

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>35625 HIGHWAY 72, PO BOX 746 SALEM, MO 65560</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility staff failed to follow infection control protocols for COVID-19 when staff did not properly wear face masks while in the facility. The facility census was 49. Review of the Centers for Disease Control and Prevention (CDC) recommendation dated 5/21/20, 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 5/22/20, showed staff are to place it over their nose and mouth and secure it under their chin. 1. Observation on 05/28/20 at 10:15 A.M., showed Certified Nurse Assistant (CNA) E did not properly wear a face mask by leaving his/her nose exposed and mouth covered while in a resident care area. Observation on 05/28/20 at 10:27 A.M. showed CNA F did not wear a facemask when he/she assisted a resident in his/her room. Observation on 05/28/20 at 10:33 A.M., showed CNA F did not properly wear a face mask leaving his/her nose exposed and mouth covered while in a resident care area. Observation on 05/28/20 at 10:39 A.M., showed the dietary supervisor did not properly wear a face mask by leaving his/her nose exposed and mouth covered, while he/she worked in the kitchen, preparing residents' meals. Observation on 05/28/20 at 10:41 A.M., showed laundry aide A did not wear a face mask while he/she handled resident laundry. Observation on 05/28/20 at 10:51 A.M., showed housekeeping assistant B did not wear a face mask properly by leaving his/her nose exposed and mouth covered, while he/she cleaned resident hallways. Observation on 05/28/20 at 10:54 A.M., showed dietary aide C did not properly wear a face mask around his/her mouth or nose, he/she wore the mask around his/her neck, while he/she worked in the kitchen, preparing residents' meals. Observation on 05/28/20 at 11:28 A.M., showed dietary aide C continued to wear the mask around his/her neck, while he/she worked in the kitchen, preparing residents' meals. Observation on 05/28/20 at 11:32 A.M., showed laundry aide A did not wear face mask properly by leaving his/her nose exposed and mouth covered, while he/she was handling residents' laundry. Observation on 05/28/20 at 11:36 A.M., showed dietary aide C did not wear a face mask while he/she worked in the kitchen, preparing residents' meals. Observation on 05/28/20 at 11:58 A.M., showed dietary aide C continued to prepare residents' meals without wearing a face mask. Observation on 05/28/20 at 11:58 A.M., showed dietary aide D did not wear a face mask while he/she worked in the kitchen, preparing residents' meals. During an interview on 05/28/20 at 11:39 A.M., Licensed Practical Nurse (LPN) G said staff should wear their face mask the whole time they are in the facility. He/She said staff should have a face mask on when they assist a resident. During an interview on 05/28/20 at 11:27 A.M., the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) said all staff should wear their mask all day and they are only allowed to take it off in the break room or outside. They said staff should wear their mask over their face and mouth.		
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.