

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DAVISS COUNTY NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1337 WEST GRAND GALLATIN, MO 64640</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to properly plan to prevent the spread of COVID-19 when staff did not ensure residents who resided on the memory care unit maintained social distancing of at least six feet. This affected 11 of 14 residents on the memory care unit. The facility census was 41. Review of an undated facility policy titled COVID-19 Facility Plan showed the following: - Concept: To establish means and methods for the most reasonable and proper care of all the home's residents during a worldwide pandemic [MEDICAL CONDITION] outbreak; - Social distancing practices will be encouraged for our residents anytime they leave the facility for any reason; - Those residents exhibiting no signs or symptoms of COVID-19 or other contagious disease are allowed to continue normal life activities within the facility's visitor restriction protocol; - The policy did not address social distancing within the facility. 1. Observation of the memory care unit on 5/21/20 starting at 11:10 A.M., showed the following: - Three tables approximately 4 feet long by 4 feet wide; - One table (Table A) had two residents sitting at the table, facing each other (Residents #1, #2); - Table B had four residents, one on each side (Residents #3, #4, #5, and #6); - Table C had four residents, one on each side (Residents #7, #8, #9, and #10); - At 11:15 A.M., staff moved Resident #10 to a table by himself/herself (Table D); - The table was approximately 3 feet long by 3 feet wide. - At 11:43 A.M., Residents #10 and #11 sat at Table D eating, facing each other. During an interview on 5/27/20 at 11:53 A.M., Nurse Aide (NA) B said it was difficult to maintain six feet distancing with residents at dining time, but they maintain the six feet distancing at all other times. During an interview on 5/27/20 at 1:07 P.M., the Director of Nursing (DON) said: - Residents should be six feet apart, but there was not much they could do on the memory care unit; - They could possibly spread the dining tables more or get bigger tables; - He/She agreed the tables in the memory care unit were less than 6 feet in length or width. During an interview on 5/27/20 at 1:30 P.M., the Administrator said: - Residents should be 6 feet apart ideally, but it was impossible on the memory care unit; - He/She had pulled the tables apart, but it was a struggle on the unit; - He/She did not believe serving residents at different times would work very well, but had not tried it; - He/She agreed the dining tables were less than six feet in length or width.</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.