STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265182	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aurora Nursing	1700 South Hudson Avenue Aurora, MO 65605

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17193 Based on observation, interview, and record review, the facility failed to maintain a complete infection prevention and control program when the facility failed to ensure staff posted appropriate signage and failed to ensure staff wore person protective equipment (PPE) in accordance with the Centers for Disease Control (CDC) guidelines for residents subject to enhanced barrier precautions (EBP - precautions for use during high-contact resident care activities for residents infected with a multidrug-resistant organism (MDRO-microorganisms that are resistant to one or more classes of antimicrobial agents) or any resident who has a chronic wound and/or indwelling medical device) for one resident (Resident #3), of three sampled residents, who had a indwelling medical device. Staff also failed to perform hand hygiene per standard of practice when staff did not perform appropriate hand hygiene during perineal care for three residents (Residents #4, #1, and #2) in a sample of four residents reviewed in a facility with a census of 50. 1. Review of the CDC's Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms, dated 07/12/22, showed the following: -MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs; -EBP are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities; -EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status, and infection or colonization with an MDRO; -Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care; -EPB use of PPE refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing; (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Examples of high-contact resident care activities requiring gown and glove use for EBP includes dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use such as central line, urinary catheter (flexible tubing that is used to drain urine from the bladder), feeding tube, and tracheostomy/ventilator, and wound care on any skin opening requiring a dressing; -Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE. For EBP signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves; -Make PPE, including gowns and gloves, available immediately outside of the resident room. Review of the facility's policy, Enhanced Barrier Precautions, revised 12/12/23, showed the following: -EBP refers to the use of gown and gloves for use during high-contact resident care activities for residents know to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices); -All staff receive training on EBP upon hire and at least annually and are expected to comply with all designated precautions; -Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required PPE, and the high-contact resident care activities that require the use of gown and gloves; -Make gowns and gloves available. Face protection may also be needed if performing activity with risk of splash or spray; -Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room; -High-contact resident care activities include: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use of central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, wound care (any skin opening requiring a dressing). Review of Resident #3's face sheet (admission information) showed the following: -admitted [DATE]; -Diagnoses included transient cerebral ischemic attack (TIAs- mini strokes), dementia (progressive impairment in memory), edema (excess fluid in the tissues), congestive heart failure (CHF - chronic condition in which the heart doesn't pump blood as well as it should), Type 2 diabetes mellitus (high blood sugar), neuromuscular bladder dysfunction (lack of bladder control due to brain, spinal cord, or nerve problems), and urine retention (difficulty in urinating and emptying the bladder). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 10/17/24, showed the following: -Severely impaired cognition; -Dependent with helper does all of the effort and resident does none of the effort to roll left and right; -Has the ability to transfer to and from a bed to a chair/wheelchair; -Had an indwelling catheter (flexible tubing that is used to drain urine from the bladder); -Had a urinary tract infection in the last 30 days. Review of the resident's physician orders, dated 07/12/24, showed an order for EBP. Review of the resident's care plan, dated 7/12/24, showed the following: -The resident had a catheter for neurogenic bladder (lack of bladder control due to a brain, spinal cord, or nerve condition); -Catheter care every shift and as needed (PRN) with EBP. Observation on 10/22/24, at 8:55 A.M., showed the following: -Certified Nurse Aide (CNA) A and CNA B entered the resident's room. There was no EBP signage at the entrance of the resident's room or on the door. The resident was lying on a mechanical lift vest in the bed. A Foley urinary catheter bag with urine hung on the side of the bed. -Without washing and/or sanitizing hands, both CNAs put on gloves and rolled the resident to his/her side to remove the mechanical lift vest. -CNA B picked up the catheter bag with urine, laid it on top of the bed as they turned the resident side to side to pull the mechanical lift vest from underneath the resident. -Both CNA A and CNA B removed gloves and washed hands at resident's sink before leaving the room. -No PPE, such as gowns, were present in the room; Observation on 10/22/24, at 11:10 A.M., in the resident's room showed underneath the sink there was a clear container with personal protection gowns for staff to use. During an interview on 10/22/24, at 11:40 A.M., CNA A said they did have training on EBP at the beginning of the year. If a resident had a wound and catheter, they were to put on a gown and gloves. If the resident did not have a wound, they didn't have to put on a gown. If gowns were in the room, he/she would put a gown on. The resident had just transferred from another room to this room and he/she did not see any gowns to use. