

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265761</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINCOLN COMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>205 TIMBERLINE DRIVE LINCOLN, MO 65338</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review facility staff failed to implement appropriate infection control measures for COVID-19 (an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2)) in accordance with the Centers for Disease Control (CDC) guidance. Facility staff failed to ensure all staff wore facemasks while in the facility. Facility staff failed to promote social distancing and ensure residents wore facemasks when out of their rooms. Facility staff failed to discontinue group activities. Facility staff failed to wash their hands as necessary using approved techniques during the provision of care to prevent the spread of infection. Facility staff failed to screen residents for signs and symptoms of COVID-19, including fever, daily. Facility staff also failed to restrict the entrance of non-essential healthcare personnel when the facility continued to allow a beautician to enter the facility and perform services for the residents. The facility census was 58. Review of the CDC's guidance for United States nursing homes and long-term care facilities about COVID-19, updated 05/19/20, showed the following:</p> <p>-Healthcare 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. During an interview on 06/03/20 at 9:55 A.M., the administrator said the facility had masks available for the staff, but did not require that staff wear facemasks. Observation on 06/03/20 from 10:06 A.M. to 10:25 A.M., showed Certified Nursing Aide (CNA) H and CNA I provided toileting assistance to Resident #8. CNA H and CNA I did not wear facemasks. Observation on 06/03/20 at 10:28 A.M., showed Cook A prepared brownies in the baker's area of the kitchen. The cook did not wear a facemask. During an interview on 06/03/20 at 10:28 A.M., Cook A said he/she had not been provided guidance about the use of facemasks in the facility and the facility did not provide facemasks for the staff. The cook said staff were allowed to wear a facemask if they chose, but it was not required. Observation on 06/03/20 at 10:34 A.M., showed Cook B prepared food items for service at the noon meal in the kitchen. The cook did not wear a facemask. During an interview on 06/03/20 at 10:40 A.M., CNA F said the charge nurse usually checks the employee's temperatures when they arrive for their shift, but they are not required to wear facemasks. Observation on 06/03/20 at 10:45 A.M., showed Cook C prepared food in the cook's station. The cook did not wear a facemask. During an interview on 06/03/20 at 10:43 A.M., Cook C said the facility has facemasks available for staff who want to wear them, but it was not required. Observation on 06/03/20 at 11:00 A.M., showed the Activity Assistant assisted Resident #1 with adjustment of his/her hearing aid. Neither the activity aide nor the resident wore a facemask. During an interview on 06/03/20 at 11:05 A.M., the Activity Assistant said staff were not required to wear facemasks while on duty. Observation on 06/03/20 at 11:15 A.M., showed Dietary Aide (DA) D delivered drinks to residents in the rooms on the 200 and 300 halls. DA D did not wear a facemask. During an interview on 06/03/20 at 11:15 A.M., DA D said they deliver drinks for meals to the residents rooms daily. The DA said staff do not wear facemasks when they deliver the drinks to the resident rooms. Observation on 06/03/20 at 11:50 A.M., showed Cook A and DA E delivered food trays to resident rooms on the 200 hall. The cook and DA E did not wear facemasks. Observation on 06/03/20 at 12:10 P.M., showed CNA G provided Resident #10 with feeding assistance in the activity room. CNA G did not wear a facemask. During an interview on 06/03/20 at 2:00 P.M., the administrator said he/she thought staff only needed to wear a facemask while out of the facility and the facility trained staff to wear a facemask when out in public.</p> <p>2. Review of the CDC's guidance for United States nursing homes and long-term care facilities about COVID-19, updated 05/19/20, showed the following: -Cancel all group activities and communal dining. -Enforce social distancing among residents. -Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Observation on 06/03/20 at 9:45 A.M., showed seven residents without facemasks in the common area by the nurses' station. Observation showed four of the seven residents sat less than six feet apart from one another. Observation on 06/03/20 at 10:36 A.M., showed two residents without facemasks sat on the same chair near the nurse's station on Willow Avenue two feet apart from one another. Review of the facility activity calendar, dated 06/03/20, showed the days activities listed as follows: -10:00 A.M. Video Church; -10:10 A.M. Resident Council; -1:30 P.M. Charades; -3:30 P.M. Mail Delivery. During an interview on 06/03/20 at 10:40 