STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175246	A. BUILDING _____ B. WING _____	06/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BELLEVILLE HEALTH CARE CENTER	2626 WESLEYAN DR BELLEVILLE, KS 66935

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 -** Immediate jeopardy **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** The facility had a census of 34 residents. The sample included six residents. Based on observation, record review, and interview, the facility failed to properly isolate two cognitively impaired residents who freely ambulated throughout facility without masks, Resident (R) 1 whose Durable Power of Attorney (DPOA) refused COVID-19 (a mild to severe respiratory illness caused by a new strain of coronavirus, characterized by fever, cough, shortness of breath) testing and R5, a new admission. The facility failed to ensure five isolated resident room doors remained closed (R1, R2, R4, R5, R6) and failed to properly complete Coronavirus Risk Questionnaires since 03/15/20, placing all residents in the facility in immediate jeopardy. Findings included: - On 06/16/20 at 08:30 AM, upon entrance into the facility, Administrative Staff A and Administrative Nurse D reported no residents in isolation. Initial tour revealed no Personal Protective Equipment (PPE) containers noted in hallways and no isolation signs obvious on resident doors. On 06/16/20 at 09:00 AM, observation revealed R1 and R5 ambulated in the North and South hallways without masks. Further observation revealed R2, R4 and R6 seated in their rooms with doors open and no visible signs on doors referring to precautions about isolation. On 06/16/20 at 10:44 AM, observation revealed R4's room door lacked a yellow sign that noted Attention visitors please check with nurse prior to entering room and upon further observation, Administrative Nurse D located the sign on a table inside the resident's room, not visible before entering the room. On 06/16/20 at 10:30 AM, Administrative Nurse D verified the facility had five residents on isolation precautions, and the facility allowed these doors to be open. On 06/16/20 at 11:13 AM, Administrative Nurse D and Administrative Staff A verified R1 on isolation, wandered the entire building, refused to wear a mask, and family refused to have the resident COVID-19 tested . The facility placed a yellow sign on the R1's room door which stated Attention visitors please check with nurse prior to entering room, the sign was difficult to see when the door was open, and the PPE was inside the isolation rooms as R1 would contaminate the PPE when it was in the hallway. Administrative Nurse D and Administrative Staff A verified R1, R2, R4, R5 and R6 were on isolation. On 06/16/20 at 11:52 AM, Administrative Nurse D stated isolation residents should be on the COVID-19 isolation wing, but the facility did not want to utilize (PRN) as needed and agency staff. Administrative Nurse D stated the residents on isolation had their doors open so staff could monitor the residents for falls and corporate staff informed her today that the isolation room doors should remain closed and residents remain in their rooms. On 06/16/20 at 03:32 PM, Licensed Nurse (LN) G verified the isolation room doors should be closed and had found them open. LN G verified R1 and R4 were on isolation, often came out of their rooms, and if a resident was on isolation, the resident should not be out of their room. LN G stated R2 and R4 were new admissions and any new admissions or returns from the hospital were placed on isolation precautions for 14 days. On 06/16/20 at 03:46 PM, Certified Nurse Aide (CNA) M verified R2, R4, R5 and R6 were on isolation because all new admissions and return from hospitals were on 14 day isolation, and R1 came out of isolation today. CNA M stated that R1 and R5 were difficult to keep in their rooms and ambulated in both the North and South halls. CNA M verified the isolation room doors should be closed and were often left open. On 06/17/20 at 02:18 PM, Administrative Staff A stated the facility had an all staff in-service on 03/30/20 and educated all staff on how to complete the Coronavirus Risk Questionnaire upon entrance to the facility, staff were instructed to complete the questionnaire for any non-employees and check the non-employees' temperature. Administrative Staff A verified if an employee entered the building, whomever let the employee into the building needed to verify the Coronavirus Risk Questionnaire was thoroughly completed and a temperature obtained. Administrative Staff A stated she reviewed the temperature logs, but did not review the Coronavirus Risk Questionnaire for completion. A random review of the Coronavirus Risk Questionnaires for four days between the dates of 03/15 and 06/16/20 revealed 30 forms not fully completed. The facility's COVID 19 Testing policy, dated 05/04/20, documented current in-house residents would be tested via a nasopharyngeal (back of the nasal cavity) swab. Residents that refused testing would be moved to isolation unit. All new admissions and readmissions without a negative swab in the 24 hours prior to discharge to the facility would be placed in the isolation unit (private room preferred, if available) and tested via a nasopharyngeal swab. The resident would be monitored for COVID-19 via facility protocol. The facility's Isolation - Categories of Transmission Based Precautions policy, dated August 2012, documented the facility would implement a system to alert staff and visitors to the type of precaution the resident required. The facility would ensure that the resident's care plan and care specialist communication system indicated the type of precautions implemented for the resident. Staff would apply a mask when entering the room or cubicle. For contact precautions the staff wear disposable gown upon entering the contact precaution room. The facility failed to properly isolate two cognitively impaired residents, R1 and R5, who freely ambulated throughout facility without masks, failed to ensure five isolated residents room doors (R1, R2, R4, R5, R6) remained closed, and failed to properly complete Coronavirus Risk Questionnaires since 03/15/20. This deficient practice placed the 34 residents in the facility in immediate jeopardy. The facility presented an acceptable plan for removal of the immediate jeopardy on 06/17/20 at 09:08 PM, which included an in-service on 06/17/20 with staff on isolation precautions and keeping isolation room doors closed. R5 placed on 1:1 observation to ensure she stayed in her room. R1 removed from isolation precautions. On 06/18/20 education completed with designated screeners and staff on completing the COVID-19 Risk Questionnaire in its entirety and no person allowed in the facility if the questionnaire not fully completed. The deficient practice remained at a scope and severity of F.

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