

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2020
NAME OF PROVIDER OF SUPPLIER MEDICALDORGES NEOSHO		STREET ADDRESS, CITY, STATE, ZIP 400 LYON DRIVE NEOSHO, MO 64850	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to fully implement their infection control policies and Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) recommended infection control practices during the coronavirus disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (DIAGNOSES REDACTED)-CoV-2)) pandemic when staffed failed to have a system in place to encourage social distancing (greater than six feet apart) for 10 out of 11 residents on the special care unit (SCU) during meals. The facility census was 72. Record review of the COVID-19 CDC guideline titled, Infection Prevention and Control (IPC) Guidance for Memory Care Units reviewed on 5/12/20, included the following: -Limit the number of residents or space residents at least 6 feet apart, as much as feasible, when in a common area; -Gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. Record review of CMS COVID-19 Long-Term Care Facility Guidance showed the following: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19; -Enforce social distancing among residents (measures to reduce the spread of contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other). Record review of the facility's policy, titled Checklist for Controlling COVID-19 in Long Term Care Facility, dated 4/3/20, showed the following: -Suspend all communal dining and activities; -Residents should remain in their rooms except for medically necessary reasons. If a resident must leave their room, resident is to apply a facemask, perform hand hygiene, and maintain social distancing. 1. During an interview on 6/12/20 at 11:20 A.M., Dietary Aide A said the residents who resided in the SCU usually sat two residents per table across from each other. During an interview on 6/12/20, at 11:25 A.M., Certified Nurse Aide (CNA) B said the following: -Staff seated two residents per table during meals; -He/she did not know the size of the dining room tables. Observations in the SCU on 6/12/20, from 11:46 A.M. through 12:20 P.M., showed the following: -Staff assisted residents in the dining room and sat residents at tables with other residents; -Staff did not attempt to socially distance any of the residents from one another; -Ten residents sat at five square dining tables, two residents to a table; -Residents at the same tables sat approximately four feet from one another throughout the meal. During an interview on 6/12/20, at 11:46 A.M., CNA C said three residents used to sit at each table, now only two residents sat at each table. During an interview on 6/12/20, at 11:55 A.M. and 12:15 P.M., Licensed Practical Nurse (LPN) D (the infection preventionist) said the following: -Before COVID 19 restrictions, residents sat where they wanted in the dining room. Now, only two residents sat to a table; -LPN D thought there was about six feet between the two residents when seated across from each other; -The residents seated across from each other were not roommates. During an interview on 6/12/20, at 12:10 P.M. and 1:30 P.M., the Administrator said the following: -Residents who sat at the same dining tables should be roommates; -The tables in the SCU dining room measured about four feet square. -The SCU staff had no seating chart until today; -The residents who sat at the same dining table today were not roommates. During an interview on 6/12/20, at 1:05 P.M., the Director of Nursing (DON) said the following: -Most residents ate their meals in their room; -Staff seated roommates together in the SCU dining room; -She just finalized a seating chart for the SCU dining room; -Most of the SCU staff knew to seat roommates together at a table.</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.