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/22/24, at 2:00 P.M., Licensed Practical Nurse (LPN) B said he/she had worked at the facility for a couple of months and was not aware of EBP. During an interview on 10/22/24, at 2:40 P.M., the Director of Nursing (DON) said for the EBP she expected staff to put on a gown and gloves to provide cares to any residents like the resident who had a urinary catheter who was on these precautions. The gowns should be in the resident's closet and staff were to get a gown out of the closet. During interview on 10/22/24 at 3:00 P.M., the Administrator said for the EBP staff were supposed to wear gowns, gloves, and a face shield if any body fluids would splash them like for a urinary catheter. They had a policy for EBP and they had several in-services with staff. Some of the PPE, such as gowns, were in the closet or in a container under the resident's sink for staff to use. 2. Review of the facility's policy Standard Precautions Hand Hygiene, dated 2019, showed the following: -Appropriate hand hygiene is essential in preventing transmission of infectious agents; -Purpose was to cleanse hands to prevent the spread of potentially deadly infections, to provide a clean and healthy environment for residents, staff, and visitors, and to reduce the risk to the healthcare provider of colonization or infections acquired from a resident; -Hand hygiene continued to be the primary means of preventing the transmission of infection; -Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin or potentially contaminated intact skin (e.g. of a patient incontinent of stool or urine) could occur; -Remove gloves after contact with a patient, bodily fluids/excretions, and the surrounding environment (including medical devices) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient; -Change gloves during patient care if the hands will move from a contaminated body site (e.g. perineal area) to a clean body site (e.g. face, clothing, etc.). -Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood body fluids, secretions, or excretions is anticipated; -Remove gown and perform hand hygiene before leaving the patient's environment. 3. Review of Resident #4's face sheet showed the following: -admitted [DATE]; -Diagnoses included degeneration of nervous system due to alcohol, anemia (lack of red blood cells that leads to reduced oxygen flow to the body's organs), and high blood pressure. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's annual MDS, dated [DATE], showed the following: -Moderately impaired cognition; -Toileting hygiene - dependent on helper who does all of the effort; -Always incontinent of bowel and bladder. Review of the resident's care plan, dated 10/17/24, showed the following: -Incontinent of bowels. Staff to check every two hours for incontinence and as needed; -Bladder incontinence. Staff to check the resident every two hours and as required for incontinence; -Staff to wash, rinse, and dry perineum (space between the anus and the genitals); -Used disposable briefs. Observation on 10/22/24, at 9:00 A.M., showed the following: -CNA A and CNA B took a mechanical lift into the resident's room. The CNAs put on gloves without performing hand hygiene and transferred the resident in the mechanical lift from the wheelchair and then to the bed. -CNA B unfastened the resident's incontinence brief, used perineal wash with wipes to the front perineal area, then rolled the resident over to his/her side. The resident had a small bowel movement. The CNA cleansed the area with the perineal wash and wipes, picked up the tube of barrier cream, without washing hands and changing gloves, applied the cream to the buttocks. -Without removing gloves and washing hands, CNA B put a new incontinence brief on the resident. -CNA B removed gloves, did not perform hand hygiene, and put on another pair of gloves to pull up the resident's pants. -CNA A removed his/her gloves, did not perform hand hygiene, and moved the mechanical lift to the side of the bed. -The CNAs transferred the resident back to the wheelchair. -CNA A moved the lift to the hall and then came back to the room and washed his/her hands. -CNA B, removed his/her gloves, did not perform hand hygiene, picked up the trash bag with the soiled linens, walked down the hall to the soiled utility room, and then walked halfway back down the hall. The CNA then performed hand hygiene with hand sanitizer. 