A.M., CNA F said there are binders at the nurses' stations with updated CDC guidelines and the staff are expected to read and sign they have read them. The CNA said the staff should have no more than 10 people, including residents and staff, in a room at one time and should keep people at least six feet apart. Observation on 06/03/20 at 10:55 A.M., showed Residents #2, #3, #4, and #5 without a facemask in the activity room for the video church activity. Observation showed Residents #2, #3, and #4 sat side by side at the same table less than six feet apart from one another. During an interview on 06/03/20 at 11:05 A.M., the Activity Assistant said the facility still conducted group activities. The Activity Assistant said that the residents do not wear facemasks while at the activities and they are not always six feet apart from one another. The Activity Assistant said the CDC guidance on facemasks for activities was that they were not required if there were no more than six people in a room and they were spaced at least six feet apart. During an interview on 06/03/20 at 1:25 P.M., the Assistant Director of Nursing (ADON) said residents should wear facemasks if they show signs of illness such as coughing or sneezing. The ADON said the facility continues to conduct group activities, but the groups are to consist of 10 or less people which would be a combined total of residents and staff. During an interview on 06/03/20 at 1:27 P.M., Resident #6 and #7 said they meet up for Bible study everyday and sit right next to each other since Resident #6 has difficulty reading the words in the Bible. The residents said they never wear facemasks when they sit next to each other or when they meet one another. During an interview on 06/03/20 at 2:00 P.M., the administrator said he/she did not know about the CDC guidance to discontinue group activities and have residents wear facemasks when out of their rooms. The administrator said he/she thought since the residents were in a home-like environment and did not have contact with outsiders that they did not need to wear facemasks.</p> <p>3. Review of the facility's Handwashing/Hand Hygiene policy dated August 2019, showed the following: -All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. -Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: a. When hands are visibly soiled; and b. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and [DIAGNOSES REDACTED]icile. -Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; c. Before preparing or handling medications; d. Before performing any non-surgical invasive procedures; e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites); f. Before donning (applying) sterile gloves; g. Before handling clean or soiled dressings, gauze pads, etc.; h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with a resident's skin; j. After contact with blood or bodily fluids; k. After</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>handling used dressings, contaminated equipment, etc.; l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m. After removing gloves; n. Before and after entering isolation precaution settings; o. Before and after eating or handling food; p. Before and after assisting a resident with meals; q. After personal use of the toilet or conducting your personal hygiene. -Hand hygiene is the final step after removing and disposing of personal protective equipment. -The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Review showed the policy also directed staff to perform hand hygiene after removal of contaminated gloves and to wash hands as follows: -Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands; -Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers; -Rinse hands with water and dry thoroughly with a disposable towel; -Use towel to turn off faucet; -Avoid using hot water, because repeated exposure to hot water may increase the risk of [MEDICAL CONDITION]. Observation on 06/03/20 from 10:06 A.M. to 10:25 A.M., showed CNA H and CNA I, provided toileting assistance to Resident #8 as follows: -The CNAs sat the resident on the toilet. CNA H removed his/her gloves and washed his/her hands for 10 seconds; -CNA H provided perineal care to the resident after the resident finished toileting and then removed his/her gloves and washed his/her hands for 12 seconds; -CNA I removed a gait belt from the resident's waist, removed his/her gloves and, without performing hand hygiene, donned a new pair of gloves. The CNA then assisted the resident into his/her wheelchair. Further observation showed the CNA removed his/her soiled gloves, washed his/her hands for 10 seconds, secured the gait belt around his/her waist and then continued to assist the resident. -CNA H washed his/her hands for 13 seconds and then turned the faucet off with his/her wet bare hands. During an interview on 06/03/20 at 10:25 A.M., CNA I said staff should wash hands when entering a resident's room, after care, and before leaving the room. The CNA said