

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER FAIR VIEW NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 1714 W 16TH STREET SEDALIA, MO 65301	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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)) when staff did not wear facemasks while in the facility and assisting residents. The census was 59. 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 6/4/2020 at 10:30 A.M., showed the main entrance to the facility contained a typed sign. Review showed the sign directed staff must wear a facemask the entire time in facility. Observation on 6/4/2020 at 12:03 P.M., showed Certified Nursing Assistant (CNA) E fed Resident #2 in the dining room with his/her medical mask pulled down under the chin. Observation on 6/4/2020 at 12:06 P.M., showed Cook F did not wear a facemask while he/she prepared and served the residents' lunch meal trays. During an interview on 6/4/2020 at 1:52 P.M., Cook F said staff wear gloves and a mask. The cook said he/she does not wear a mask when doing dishes because it's 100 degrees. Cook F said he/she is not sure if he/she is supposed to keep a mask on. When he/she comes in, he/she has to have the mask on. He/She doesn't know why he/she didn't have his/her mask on. He/She said it was probably because it was stinking hot, and it is hard to breathe all of the time. Observation on 6/4/2020 at 12:08 P.M., showed Cook G and Dietary Aide (DA) H facemasks did not cover their noses while they prepared and served the lunch meal for the residents' lunch meal trays. Observation on 6/4/2020 at 12:10 P.M., showed CNA I's facemask did not cover his/her nose when he/she delivered lunch meal trays to the residents. During an interview on 6/4/2020 at 1:42 P.M., CNA I said he/she puts the mask behind his/her ears and over the nose and mouth. CNA said he/she was really hot and was getting light headed, so he/she took a minute to breathe. He/She said as long as he/she is in the building, he/she shouldn't have the mask down. Observation on 6/4/2020 at 12:55 P.M., showed Licensed Practical Nurse (LPN) A sat next to Resident #1. Observation showed the LPN's facemask pulled under his/her chin and did not cover his/her nose or mouth. Observation showed the resident did not have a mask on. During an interview on 6/4/2020 at 1:00 P.M., LPN A said staff should wear a mask at all times while in the facility. The LPN said he/she did not have the mask on because he/she was eating lunch. Observation showed the LPN did not have a food tray on the table in front of him/her. The LPN said he/she was inserviced on proper use of proper protective equipment (PPE). During an interview on 6/4/2020 at 2:45 P.M., the administrator said staff are encouraged to socialize with the residents. In addition, the administrator said staff have been inserviced on proper use of PPE and the use of appropriate PPE in the presence of residents in the facility. Observation on 6/4/2020 at 1:05 P.M., showed housekeeper B's facemask did not cover his/her nose while he/she cleaned the dining room. Observation showed two residents in the dining room. During an interview on 6/4/2020 at 1:06 P.M., housekeeper B said staff have been inserviced on the proper use of PPE. The housekeeper said staff are supposed to wear a mask covering their nose and mouth at all times while in the facility. He/She said he/she was so hot while working he/she did not have his/her mask on properly. Observation on 6/4/2020 at 1:22 P.M., showed Certified Medical Technician (CMT) C and CNA D facemasks pulled down under their chin and did not cover their nose and mouth. During an interview on 6/4/2020 at 1:26 P.M., CMT C and CNA D said a facemask should be worn at all times while in the facility and should cover their nose, mouth, and fit under their chin. Both CMT C and CNA D said they knew they should have had their facemask on properly and did not know why they were not wearing their facemasks. Both the CMT and the CNA said staff have been inserviced on the proper use of PPE in the facility. During an interview on 6/4/2020 at 2:45 P.M., the administrator said he/she has told staff how to wear the surgical mask, over the nose and down to the chin. He/She said he/she asks staff to have a mask on at all times. The administrator also said they have an inservice scheduled next week to go over PPE.</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.