

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER PLEASANT VIEW		STREET ADDRESS, CITY, STATE, ZIP 470 RAINBOW DRIVE, PO BOX 273 ROCK PORT, MO 64482	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to encourage social distancing of six feet between residents as recommended by the Federal Government and failed to clean a thermometer before or after use. This had the potential to affect all staff and residents in the facility due to the ongoing COVID-19 pandemic. The facility census was 41. Review of the facility's exposure control plan dated November 2017, showed contaminated medical equipment shall be decontaminated as necessary with appropriate cleaning agents and disinfectants. The policy did not show the facility staff should encourage social distancing with residents during the COVID-19 pandemic as recommended by the federal government. Review of the Centers for Disease Control and Prevention (CDC) Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities showed actions to take included to enforce social distancing among residents. 1. During an observation on 5/18/20, at 1:50 P.M., showed Licensed Practical Nurse (LPN) A picked up a thermometer from a counter and took the surveyor's forehead temperature partially touching the surveyors forehead and hair and did not clean the thermometer prior to use and did not clean the thermometer after obtaining the temperature and laid the thermometer down on the counter without a barrier. Observation on 5/18/20, at 1:55 P.M., showed two residents without facial masks sat in front of the nurses station within one foot of each other visiting until 2:25 P.M. Multiple staff members were at the nurses' station including two nurses who did not encourage social distancing of six feet. Observation on 5/18/20, at 2:55 P.M., showed two residents without facial masks sat approximately one foot apart watching television in the common area in front of the nurses' station. Multiple staff members walked by and did not encourage social distancing of six feet. During an interview on 5/18/20, the Director of Nursing (DON) said she expected staff to sanitize a thermometer prior to and after use. She expected staff to encourage social distancing of at least six feet with residents in common areas.</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.