

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER SHANGRI-LA REHAB & LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 930 NE DUNCAN ROAD BLUE SPRINGS, MO 64014	
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>Based on observation, interview, and record review the facility failed to ensure adequate infection control practices associated with decreasing the transmission of COVID-19 (a new disease caused by a novel (new) coronavirus). The facility failed to ensure that all staff wore N95 masks (face mask that filters at least 95% of airborne particles) while residents in the facility actively had COVID-19; failed to ensure that staff performed hand hygiene while serving residents drinks and meals; and failed to ensure that staff, who tested positive for COVID-19, did not work during the specified 10 day quarantine period. The facility census was 75 residents. Record review of the facility policy titled Emergency Plan for Infectious Disease/Epidemic/Pandemic and Staffing Strategies, last revised 5/29/20, showed the facility will follow healthcare guidelines as identified by Local, State, and Federal health authorities, as well as healthcare guidelines outlined by the Center for Disease Control (CDC). Record review of the CDC policy titled Preparing for COVID-19 in Nursing Homes, dated 6/25/20 showed staff should wear N95 masks while working in a building with residents that are suspected, or, have active COVID-19 infections. Record review of the CDC policy titled Return to Work Criteria for Healthcare Providers (HCP) with COVID-19 Infection in Nursing Homes, dated 8/10/20 showed: -Healthcare workers should remain home for a minimum of 10 consecutive days after a positive COVID-19 test result. -If the positive healthcare worker is not experiencing symptoms, then the healthcare worker must still remain home for 10 consecutive days. -If the positive healthcare worker is experiencing symptoms, then they must be symptom free for 10 days. Record review of the facility policy titled COVID 19 Control Measures, last revised 10/01/20, showed the Local Health Authorities are to be consulted when deciding when a staff member can return to work after testing positive for COVID-19. 1. Record review of Certified Nursing Assistant (CNA) F's COVID-19 test results dated 10/12/20, showed he/she tested positive. Observation on 10/20/2020 at 1:30 P.M. showed: -Covid unit was sealed off from other units with plastic tarp and a temporary barrier made of cardboard. -Four resident rooms were observed in COVID unit hall. -Residents in rooms had tested positive for COVID. -One CNA and one Licensed Practical Nurse (LPN) were assigned to provide care to the residents. During an interview on 10/20/20 at 1:45 P.M., LPN E said staff were to wear gowns, gloves, N95 masks, and face shields while on the COVID unit. Observation on 10/20/20 at 2:15 P.M. showed: -LPN E and CNA F working on the COVID unit. -CNA F was wearing two surgical masks (a loose fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment) while working on the COVID unit. During an interview on 10/20/20 at 2:15 P.M., CNA F said: -He/she was agency staff. -He/she frequently worked at the facility. -Face Shield, masks, and gloves were required when providing resident care on the COVID unit. -He/She was not wearing an N95, but, I am wearing two surgical masks, because, I don't play. -He/she had worked on 10/19/20 in the COVID unit, as well. During a phone interview on 10/20/20 at 2:30 P.M. the Director of Nursing (DON) said: -CNA F who was working in the COVID unit had tested positive for COVID and this was the reason he/she was not wearing an N95 mask. -Positive COVID test results for CNA F would be provided by email. During a phone interview on 10/21/20 at 9:46 A.M., the DON said LPN E had offered CNA F an N95 mask on 10/20/20 while they were working on the COVID unit, and CNA F had refused. 2. Observation on 10/20/20 at 10:26 A.M. showed the Interim Dietary Manager was wearing a surgical mask that rested below his/her nose, but, covered his/her mouth. During an interview on 10/20/20 at 10:26 A.M. the Interim Dietary Manager said: -N95 masks were optional. -All residents were served in their rooms and the communal dining areas were not being used. -Residents in the regular units were served on reusable meal service items, except drinks. -Residents in the COVID unit were served on all disposable meal service items. -Part of his/her job duties was to prepare meal trays, for all residents in facility, and clean meal items post meal service. During an interview on 10/20/20 at 11:00 A.M., the DON said: -Direct care staff have been issued a minimum of two N95 masks. -If any staff need a N95 mask, they can come to him/her to receive a mask. During an interview on 10/20/20 at 11:30 A.M., DON said: -Staff have been educated on the facility mask requirements. -The Dietary member refused to wear a N95 masks. 3. During an interview on 10/20/20 at 11:50 A.M., LPN D said he/she expected staff to wash their hands or use hand sanitizer: -Before and after cares. -When the staff come in and out of a room. -Hand sanitizer was available throughout facility. Observation on 10/20/20 at 12:01 P.M. showed CNA G served four different resident rooms drinks and did not sanitize hands at any time between serving these different resident rooms. Observation on 10/20/20 at 1:15 P.M. showed CNA G, CNA H and CNA J: -Served two resident rooms on 200 hall and then took the meal cart to 300 hall. -Did not sanitize their hands. -Proceeded to serve various resident rooms on 300 hall with no hand sanitization between resident rooms. -Entered isolation room, with presumptive positive COVID residents, without sanitizing hands before entry or after exiting the room.</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.