STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265810	A. BUILDING _____ B. WING _____	05/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ADAMS STREET -A STONEBRIDGE COMMUNITY	1024 ADAMS STREET JEFFERSON CITY, MO 65101

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.** Based on observation, interview and record review, facility staff failed to follow infection control protocols for COVID-19 when staff did not properly store face masks while in the facility, failed to perform hand hygiene between resident contacts, and failed to sanitize medical equipment between resident use for four residents (Resident's #3, #4, #2, &#5). The census was 50. 1. Review of the Centers for Disease Control and Prevention (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 not to touch or adjust facemask without cleaning their hands before and after touching. 2. Review of the facility's Personal Protective Equipment (PPE) Use in Healthcare Settings Policy, undated, showed staff were directed as follows: - How to Safely Use PPE - Avoid touching or adjusting PPE; - Contaminated area of PPE is the outside front; - Perform hand hygiene immediately after removing PPE; - Perform hand hygiene between patient contact. 3. Observation on 5/21/20 at 11:21 A.M., showed a metal cart near the exit door to the staff smoking area. Further observation showed the cart contained trays with brown paper bags labeled with staff names, and one used yellow surgical mask, with a bent nose piece, laying on top of the labeled bags. 4. Observation on 5/21/20 at 11:40 A.M., showed The Activity Director (AD) and the Activity Assistant (AA) remove their face masks and place them directly on a metal cart near the exit. Further observation showed the AD and AA exit the facility, and fail to place their masks in labeled brown paper bags. During an interview on 5/21/20 at 11:48 A.M., the AD said the facility policy states staff is to place their mask in a brown paper bag, labeled with their name, prior to going outside. He/She said that he/she was nervous and forgot. 5. Observation on 5/21/20 at 12:37 P.M., showed a mask hung on a pen cup on the Dietary Manager (DM)'s desk. Further observation showed the DM sat down at his/her desk, removed his/her mask, and laid the mask on his/her desk. Additional observation showed he/she did not wash his/her hands after touching his/her contaminated mask. During an interview on 5/21/20 at 12:37 P.M., the DM said the mask on his/her pen holder was his/her old mask, and he/she was going to keep it as souvenir. He/she said he/she should have thrown the old mask away. 6. Observation on 5/21/20 at 1:53 P.M., showed a staff member enter the dining room, remove his/her facemask, and lay it on a tray, on a metal cart. Additional observation showed the staff member enter the code into the exit door keypad, and walk outside to the smoking area. The staff member did not place his/her mask in a bag, or perform hand hygiene, before, or after he/she touched the keypad. 7. Observation on 5/21/20 at 2:00 P.M., showed the Social Service Designee (SSD) adjust the front of his/her facemask with his/her bare hands. Further observation, showed the SSD type on a staff laptop without first washing or sanitizing his/her hands. 8. Observation on 5/21/20 at 2:49 P.M., showed a metal cart near the front entrance of the facility. Further observation showed the cart contained trays with labeled brown paper bags, and three unbagged masks, with bent nose pieces, sat on top of them. During an interview on 5/21/20 at 10:30 A.M., the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) said staff are to use the same face masks for 30 days. Furthermore, they said staff should place the masks in a labeled lunch bag (brown paper bag) on the metal carts located by the doors. Additionally, they said reusable medical equipment, like blood pressure cuffs and glucometers, should be cleaned after each use with bleach wipes according to the manufacturer's instructions. During an interview on 5/21/20 at 4:00 P.M., the Administrator and the DON said staff have been trained on infection control practices for hand washing and hand sanitizing. They said if staff remove or touch their facemask, then they should wash or sanitize their hands before doing anything else. Additionally, they said they expect staff to place their facemask in a brown paper bag when they remove them to smoke or leave the facility. They said staff should not lay their mask on the tray without a bag, and if a mask is on the tray without a bag, then staff should dispose of the mask. Furthermore, they said it is expected that staff throw away their old mask when they get a new one, and staff should not keep their old mask for any reason. 9. Observation on 5/21/20 at 11:50 A.M., showed Certified Nursing Assistant (CNA) A walk into a resident's room with a tablet, and lay the tablet on the resident's bedside table. Further observation showed CNA A pull his/her pants up, pick up the tablet and enter the resident's lunch order. Additional observation, showed CNA A leave the resident's room and enter another resident's room without performing hand hygiene or sanitizing the tablet. During an interview on 5/21/20 at 12:37 P.M., the DM said CNA's have been trained on infection control practices for using the tablet to enter resident meal orders. He/she said the CNAs should not put the tablet down in the residents' rooms, and it is expected if the staff lays the tablet down, they sanitize the tablet and wash their hands before leaving the resident's room. 10. Observation on 5/21/20 at 2:24 P.M., showed CNA A check Resident number #3's blood pressure (B/P) and oxygen saturatation (O2 Sat) (a measurement obtained that shows the level of circulating oxygen in the blood). Additional observation showed CNA did not sanitize the b/p cuff or oxygen saturation monitor before, or after he/she used them on the resident.11. Observation on 5/21/20 at 2:33 P.M., showed Certified Medication Technician (CMT) C, check Resident #4's B/P. Further observation showed he/she did not sanitize the B/P cuff before, or after he/she used it on the resident. 12. Observation on 5/21/20 at 2:35 P.M., showed Licensed Practical Nurse (LPN) B check Resident #2's blood pressure and lay the used cuff on top of the medication cart. Further observation showed LPN B did not sanitize the cuff, or place a barrier down, before he/she placed the cuff on the mediation cart. 13. Observation on 5/21/20 at 2:51 P.M., showed CMT C, check resident number #5's blood pressure Further observation showed he/she did not sanitize the B/P cuff before, or after he/she used it on the resident. During an interview on 5/21/20 at 4:00 P.M., the Administrator and the DON said the nursing staff have been trained on infection control practices for reusable medical equipment. They said it is expected that staff clean reusable equipment before and after using it on a resident. Furthermore, they said equipment should be wiped down with a sanitizing wipe before it is laid on the cart or a barrier should be placed between the cart and the equipment.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE