

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Four Seasons Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Highway Tt 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37131</p> <p>Based on observation, interview, and record review, facility staff failed to maintain an infection prevention and control program to provide a safe and sanitary environment to help prevent potential spread of COVID-19 (an acute respiratory illness in humans caused by the coronavirus, SARS-CoV-2) and other infections, staff failed to protect residents in the facility when they did not follow acceptable infection control practices for COVID-19. The facility failed to separate residents who tested positive for Covid-19 from residents who had tested negative for Covid-19 or had only been exposed to Covid-19 for residents (Resident #40, #43, #21, #22, #27 and #9) at an increased risk of contracting Covid-19 due to prolonged exposure. Staff failed to wear the appropriate Personal Protective Equipment (PPE) with Covid -19 positive residents, removed PPE in appropriate areas and dispose of contaminated PPE appropriately. The facility census was 236.</p> <p>1. Review of the Centers for Disease Control and Prevention (CDC)'s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 3/18/24, showed:</p> <p>-Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room, the door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom;</p> <p>-If cohorting, only patients with the same respiratory pathogen should be housed in the same room. Multidrug resistant organism (MDRO) colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process;</p> <p>-Facilities could consider designating entire units within the facility, with dedicated Healthcare Personnel (HCP), to care for patients with SARS-CoV-2 infection when the number of patients with SARS-CoV-2 infection is high. Dedicated means HCP are assigned to care only for these patients during their shifts. Dedicated units and/or HCP might not be feasible due to staffing crises or a small number of patients with SARS-CoV-2 infection;</p> <p>-Limit transport and movement of the patient outside of the room to medically essential purposes.</p> <p>-PPE:, HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher , gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Environmental Infection Control, management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room without all recommended PPE until sufficient time has elapsed for enough air changes to remove potentially infectious particles [more information (to include important footnotes on its application) on clearance rates under differing ventilation conditions is available]. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.</p> <p>2. Review of the facility's, COVID-19 Infection Control policy, dated 03/08/24, directs staff as follows:</p> <p>-Post signs on resident's room the clearly describe the type of infection control precautions needed and required PPE and keep PPE and lined trash can near room to make PPE available and make it easier to discard PPE;</p> <p>-Facility will follow physician's orders and CDC recommendations regarding isolation and treatment;</p> <p>-Residents who test positive for the Coronavirus will be placed in isolation. Isolation could mean being placed in a private room (if available) or housed with other residents who are COVID-19 positive.</p> <p>Review of the facility's Use of PPE When Caring for Patients with Confirmed or Suspected COVID-19 signs, dated 06/03/20, directs staff as follows:</p> <p>-PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting);</p> <p>-PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas, PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care;</p> <p>-PPE must be removed slowly and deliberately in a sequence that prevents self-contamination;</p> <p>-PPE to use is face shield/goggles, N95 respirator, one pair of clean, non-sterile gloves and isolation gown.</p> <p>Review of the facility's Room Roster ,dated 04/23/24, showed the 200 hall contained 14 COVID-19 positive residents and 44 COVID-19 negative residents on the hall.</p> <p>Review of the facility's COVID-19 Positive list, dated 04/22/24, showed 14 positive residents (Residents #4, #15, #23, #24, #25, #26, #28, #33, #34, #35, #36, #37, #38 and #39) on 200 hall.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Observation on 04/22/24 at 4:40 P.M., showed the door to room [ROOM NUMBER] open to the 200 hall. Both Covid-19 positive residents, Resident #4 and Resident #36, on their beds and did not have a mask on. Certified Nurse Aide (CNA) C sat in chair at the foot of Resident #4's bed and only had a N95 respirator on. Staff had been assigned to provide continuous one on one supervision for Resident #4. Staff did not have gloves, faceshield, or gown on. Staff sat approximately three feet from the resident.</p> <p>4. Observation on 04/23/24 at 12:54 P.M., showed the door to room [ROOM NUMBER] open to the hall and did not have a PPE station outside the room. Observation showed COVID-19 positive Resident #15 and Resident #38 in the room on their beds. The residents did not have masks on. Resident #40 stood in the doorway of his/her room across the hall from room [ROOM NUMBER] and did not have a mask on.</p> <p>5. Observation on 04/23/24 at 1:04 P.M., showed the door to Resident #19, #41 and #42's room open to 200 hall. Observation showed Covid-19 positive Resident #4 and #36's room door open to 200 Hall. Observation showed the resident rooms are next door and across hall from each other. Observation showed the resident's did not have a mask on.</p> <p>6. Observation on 04/23/24 at 1:06 P.M., showed maintenance worker B and assistant administrator entered Resident #15 and Resident #38's room with a N95 mask on and did not have on a gown, face mask or protective eye wear on. The maintenance worker and assistant administrator talked to Resident #15 about his/her maintenance concerns. The residents did not have a mask on. Maintenance worker and assistant administrator exited the 200 hall through the plastic barrier, and continued to wear same N95.</p> <p>7. Observation on 04/23/24 at 1:08 P.M., showed the door to Covid-19 positive Resident #15 and Resident #38's open. Observation showed the residents did not have a mask on.</p> <p>8. Observation on 04/23/24 at 1:20 P.M., showed CNA J exited Resident #26's room into the hall with full PPE. CNA J removed his/her faceshield, gown and gloves in hall. CNA placed contaminated PPE in a trash can with regular black trash bag. Resident #26's door remained opened.</p> <p>During an interview on 04/23/24 at 1:56 P.M., CNA J said he/she asked yesterday what to do with the used PPE and had been told to drag gray barrel around with him/her. The CNA said it is a standard trash bag in the gray barrel.</p> <p>9. Observation on 04/23/24 at 1:22 P.M., showed COVID-19 negative Resident #27 stood in the 200 hallway, without a mask and directly across from room a COVID-19 positive resident's. Observations showed two unidentified staff exited COVID-19 positive Resident #28's room and removed PPE where COVID-19 negative Resident #27 stood. Staff placed the contaminated PPE in a regular black trash bag.</p> <p>10. Observation on 04/23/24 at 1:30 P.M., showed CNA E exited COVID-19 positive Resident #33 and #34's room with only a N95 mask on. The CNA then assisted COVID-19 positive Resident #35 propel across hall into his/her room.</p> <p>During an interview on 04/23/24 at 1:47 P.M., CNA E said staff who provide care to COVID-19 positive residents, should have a gown, N95 mask, goggles, gloves and booties on. The CNA said he/she should have all the PPE on, it is his/her mistake.</p> <p>(continued on next page)</p>		

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