STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265670	A. BUILDING _____ B. WING _____	09/02/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FRENE VALLEY OF OWENSVILLE-A STONEBRIDGE COMMUNITY	1016 W HIGHWAY 28 OWENSVILLE, MO 65066

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**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 follow infection control protocols for COVID-19, when staff failed to follow guidance from Centers for Disease Control and Prevention (CDC) in regard to utilizing facemasks and performing hand hygiene. The census was 69. Review of the CDC recommendation, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19; an infectious disease caused by severe acute respiratory syndrome coronavirus 2, [DIAGNOSES REDACTED]-CoV-2). Pandemic Infection Control Guidance, dated 7/15/20, showed the following: - Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic are intended to apply to all patients, not just those with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection: - Implement universal source control measures: Source control refers to the use facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing; - Because of the potential for asymptomatic and presymptomatic transmission, source control measures are recommended for everyone in a health care facility, even if they do not have symptoms of COVID-19; - Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape; - Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection: - Health care professionals (HCP) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to standard precautions and use a National Institute for Occupational Safety and Health (NIOSH; a division of the United States Centers for Disease Control) Approved N95 or equivalent or higher level respirator (A type of respirator which removes at least 95% of very small particles from the air that are breathed through it, to include bacteria [MEDICAL CONDITION]), gown, gloves, and eye protection; - The personal protective equipment (PPE) recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: respirator or facemask; eye protection (i.e., goggles or face shield that covers the front and sides of the face) put on upon entry to the patient room and remove after leaving the patient room; gloves; and gowns. Review of CDC guidance titled Personal Protective Equipment: Questions and Answers - Respirators, updated 8/8/20, showed the following: - Respirators with exhalation valves protect the wearer from [DIAGNOSES REDACTED]-CoV-2, but may not prevent [MEDICAL CONDITION] spreading from the wearer to others (that is, they may not be effective for source control); - Wear a respirator without an exhalation valve when both source control and respiratory protection are required; - If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a surgical mask, procedure mask, or a cloth face covering that does not interfere with the respirator fit. Review of the CDC guidance titled Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic, dated 7/2020, showed the following: - Virologic Evidence: Two reports described culture of infectious virus from persons with asymptomatic and presymptomatic [DIAGNOSES REDACTED]-CoV-2 infection. There was plausible virologic evidence for [DIAGNOSES REDACTED]-CoV-2 transmission by persons not demonstrating symptoms; - Modeling Evidence: Two models attempted to estimate the number of infections caused by asymptomatic, presymptomatic, or mildly symptomatic infected persons. Both models suggested that a large number of persons with asymptomatic or mildly symptomatic infections were not detected by the health system and these persons meaningfully contributed to ongoing community transmission. These models suggest that the speed and extent of [DIAGNOSES REDACTED]-CoV-2 transmission cannot be accounted for solely by transmission from symptomatic persons. These studies suggest that [DIAGNOSES REDACTED]-CoV-2 can be transmitted by persons with presymptomatic or asymptomatic infection, which may meaningfully contribute to the propagation of the COVID-19 pandemic; - Public health implications of transmission while asymptomatic: Transmission while asymptomatic reinforces the value of community interventions to slow the transmission of COVID-19. Review of the CDC recommendation titled, Standard Precautions for All Patient Care, dated 1/26/16, showed the following: - Standard precautions are used for all patient care; - They are based on a risk assessment and make use of common sense practices and PPE use that protects HCP from infection and prevent the spread of infection from patient to patient; - Handle textiles and laundry carefully. Refer to Guidance for Environmental Infection Control. Review of the CDC recommendation titled, Environmental Infection Control Guidelines: Guidelines for Environmental Infection Control in Healthcare Facilities, dated 2003, showed the following: Routine Handling of Contaminated Laundry - Bag or otherwise contain contaminated textiles or fabrics at point of use (OSHA: 19 CFR 1920.1030 d.4.iv; Category IC: Required by state or federal regulation, or representing an established association standard.) Review of the facility policy titled, Infection Prevention and Control Manual: Standard Precautions, dated 2017, showed the following: - Remove gloves after contact with a patient, body fluids/excretions, and the surrounding environment using proper technique to prevent contamination; - Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face, clothing, etc). 