), updated 3/2020 showed: - Employees are educated and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment; - Perform hand hygiene upon exiting patient rooms; - Visitors shall be encouraged to wash their hands upon arrival and when leaving the facility. Record review of the facility's training and development in-service, dated 5/21/20, signed by six nurse assistants (NA)/certified nurse assistants (CNA), four certified medication technicians (CMT), four housekeeping staff, four dietary staff, and five licensed practical nurses (LPN), showed: - Lecture- Infection Control COVID Prevention; - Summary and conclusions: Handwashing, Sanitizer, Gloves, Mask use; - No gloves in the hallway; - Must keep nose and mouth covered with mask; - Wash hands upon entering room to provide care and before leaving room. Record review of the facility's COVID 19 Prevention Plan, dated 7/16/20, showed a Proper Use of PPE in-service dated 4/16/20 through 7/16/20, all staff are monitored by Administration and Charge Nurses to ensure using proper PPE. Record review of the Center of Disease Control and Prevention (CDC) Webpage Healthcare Workers PPE Frequently Asked Questions, updated July 22, 2020 showed the following: - An N95 filtering facepiece respirators (FFR) is a type of respirator which removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles. N95 FFRs are capable of filtering out all types of particles, including bacteria [MEDICAL CONDITION]; - Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator. 1. Observations and interviews on 10/1/20, showed: - At 9:55 A.M., Licensed Practical Nurse (LPN) A escorted a resident to the transport van outside the facility. The resident had no mask and LPN A wore his/her N95 mask below his/her chin; - At 9:57 A.M., LPN A said he/she did not know the name of the resident that had been escorted to the transport van because he/she is working the COVID positive unit and the resident was not in his/her care; - At 10:00 A.M., Social Worker (SW) A screened the surveyor with temperature check. SW A failed to instruct the surveyor on handwashing procedures per policy; - At 10:01 A.M., the SW said the staff screen themselves when they come in and they are not allowing visitors; - At 10:05 A.M., the Assistant Director of Nursing (ADON) said the facility has two levels of care, skilled and assisted living. The ADON said they are considering all skilled nursing beds as isolated, so part of the skilled side has become the COVID positive unit. - At 10:08 A.M., Laundry staff C wore an N95 mask without lower strap secured, causing his/her mouth to be partially exposed, when delivering clothes in to resident's rooms on the 200 hallway, not designated as the COVID unit; - At 10:20 A.M., Housekeeping staff D wore an N95 below his/her nose, with a face shield, while cleaning the 200 hallway and resident's rooms not designated as the COVID unit; - At 10:20 A.M., Housekeeping staff D said he/she has attended in-services about COVID-19 and has been shown how to wear PPE correctly. The mask should cover the nose; - At 10:23 A.M., Laundry Staff C said he/she has been shown how to wear an N95 correctly and knows the bottom strap should be secured. 2. Observation on 10/1/20 at 10:25 A.M., showed CNA B entered Resident #3's room located on the non-COVID part of the hallway to talk with the resident and take lunch orders. CNA B exited Resident #3's room without washing/sanitizing hands and entered Resident #4's room located on the non-COVID part of the hallway to take the lunch order. CNA B did not wash/sanitize his/her hands prior to entering, during, or leaving Resident #4's room. CNA B then walked to the nurses' station. During an interview on 10/1/20 at 10:28 A.M., CNA B said he/she just started work this week. He/She received training on COVID-19 prevention including how to wear a mask and proper handwashing and was tested for COVID prior to working. 3. Observation on 10/1/20 at 10:50 A.M., showed upon entrance to the COVID unit separated by a portable privacy screen. Five positive residents resided in the rooms separated from the non-COVID rooms by the portable privacy screen. Resident #5 sat in his/her room in a wheelchair and his/her roommate, Resident #7 laid in his/her bed, with the door open on the COVID unit. Resident #6 sat in his/her room with the door open on the COVID unit. During an interview on 10/1/20 at 11:00 A.M., the Administrator said they are doing everything they can do to keep everyone safe. He tells his staff to keep their hands clean. He said the SW probably didn't do a full screen on the surveyor because he/she should know more than they do. During an interview on 10/1/20 at 12:54 P.M., the ADON said Residents #1, #2, #3 and #4 received positive results for COVID-19 today from the 9/29/20 FWT.
F 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to make reasonable efforts to inform all residents, their representatives, and families following the occurrence of confirmed Coronavirus disease 2019 (COVID-19) (an infectious disease caused by severe acute respiratory syndrome Coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) infections when the facility failed to notify responsible parties for 2 residents (Residents #1 and #2) when confirmed cases or clusters of three or more residents or staff occurred within 72 hours of each other after facility wide testing (FWT, COVID-19 testing for all residents and staff following a COVID-19 outbreak). The facility census was 23. Record review of the facility's policy, titled Infection Control Policy for Prevention of COVID-19, dated 3/16/20 and updated 4/23/20, included: -All resident responsible parties will be notified ASAP (as soon as possible) per staff. -The policy showed no guidance on how the facility would provide cumulative updates to all residents in the facility, their representatives, and families when other confirmed cases or clusters of three or more resident's or staff with respiratory symptoms occurred within 72 hours of each

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 0885 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) other. Record review of the facility's documentation of positive COVID-19 cases in the facility after FWT showed the following: - 9/08/20 - 3 residents positive; - 9/24/20 - 3 residents positive; - 9/25/20 - 3 staff positive; - 9/28/20 - 7 staff positive and 3 residents positive; - 9/29/20 - 1 staff positive; - 9/30/20 - 2 staff positive. During an interview on 10/1/20 at 11:00 A.M., the Assistant Director of Nursing (ADON) residents, families and/or responsible parties are notified by phone when there is a positive test received by the facility whether it involves staff or a resident. 1. During an interview on 10/1/20 at 2:14 P.M., Resident #1's responsible party said he/she was notified today that the resident was positive for COVID 19. On 9/4/20 the facility called him/her regarding a staff member that tested positive for COVID 19. The facility said the resident was being isolated due to exposure. The facility did not provide any further notifications to him/her related to COVID-19 until 10/1/20 and said there were several positive residents. Record review of the resident's nurses' notes, dated 9/1/20 through 10/1/20, showed no evidence the facility communicated or made attempts to communicate the facility's COVID-19 status to the resident's family. 2. During an interview on 10/1/20 at 1:20 P.M., Resident #2's responsible party said he/she was notified in early September that a staff member tested positive. The responsible party said he/she calls to check on the resident, but doesn't feel the facility is very truthful. The facility told the responsible party that they do not have to notify the families/responsible parties except one time after the first positive and if their family member becomes positive. He/She has not been notified at any other time of positive staff or residents. Record review of the resident's nurses' notes, dated 9/1/20 through 10/1/20, showed no evidence the facility communicated or made attempts to communicate the facility's COVID-19 status to the resident's family.