4. Review of Resident #1's face sheet showed the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-admitted [DATE]; -Diagnoses included Type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), high blood pressure, metabolic encephalopathy (problem in the brain caused by chemical imbalance in the blood), and heart failure. Review of the resident's quarterly MDS, dated [DATE], showed the following: -Cognition intact; -Toileting hygiene - dependent on helper who does all of the effort; -Always incontinent of bowel and bladder. Review of the resident's care plan, dated 09/03/24, showed the following: -Self care performance deficit related to weakness and memory loss; -Required one staff for personal hygiene; -Staff to check for incontinence every two hours and as needed. Observation on 10/22/24, at 10:22 A.M., showed the following: -CNA A and CNA B entered the resident's room, did not wash and/or sanitize their hands, and put on gloves. -CNA A removed the resident's brief soiled with urine and bowel movement, wiped the front perineal area, turned the resident to his/her side, and cleansed the rectum and buttocks soiled with bowel movement. The CNA then changed his/her gloves without washing or sanitizing hands and applied barrier cream to the resident's buttocks. The CNA then removed his/her gloves, washed hands, and left the room. -CNA B pulled up the resident's sheets and cover and placed a pillow beneath the resident's right hip. CNA B then went over to the Resident #1's roommate, without washing hands and changing gloves, and picked up the wet wipes to perform perineal care on Resident #2. 5. Review of Resident #2's face sheet showed the following: -admitted [DATE]; -Diagnoses included congestive heart failure (CHF = chronic condition in which the heart, doesn't pump blood as well as it should), high blood pressure, and osteoarthritis (degeneration of joint cartilage and underlying bone which causes pain and stiffness especially in hip, knee, and thumb joints). Review of the resident's admission MDS, dated [DATE], showed the following: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cognition was intact; -Toileting hygiene - dependent on helper who does all of the effort; -Always incontinent of bowel and bladder. Review of the resident' care plan, dated 8/14/24, showed the following: -Bladder incontinence related to impaired mobility; -Staff to change every two hours and as needed. Staff to wash, rinse, and dry perineum. -The resident used disposable briefs. Observation on 10/22/24, at 10:30 A.M., showed the following: -CNA B put on gloves without washing and/or sanitizing hands, picked up the package of cleansing wipes, and completed front perineal cleansing on the resident. The resident turned to his/her side and showed he/she had a bowel movement. -CNA B cleansed the resident's buttocks and rectum with perineal cleanser and wipes. -CNA B removed his/her gloves, did not wash or sanitize hands, put on another pair of gloves, and went to the resident's closet and got a pair of pants for the resident to wear. -CNA B then removed the mechanical lift vest wearing the same pair of gloves. 6. During an interview on 10/22/24, at 10:38 A.M., CNA B said they were to wash hands normally after they change the resident. They don't have to wash hands after doing perineal care, like if the resident had a bowel movement, they can take the soiled briefs in the trash bag to the soiled utility room and then remove gloves and wash hands. He/she used to carry hand sanitizer a long time ago, but it fell out of his/her pocket so he/she stopped carrying it. During an interview on 10/22/24, at 11:40 A.M., CNA A said he/she does not remove his/her gloves until done with the resident's care. He/she will wash hands before and after performing perineal care, but does use hand sanitizer in between. He/she does not carry hand sanitizer. Hand sanitizer is in the resident's room, on the halls, and on the medication carts. If a resident had a bowel movement and he/she did perineal care, he/she should remove gloves and wash hands, but usually just put on new gloves and don't wash his/her hands. During an interview on 10/22/24, at 2:26 P.M., LPN D said staff were to go into a resident's room, wash hands and put on gloves to do perineal care, dressings, and applying creams. They were to remove gloves, wash hands, and apply gloves after doing perineal care and before touching other items in the room. They were to always wash or sanitize hands after removing gloves and before applying gloves. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 10/22/24, at 2:40 P.M., the DON said she would expect staff to enter a resident's room, wash their hands, and put on gloves. Staff were to remove gloves and wash or sanitize hands when going from touching or performing cares and touching resident's bodily fluids and excretions to other items in the room and moving to a clean body site, clothing, or other items in the room. Staff were to remove gloves, and wash hands before leaving the resident's room and removing the trash to the soiled utility room. During interview on 10/22/24, at 3:00 P.M., the Administrator said she would expect staff to wash and or sanitize hands, and put on gloves when they enter a resident's room. They were to wash hands, change gloves when visibly soiled, prior to and after giving care. They were not to wear gloves outside the resident's room or walk down the hall with the same pair of gloves after performing cares on a resident. MO00242521