

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 844 PASSOVER ROAD OSAGE BEACH, MO 65065	
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, facility staff failed to follow infection control protocols for COVID-19 (an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2). Common symptoms include fever, cough, fatigue, shortness of breath, and loss of smell and taste) when staff did not properly wear facemasks while in the facility. The Census was 69. 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 COVID-19 Mask Policy, dated 04/23/20, showed the following: -All partners working in patient care areas will wear a surgical mask when in the building; -Front office partners will wear surgical or cloth mask when in the center, if cloth masks are worn, they are to be washed daily; -Masks are not to be worn around the neck. 1. Observation on 06/11/20 at 10:00 A.M., showed the bookkeeper did not wear a mask to cover his/her nose and mouth. Observation on 06/11/20 at 10:08 A.M., showed payroll executive A did not properly wear a facemask, leaving his/her nose exposed while in a resident care area. Observation on 06/11/20 at 10:10 A.M., showed the dietary supervisor did not wear a facemask to cover his/her nose and mouth while he/she worked in the kitchen, preparing residents' meals. Observation on 06/11/20 at 10:24 A.M., showed Licensed Practical Nurse (LPN) B did not properly wear a facemask, leaving his/her nose exposed while in a resident care area. Observation on 06/11/20 at 10:37 A.M., showed Certified Medication Technician (CMT) F did not properly wear a facemask, leaving his/her nose exposed while he/she passed medications to residents. Observation on 06/11/20 at 11:27 A.M., showed Cook C wore his/her facemask around his/her neck, leaving his/her mouth and nose exposed while he/she worked in the kitchen, preparing residents' meals. Observation on 06/11/20 at 11:29 A.M., showed Certified Nurse Assistant (CNA) D did not properly wear a facemask, leaving his/her nose exposed while in a resident care area. Observation on 06/11/20 at 11:33 A.M., showed CNA D did not properly wear a facemask, leaving his/her nose exposed while he/she worked in the dining room serving residents' meals. Observation on 06/11/20 at 11:37 A.M., showed CNA E did not properly wear a facemask, leaving his/her nose exposed while he/she worked in the dining room serving residents' meals. During an interview on 06/11/20 at 11:32 A.M., Registered Nurse (RN) G said staff should wear masks all of the time. They can take them off in the break room and when outside. He/She said the mask should be worn over the nose and mouth and under the chin. During an interview on 06/11/20 at 11:46 A.M., the Assistant Director of Nursing (ADON) said masks should be worn in resident care areas and while in the facility and they can take them off in the break room and when outside. He/She said the proper way to wear a mask is over the nose and mouth and the fit should be snug. The ADON said staff had in-services on Personal Protective Equipment (PPE) on 03/24/20.</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.