

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER KABUL NURSING HOMES INC		STREET ADDRESS, CITY, STATE, ZIP 1000 MAIN STREET CABOOL, MO 65689	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to serve food under sanitary conditions when staff did not follow proper hand-hygiene between touching food and non-food items while assisting residents to eat and when staff touched ready-to-eat food items with bare hands. The facility census was 45. Record review of the facility's policy titled, Nursing Dietary Protocol, dated 6/30/2004 and last revised 1/20/20, showed the following: -Facility staff should wash their hands prior to providing meal assistance to a resident. Record review of the facility's policy titled, Infection Control: Hand Hygiene, dated 9/4/2004 and updated 1/31/2020, showed the following: -Hand washing is the single most effective measure to reduce the risk of transmission of organisms from one person to another or from one site to another on the same resident. Pathogens can contaminate the hands of a staff person during direct contact with residents or contact with contaminated equipment and environmental surfaces within close proximity of the resident; -All facility staff are responsible for following hand hygiene protocols; -Hand hygiene is performed by washing hands with soap and water or using alcohol based hand rub; -Facility staff's hands should be washed before and after contact with a resident and the use of gloves; Record review of the facility's policy titled, Food Handling Policy for Kitchen, dated 12/4/17 and updated 10/20/2018, showed the following: -It is the policy for the kitchen services to observe food handling policies and regulations of the Missouri food codes, and the recommendations of the CMS regulations to ensure the safety of the residents. Record review of the 2013 Missouri Food Code showed the following: -Food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. 1. Observation on 5/19/20, at 12:40 P.M., showed Certified Nurse Aide (CNA) A carried Resident #3's meal on a tray to a bedside table in front of the resident. CNA A picked up the resident's roll with bare hands and held it while he/she put butter on the roll. Observation on 5/19/20, at 12:45 P.M., showed CNA A transferred Resident #6 from a recliner to a wheelchair. The CNA then picked up the resident's dinner roll with bare hands to apply butter. CNA A then removed the paper from a straw by touching the mouth portion of the straw for the resident to drink from. Observation on 5/19/20, at 1:15 P.M., showed CNA B encouraged Resident #1 to eat a hot dog on a bun in the dining room. CNA B picked up the resident's hotdog on a bun with bare hands and handed it to the resident. The resident began eating the hot dog on a bun. Observation on 5/20/19, at 12:57 P.M., showed CNA F touched the arms and back of the chair he/she was sitting in while assisting a resident by touching the resident's utensils and then handing them to the resident. CNA F was then touched/adjusted his/her glasses on his/her face and reached his/her hand into his/her pocket to retrieve a pen and paper. CNA F then picked up the residents spoon scooped up food and handed it to him/her. CNA F did not sanitize or clean hands during the observation. During an interview on 5/19/20, at 3:43 P.M., CNA B said the following: -Facility staff should not touch resident food with bare hands; -Facility staff should clean their hands and apply gloves or use utensils instead of using their bare hands to touch resident's food. During an interview on 5/20/19, at 1:31 P.M., CNA A said the following: -Facility staff should wash their hands or wear gloves prior to touching resident food but gloves are preferred. During an interview on 5/19/20 at 1:57 P.M., Licensed Practical Nurse (LPN) D said the following: -Facility staff should wash their hands before and after assisting a resident; -The facility staff should not touch resident food with bare hands. During an interview on 5/20/20, at 1:17 P.M., CNA F said the following: -He/she was educated by the facility to wash hands if staff touch anything that could be unclear prior to feeding or assisting a resident. During an interview on 5/20/19, at 1:47 P.M., CNA C said the following: -The facility staff are not supposed to touch resident food with bare hands and should be using gloves or utensils if necessary; During an interview on 5/20/20, at 1:59 P.M., Registered Nurse (RN) E said the following: -The facility staff should not be touching resident food with bare hands; -The facility staff should wash hands before and after assisting residents or touching unclear surfaces. During an interview on 5/20/20, at 2:54 P.M., the Dietary Manager said the following: -Facility staff should not be handling ready-to-eat foods with bare hands and should instead use gloves or utensils; -The facility staff follows the Missouri Food Code's guidance as stated in their policy. During an interview on 5/20/20, at 3:33 P.M., the Director of Nursing said the following: -He/she does not want the facility staff touching resident food with bare hands; -Facility staff should wash their hands and apply gloves or use utensils to handle resident food; -Facility staff should wash or sanitize their hands before and after touching residents. During an interview on 5/20/20, at 4:03 P.M., the Assistant Director of Nursing and Administrator said the following: -It is not appropriate for facility staff to be touching resident food with bare hands when assisting with set-up or assisting residents with eating; -The facility staff should use gloves or utensils to handle resident food.</p>		
