

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265716	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER MONTICELLO HOUSE		STREET ADDRESS, CITY, STATE, ZIP 1115 K LAND DRIVE, PO BOX 740 JACKSON, MO 63755	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to maintain an infection prevention and control program when the facility staff did not use the appropriate infection control practices to minimize the potential spread of COVID-19 (a [MEDICAL CONDITION] spread person to person mainly through respiratory droplets produced when an infected person coughs or sneezes and can be spread in close contact with one another, within six feet) for one resident (Resident #1). The facility's census was 52. 1. An observation on 5/28/20 at 11:10 A.M. showed: - Licensed Practical Nurse (LPN) A removed Resident #1's dressing on foot using gloves; - LPN A removed gloves, did not wash hands and donned clean gloves; - LPN A cleaned wound and removed soiled gloves; - LPN A did not wash hands and donned clean gloves; - LPN A applied treatment gel and removed gloves; - LPN A did not wash hands before leaving resident's room; - LPN A brought supplies back to cart and donned clean gloves; - LPN A wiped cart with bleach wipes, removed gloves and did not wash hands. During an interview on 5/28/20 at 11:20 A.M., LPN A said he/she should have washed hands before putting on gloves and after care. During an interview on 5/28/20 at 11:35 A.M., the Director of Nursing (DON) said she would expect staff to wash hands prior to entering room, in between dirty and clean and before leaving room. Facility did not provide a policy that indicated when to wash hands, however, a check off list from a Nursing Guidelines Manuel, dated March 2015, was provided that included this information.		

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.