

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265498</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BLUFFS, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3105 BLUFF CREEK DRIVE COLUMBIA, MO 65201</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, facility staff failed to follow infection control protocols for Covid 19 to help prevent the development and transmission, when staff did not properly wear facemasks while in the facility. The census was 96. Review of the Centers for Disease Control and Prevention (CDC) recommendation dated 05/21/20, showed in order to prevent the spread of COVID-19, facility staff are to ensure all healthcare personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Additional review of the CDC recommendation titled How to Wear Face Coverings Correctly dated 05/22/20, showed staff are to place it over their nose and mouth and secure it under their chin. Review of the facility's Personal Protective Equipment (PPE) Guidance for [MEDICAL CONDITION] Outbreaks (COVID, etc) policy, undated, showed the following: -Required personal protective equipment (PPE) for ALL direct care staff providing direct contact in resident care areas include procedure or cloth mask; -Required PPE for non-direct care staff (admin, dietary, environmental) include procedure or cloth mask/bandana. 1. Observation on 06/25/20 at 10:01 A.M., showed the Finance Director did not cover his/her nose and mouth with a facemask while talking with another staff person in his/her office. The two staff were a desk width apart and were not social distancing. Observation on 06/25/20 at 10:41 A.M., showed Dietary Aide C did not properly wear a facemask by leaving his/her nose and mouth exposed while in the residential community area. The dietary aide wore his/her facemask under his/her chin. Observation on 06/25/20 at 10:41 A.M., showed Certified Nursing Assistant (CNA) D did not properly wear a facemask. The CNA left his/her nose uncovered and wore the mask under his/her chin while in the residents' community area. Observation on 06/25/20 at 10:58 A.M., showed Chef E did not properly wear a facemask by leaving his/her nose exposed while in a resident care area. Observation on 06/25/20 at 11:31 A.M., showed office support staff F did not properly wear a facemask by leaving his/her nose exposed while teaching orientation to new staff. Observation on 06/25/20 at 11:32 A.M., showed Chef G did not properly wear a facemask by leaving his/her nose exposed in the kitchen while preparing residents' food. Observation on 06/25/20 at 12:43 P.M., showed office support staff F did not properly wear a facemask by leaving his/her nose exposed while working the reception desk. Observation on 06/25/20 at 1:10 P.M., showed Resident #1, from the memory care unit did not wear a facemask while outside during a family visit through the gates. Further observation showed the two family members did not wear a mask during the visit. During an interview on 06/25/20 at 11:23 A.M., showed Licensed Practical Nurse (LPN) A said staff are to wear mask at all times and can be taken off when outside. He/She said masks should be worn with the straps over the ears and cover the nose and mouth. During an interview on 06/25/20 at 1:10 P.M., CNA B said the memory care unit residents can have family visits through the gate, but everyone has to wear a mask. During an interview on 06/25/20 at 11:31 A.M., the Infection Preventionist (IP) said some residents can have window visits and the family is screened prior to the visit. The IP said the resident and the family are required to wear masks. Staff are expected to wear a mask when they enter the building and they can take them off when they leave or go outside. The IP said a mask should be molded around the nose and pulled below the chin to cover the nose and mouth. During an interview on 06/25/20 1:45 P.M., the administrator said family visits are done through the windows or in the garden through the gate. The resident and family members are always six feet apart and are to wear masks.</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.