

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2020
NAME OF PROVIDER OF SUPPLIER MARIES MANOR		STREET ADDRESS, CITY, STATE, ZIP 174 BALLPARK ROAD VIENNA, MO 65582	
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, facility staff failed to prevent the spread of bacteria and other infectious causing contaminants during the provision of care for two residents (Resident #2 and Resident #1), when staff failed to perform hand hygiene between glove changes and failed to sanitize equipment after resident use. Additionally, staff failed to implement infection control measures related to COVID-19, when staff failed to properly wear personal protective equipment (PPE). The facility census was 62. Review of a facility training record, undated, showed staff were instructed as follows: -Gloves are worn if there is potential contact with bodily fluids or blood, mucous membranes, or intact skin; -Gloves are to be removed after contact with any of the things listed above; -And gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care. Review of the facility's, Hydraulic Lift (Hoyer Lift) (a mechanical lift used to transfer residents who are unable to transfer themselves) Cleaning Policy, dated 03/13/20, showed staff are directed to clean the lift after every use, with the minimal 60% alcohol wipes or bleach wipes for 60 seconds. 1. Observation on 6/1/2020 at 10:15 A.M., showed Licensed Practical Nurse (LPN) A complete a glucose (blood sugar) check on Resident #2 in his/her room. Further observation showed LPN A returned to the medication cart, removed his/her contaminated gloves and applied a pair of new gloves, without first performing hand hygiene. Observation on 6/1/20 at 10:34 A.M., showed Resident #1 was incontinent of fecal matter. Certified Medical Assistant (CMA) D entered the resident's room to provide incontinence care. CMA D wiped the resident's buttocks, removed his/her gloves, and applied a new pair of gloves, without first performing hand hygiene. Additionally, the observation showed CMA D touched the resident's clean brief, bed controls, and the resident's call light before he/she performed hand hygiene. Observation on 6/1/20 at 10:50 A.M., showed CMA D removed the Hoyer lift from Resident #1's room after he/she transferred the resident. He/She did not sanitize the Hoyer Lift after he/she removed it from the resident's room. During an interview on 6/1/20 at 10:02 A.M., Certified Nursing Assistant (CNA) C said staff are to utilize gloves when providing resident care and are required to wash hands when they remove their gloves. Furthermore, he/she said staff are to remove their gloves, perform hand hygiene, and apply new gloves after touching anything dirty. During an interview on 6/1/20 at 10:50 A.M., CMA D said he/she realized he/she did not wash his/her hands between glove changes. He/She said staff are required to wash hands when entering the resident's room and before putting on gloves. He/she also said, staff are to remove gloves, wash hands, and apply new gloves when going from a dirty to clean area, during incontinence care, or other cares. Additionally, he/she said the Hoyer Lift is to be cleaned after each use. During an interview on 6/1/20 at 10:59 A.M., CNA F said staff are to wash hands after entering the resident's room and before they apply gloves. He/She said if the staff member touches anything dirty they should remove their gloves, wash hands, and apply new gloves, before moving to another area on the resident. During an interview on 6/1/20 at 11:12 A.M., Registered Nurse (RN) E said staff are to wash hands when they enter and before they exit a resident's room. Additionally, he/she said the staff are to perform hand hygiene between dirty and clean procedures. During an interview on 6/1/20 at 11:26 A.M., LPN A said staff are to wash hands before and after providing care, as well as, wash hands when gloves get dirty, or come into contact with bodily fluids. Additionally, he/she said staff are to change gloves and perform hand hygiene when going to different areas of the resident's body. 2. Review of a facility in-service training record, dated 4/20/20, showed staff were instructed that wearing a face mask was mandatory, and they had to wear one at all times. The Centers for Disease Control and Prevention (CDC) guidance, Preparing for COVID-19 in Nursing Homes, updated 5/19/20, showed core practices included implementing source control measures (actions taken in the process of care to help stop the spread of infection) as follows: -Health Care Professionals (HCP) should wear a facemask at all times while they are in the facility; -When available, facemasks are generally preferred over cloth face coverings for HCP, as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. The CDC guidance, How to Wear Cloth Face Coverings, reviewed 5/22/20, showed to wear a face covering correctly one should: -Wash their hands before putting on the face covering; -Put it over their nose and mouth and secure it under their chin; -Try to fit it snugly against the sides of their face; -And make sure they can breathe easily. Observation on 6/1/20 at 11:00 A.M., showed the Dietary Manager (DM) wear a cloth face mask during an interview. His/Her cloth mask was positioned below his/her nose. Observation on 6/1/20 at 11:40 A.M., showed the DM speak to several residents, as well as, give drinks to the residents in the dining area. He/She wore his/her cloth face mask below his/her nose. During an interview on 6/1/20 at 3:34 P.M., and 6/2/20 at 9:11 A.M., the Administrator said she expected staff to wear a mask properly, and ensure it is over their nose. Furthermore, she said she expected staff to sanitize the Hoyer Lift with bleach wipes between uses.</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.