

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265746	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER TIFFANY HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 1531 NEBRASKA STREET, PO BOX 308 MOUND CITY, MO 64470	
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 - Many	Provide and implement an infection prevention and control program. Based on observation and interview the facility failed to screen the surveyor for COVID-19 as recommended by the Federal Government prior to entering a resident area and failed to clean a thermometer before and/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 39. Review of the facilities response to CMS guidelines dated 3/14/20, showed the facility restricted all visitors into the home except for end-of-life situations. Any visitors entering the facility should be screened using the facility screening tool and a temperature taken, educated on how to perform hand hygiene and the use of PPE such as a face mask. Anyone with symptoms of a respiratory illness including fever, cough, shortness of breath, or a sore throat should not be permitted to enter the facility at any time. Facility staff should identify individuals including surveyors who work or enter multiple facilities and actively screen them including using screening tools and restrict them as appropriate to ensure they do not place individuals in the facility at risk for COVID-19. 1. Observation on 5/19/20, at 9:35 A.M., showed facility staff opened the facility door to let the surveyor into the facility and told the surveyor to walk down the hall to the nurses' station for a COVID-19 screening. The surveyor walked the entire length of the hall with multiple residents in the hallway to the nurses' station where the COVID-19 screening was obtained. Staff obtained the surveyor's forehead temperature and did not sanitize the thermometer before or after use. During an interview on 5/19/20, at 10:40 P.M., the Director of Nursing (DON) said she expected staff to sanitize a thermometer before or after use. She expected staff to screen employees and visitors for COVID-19 at the doorway prior to entering resident areas.		

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.