

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265537</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TARKIO REHABILITATION &amp; HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 CEDAR STREET TARKIO, MO 64491</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview the facility failed to assure staff wore face masks while in the facility and failed to practice social distancing. The facility failed to assure one of three sampled residents (Resident #1) wore a face mask when leaving the facility. The facility census was 31. Review of the Centers for Disease Control and Prevention (CDC) Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities showed actions to take included ensure all residents wear 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. Ensure all health care personnel wear a facemask or cloth face covering for source control while in the facility. Review of the facility's COVID-19 Infection Control Measures policy dated 2/4/20, did not show facility staff needed to wear a mask while in the facility and it did not show residents needed to wear a mask when they went outside the facility and were expected to return. 1. Observation on 5/20/20, at 11:00 A.M., showed Resident #1 getting into the facility van and the resident did not have a mask on. Observation on 5/20/20, at 11:02 A.M., showed four staff members sitting at the entrance of the only unlocked door of the facility where the resident just excited taking a break with their masks off and sat within two feet of each other smoking. Observation on 5/20/20, at 11:03 A.M., showed Clerical Staff (CS) sitting at the COVID-19 screening table at the entrance of the facility without a facial mask on. The CS attempted to take the surveyors temperature with an oral thermometer requiring the surveyor to remove his/her mask. The surveyor requested to have their temperature obtained in a different way and the CS obtained an infrared forehead thermometer. Observation on 5/20/20, at 11:04 A.M., showed a facility staff member removed his/her mask upon entering the facility in order to have his/her oral temperature taken prior to returning to work. During an interview on 5/20/20 at 11:15 A.M., the administrator said she expects staff to wear a facial mask while in the facility. She expects residents who are going out to doctor's appointments to wear a mask at all times while they are out of the facility. She expects staff who are on break to maintain social distancing including wearing a mask if they are within six feet of each other. The facility has been using an oral thermometer to screen staff and visitors due to difficulty obtaining infrared thermometers.		
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.