1. Review of Resident #1's care plan, last reviewed on 7/24/20, showed the following: - Focus: Resident requires special droplet/contact precautions in addition to standard precautions; - Date initiated: 7/14/20, Revised on: 8/29/20; - Goal: Resident will comply with infection control practices until such time transmission - based precautions can be discontinued; - Intervention: Everyone must wear a mask, eye protection and glove when entering my room; - Date initiated: 8/29/20. Review of the resident nurses notes, showed the following: - Diagnosis: [REDACTED]. The resident is experiencing new onset confusion. Cough present. Dry non-productive cough noted. Very sleepy, lethargic. Complaints of headache. Increased weakness with transfers and activities of daily living (ADLs); - On 9/1/20, confusion noted. Patient is slightly lethargic, falling asleep mid-sentence. Lungs diminished, but clear to auscultation. Dry, non-productive coughing noted this morning. Incontinent of bowel and bladder this date, has been continent previously. Patient is not assisting with ADLs as was prior to today. Patient complains of feeling weak, unable to stand for transfer. Observation on 9/1/20 at 1:30 P.M., showed the resident lived on the COVID hallway in the facility. Certified nursing aide (CNA) E exited the resident's room and walked to the medication cart and to the supply room. CNA E wore a facemask with an exposed exhalation valve. He/She did not wear goggles or a face shield. During an interview at 1:40 P.M., CNA E said he/she assisted the resident to shower. 2. Observation on 9/1/20 at 11:05 A.M., showed CNA A entered the shower room to assist CNA B and certified medication aide (CMT) C to transfer a resident. CNA A donned gloves and grabbed a towel. CNA B and CMT C lifted the resident to a standing position and CNA A used a clean, dry towel to remove feces from the resident's periarea. The CNA threw the towel on floor, pulled up the resident's brief and pants, picked up the soiled towel from floor and placed it into plastic bag. CNA A did not remove his/her soiled gloves and wash hands between cleaning the resident and assisting the resident to dress. CNA A removed his/her gloves and touched the handle of the Broda chair (brand of positioning reclining wheelchair). CNA A held the soiled gloves in his/her hand while he/she propelled the resident in the Broda chair. CMT A propelled the resident to his/her room in the Broda chair and did not sanitize the chair or wear gloves. Observation on 9/1/20 at 11:55 P.M., showed Beautician D pushed a cart containing resident meals into the hallway. He/She stopped at a hall closet, opened the door, picked up a reusable straw, and placed it into a pink cup on the cart. Beautician B picked the straw up by the mouth piece, did not have gloves on, and did not perform hand hygiene. Beautician D

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 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) served the cup with the straw to a resident during the lunch meal. During an interview on 9/1/20 at 10:11 A.M., the administrator said all staff have been trained on infection control policies, COVID policies, PPE, hand hygiene, and social distancing. The facility has a hallway which houses COVID positive residents. There are symptomatic and asymptomatic residents on the hallway. The staff employ transmission based precautions with the residents. Staff wear facemasks, goggles, and gloves on the hallway, and they use gowns when providing care to the residents. Facility staff use N95 masks on the COVID hallway and KN95 (the regulatory standard for filtering facepiece respirators that are certified in China) masks in the rest of the building. The staff utilize the same facemask for two weeks, before receiving a new one. In between uses, facemasks are stored in a brown bag, labeled with the staff member's name. The COVID hallway keeps their masks and goggles on the hallway, and the rest of the facility keeps theirs in the service hallway. During an interview on 9/1/20 at 1:45 P.M., LPN F said staff on the COVID hallway wear a facemask, goggles, and gloves at all times on the hallway. They also wear a gown in rooms where the resident is coughing, sneezing, or receiving an aerosol procedure. The staff on the COVID hallway must wear their facemask and goggles at all times, and they can only remove them in the office. They wear N95 masks for two weeks before receiving a new one. They store their facemasks and goggles in brown paper bags which are kept on the hallway. LPN F said he/she did not know why his/her facemask did not have an exhalation valve and CNA E's facemask did have a valve. He/She said they wore what they were given by the administrative staff. LPN F said he/she is not aware if there is a facility policy and CDC guidance regarding the exhalation valve. During an interview on 9/2/20 at 2:35 P.M., the administrator said staff on the COVID hallway are expected to wear facemasks, goggles/eye guards, and gloves at all times in resident care areas. The administrator said she is not aware of CDC guidance regarding exhalation valves on respirator masks. The administrator said it is expected that staff would not touch the mouthpiece of a reusable straw when putting the straw into a resident's cup. She said she expects staff perform hand hygiene before touching the resident's straw. The administrator said staff should wash their hands after pericare and before touching something else. He/She expects staff to put dirty linens in a bag and not on the floor. He/she said staff should perform hand hygiene when they remove their gloves or if visibly soiled. During an interview on 9/2/20 at 3:45 P.M., the administrator said staff on the COVID hallway only have to wear goggles if the resident is symptomatic. Additionally, the administrator said it's okay for staff to put dirty linen on the shower room floor if they cannot reach the soiled linen can. She expects the staff to clean and sanitize the bathroom floor before the next resident.