hand hygiene should occur after glove changes, including perineal care, and before coming into contact with anything in the room. The CNA said staff are expected to wash their hands for 36 seconds. The CNA said he/she got flustered and forgot to wash his/her hands for the expected time. During an interview on 06/03/20 at 11:00 A.M., CNA H said staff are directed to wash hands when entering a resident's room, between glove changes, after care, and before leaving the resident's room. The CNA said staff are expected to wash their hands for 20 seconds, get a towel to dry their hands and use a towel to turn off the faucet. The CNA said he/she forgot to wash his/her hands for at least 20 seconds, because he/she was nervous and the water was hot. During an interview on 06/03/20 at 11:30 A.M., the DON said staff should wash hands before and after contact with residents, which would include before and after glove use, and anytime hands are dirty. The DON said staff should wash hands with soap and water for at least 20 seconds and use a paper towel to turn the faucet off. The DON said all staff are trained on handwashing procedures routinely. 4. Review of the CDC's guidance for United States nursing homes and long-term care facilities about COVID-19, updated 05/19/20, showed the following: -Actively monitor all residents upon admission and at least daily for fever (T=100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. -Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures &gt;99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Review of the facility's resident assessment binders showed staff documented assessments of the residents for signs and symptoms of COVID-19, including temperature readings, weekly for the dates of 03/23/20 through 05/26/20. Review showed the binders did not contain weekly resident assessments for the dates of 05/27/20 through 06/03/20. The binders also did not contain documentation of daily resident assessments for signs and symptoms of COVID-19 as directed by the CDC. Review of Residents #8's medical record dated 05/28/20 through 06/03/20 showed the records did not contain documentation of a daily assessment for signs and symptoms of COVID-19 or daily temperatures. Review of Residents #9's medical record dated 05/28/20 through 06/03/20 showed the records did not contain documentation of a daily assessment for signs and symptoms of COVID-19 or daily temperatures. During an interview on 06/03/20 at 11:30 A.M., the DON said charge nurses visually observe all residents daily during their rounds and monitor the residents for changes in their condition, including signs and symptoms of illness. The DON said staff do not check the residents' temperatures or conduct a specific COVID-19 assessment daily and the charge nurses do not document their daily visual observation of the residents in the medical records. The DON said he/she and the assistant director of nursing (ADON) take the residents' temperatures and conduct a COVID-19 assessment weekly. The DON said he/she did not know of the CDC guidance for staff to take assess residents daily. During an interview on 06/03/20 at 1:40 P.M., Licensed Practical Nurse (LPN) J said vital signs, including temperature and oxygen saturation, should be documented in the resident's electronic medical record every day. During an interview on 06/03/20 at 2:00 P.M., the administrator said the nurses assess residents daily for condition changes, but they do not take their temperatures and do not document their assessments for all residents in the medical records. The administrator said the DON and ADON conduct complete resident assessments which includes temperatures, weekly and document those assessments. The administrator said it was possible for a resident to not show physical signs of illness and staff would have to take the resident's temperature to assess them for fever. The administrator said he/she did not know of the CDC guidance for staff to assess residents daily. 5. Review of the CDC's guidance for United States Nursing Homes and Long-term Care Facilities about COVID-19, updated 05/19/20, showed the following: -Restrict all visitors except for [MEDICATION NAME] care situations (e.g., end-of-life). -Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser). During a telephone interview on 06/03/20 at 2:34 P.M., the administrator said a beautician, who is a part-time employee of the facility, comes to the facility on Tuesdays and Thursdays to perform hair care services for the residents. The administrator said the beautician does not wear a mask while in the facility and did not know for sure if the beautician worked anywhere else. During a telephone interview on 06/03/20 at 2:40 P.M., the beautician said he/she provides hair care services at the facility on Tuesdays and Thursdays from 8:00 A.M. to about 3:00 P.M. The beautician said he/she does not wear a facemask while in the facility. The beautician said he/she is retired and does not work anywhere else.</p>		