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 ensure staff provided care in a manner to prevent infection or the possibility of infection when the facility failed to follow the Center for Disease Control and Prevention (CDC) guidelines for long term care facilities when the facility failed to promote social distancing (actions taken to stop or slow the spread of a highly contagious disease) among all residents and failed to thoroughly clean all surfaces used by multiple residents in communal area. The facility census was 45. Record review of the CDC website for long term care facilities showed: -Nursing home residents are at high risk for infection, serious illness, and death from COVID-19; -Implement aggressive social distancing measures (remaining at least 6 feet apart from others), cancel communal dining and group activities, such as internal and external activities; -Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene; -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others. Record review of the facility's policy titled, Infection Control: Coronavirus (COVID-19) Protocol, dated 3/12/2020 and last revised 5/19/20, showed the: -The objective is to prevent [MEDICAL CONDITION] from entering the facility due to the high rate of mortality in the elderly. Evaluations from prior [MEDICAL CONDITION] epidemics that spread like COVID-19 found that actions taken early in outbreaks (such as social distancing, restricting interaction with others, respiratory hygiene/cough etiquette, and hand hygiene) can significantly reduce the spread of [MEDICAL CONDITION]. Standard and transmission based precautions should be observed; -Nursing Home employees should practice social distancing and frequent hand hygiene. Employees should follow all recommendations presented by the administrator of the home as directed by the CDC; -Nursing home employees should practice social distancing by canceling communal dining, all group activities and to perform frequent hand hygiene; -Facility staff should increase cleaning of high touch and common areas of the facility (computer screens, keyboards, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment and shared medical equipment). 1. Observation on 5/19/20 at 12:07 P.M., showed Resident #3 transferred himself/herself to a chair at a table in the common area. The</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>resident's pressure sensor was alarming. CNA A transferred resident back to his/her wheelchair and pushing the resident into the dining room. The table and chair were not cleaned after the resident contact. Resident # 2 was placed at that same spot at the table by facility staff for lunch at 12:30 P.M. Observations on 5/19/20, at 1:42 P.M., showed Resident #6 self-propelled his/her wheelchair close to Resident #4 (less than six feet) while he/she was still eating lunch and being assisted by facility staff. Resident #6 began coughing towards Resident #4's plate. Resident #4 did not cover his/her mouth and was not wearing a mask. The resident was repositioned by a staff member a few minutes later, about six inches further away from Resident #4. Staff did not move the resident to the maintain social distancing of six feet immediately. Observation on 5/19/20 at 1:52 P.M., showed CNA C cleaned the tables in the main dining room where 11 residents had eaten at 11 separate tables. CNA C cleaned the section of the table where a resident's plate had sat or where the table was visibly soiled. CNA C did not cleaning the entire table. CNA C did not clean the plastic napkin holders at each of the tables that are used by residents and facility staff. Resident #1 and Resident #5 were seen coughing and clearing their throat during the prior meal. Resident #3 wandered in the dining room and sat at the table that Resident #5 sat after lunch. Observation on 5/20/20, at 12:41 P.M., showed Resident #7 sat at a table in the common area drinking a drink. The resident coughed and cleared his/her throat. CNA K placed Resident #2 at the same table without cleaning the table. Resident #7 was removed from the table. During an interview on 5/19/20, at 1:57 P.M., Licensed Practical Nurse (LPN H) said the following: -The facility staff have been educated about infection control and COVID-19; -The facility staff are supposed to clean any tables or chairs that are used by residents in communal areas; -The residents are encouraged to stay in their rooms or maintain social distancing. It is difficult to keep the confused residents away from each other. During an interview on 5/19/20, at 3:43 P.M., CNA B said the following: -He/she was educated about infection control and hand washing to prevent COVID-19; -Residents are encouraged to stay in their rooms and stay six feet apart; -Facility staff are supposed to clean any surfaces that residents touch. During an interview on 5/20/20, at 1:31 P.M., CNA A said the following: -He/she was educated about how to prevent COVID- 19 by the facility; -The facility staff need to clean any surfaces the residents touch in communal area; -The facility staff is supposed to make sure residents stay six feet away from each other. During an interview on 5/20/19, at 1:47 P.M., CNA C said the following: -He/she was educated about infection control and COVID-19 by the facility; -He/she cleans the resident dining room tables after lunch; -He/she has only been cleaning the spot at the table where the resident sat, not the entire table; -He/she only cleans the arms of the chairs (not the backs or seat of the chair) that the residents were seen sitting in at lunch; -Resident use the the chairs during activities also. During an interview on 5/20/20, at 3:33 P.M., the Director of Nursing said the following: -The facility staff are given ongoing education about the prevention of COVID-19 -Facility staff are to clean any surfaces that a resident comes in contact with that is used in communal areas; -The facility is trying to keep the residents social distances but it has become more relaxed over time. -The facility staff should be cleaning the entire table and chairs in the dining areas after meals. During an interview on 5/20/20, at 4:03 P.M., the Assistant Director of Nursing said the following: -The facility staff should be cleaning chairs and tables after the residents use them; -The facility staff have gotten a little lax on social distancing the residents.</p>		