

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER JOPLIN HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2218 W 32ND STREET JOPLIN, MO 64804	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement and maintain an infection control surveillance program to track and trend the infections of the residents and staff of the building. This failure to track and trend infections had the potential to delay facility response to a possible outbreak of disease, including but not limited to respiratory infections, such as COVID-19. The facility census was 112 residents. Findings include: On 4/8/20 at 9:30am, the Director of Nursing (DON) indicated that he was responsible for the infection control program. The DON indicated that the tracking and trending logs for infections were up-to-date as of the last infection control meeting on 3/24/20. The DON indicated that the facility had not begun to track or trend infections for April, 2020. Review of the facility's infection control logs for January, 2020, revealed that the facility held one infection control meeting on 1/2/20. The meeting was attended by one staff, who also documented the facility discussed six residents. The infection control log, dated 1/2/20, documented six infections, five of which began in December. The logs documented the resident, the resident's room number, if the infection developed in the facility or in the community, symptom onset date, category of infection, and if an antibiotic was ordered. The log failed to document the specific antibiotic prescribed, or if the antibiotic was appropriate to treat the infectious organism. All infections received a prescription for an antibiotic, but only two infections received a culture and sensitivity test to determine if the prescribed antibiotic was appropriate to treat the infection. The facility failed to provide further documentation regarding the tracking, trending, or infection surveillance for remainder of the month of January, 2020. Review of the facility's Quality Assessment and Assurance Meeting notes for February, 2020, revealed that the facility held two infection control meetings during the month. Each meeting was attended by two staff. On 2/17/20, the two facility staff discussed 21 residents. On 2/24/20, the facility staff discussed 12 residents. The meeting notes failed to document what specific infections the residents experienced, which infections required antibiotic treatment, what any infectious organisms caused any of the infections, if any infections required isolation, if any infections were cultured, or if any infections resolved. The facility failed to provide further documentation regarding tracking, trending, or infection surveillance for the month of February, 2020. Review of the facility's infection control logs for March, 2020, revealed that the facility documented 18 infections for the month. The logs documented the resident, the resident's room number, if the infection developed in the facility or in the community, symptom onset date, category of infection, and if an antibiotic was ordered. The log failed to document the specific antibiotic prescribed, or if the antibiotic was appropriate to treat the infectious organism. Only one of the 18 infections documented had resolved. Of the 18 infections, only two received a culture and sensitivity test. The facility failed to provide documentation regarding infection surveillance for the month of April, 2020. On 4/8/20 at 12:33pm, the DON indicated that the facility tracked and trended infections in the building by running a report that generated all new antibiotic prescriptions in the facility. Facility computers generated the report based on information provided by licensed nurses when they entered a new antibiotic prescription in the computer. The DON indicated that he did not track symptoms of possible infections, but that licensed nurses documented any symptoms of infection in nursing notes. The DON indicated that he reviewed nursing notes regarding infection. The DON indicated that the facility failed to track the illnesses of any of the employees. The DON indicated that he had weekly meetings with other staff to discuss infections. The DON confirmed that the facility failed to complete tracking and trending of infections for the month of April, 2020, and indicated that the facility failed to thoroughly track and trend resident infections for the month of February, 2020. On 4/8/20 at 1:30pm, the Administrator indicated that the facility failed to thoroughly track or trend infections for the previous three months. Review of the facility policy titled Infection Surveillance, dated 9/1/17, documented that: The Infection Prevention and Control Officer/Designee does surveillance of infections among residents/guest(s) and employees. 1. The Infection Prevention and Control Officer/Designee does surveillance of healthcare-associated infections by: A. Review of culture reports and other pertinent lab data. B. Nurse consultation and referral. C. Record review. D. Review of the New Order Report, including Antibiotic usage appropriateness, new and readmissions, 24 hour Report, Infection Log and reports in the Clinical QA Meeting. E. Follow up on employee communicable diseases that could possibly affect resident/guest(s) or other staff members. (See state reportable list) F. Follow-up on employee and resident/guest communicable disease exposure. G. Physician consultation as needed.</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.