

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Clinton Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1009 East Ohio Clinton, MO 64735	
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. 41787 Based on interview and record review, the facility failed to maintain an effective infection control program including screening all staff for tuberculosis (TB - a contagious infection that usually attacks the lungs) as required when the facility failed to ensure the first and second step of the two-step tuberculin skin test (TST) was completed prior resident contact for three staff members (Registered Nurse (RN) A, Certified Medication Tech (CMT) B, and Licensed Practical Nurse (LPN) C), failed to ensure the TB test was read within 48 to 72 hours from placement for one staff (CMT B), and failed to complete a second step TB test for one staff (RN A), of 10 sampled staff members. The facility census was 67. Review of the facility policy Employee Screening for Tuberculosis, dated March 2021, showed the following: -All employees are screened for latent tuberculosis infection (LTBI - infected with TB but not active TB) and active tuberculosis disease, using tuberculin skin test or interferon gamma release assay (IGRA - blood test to determine if exposed to TB) and symptom screening prior to beginning employment; -Each newly hired employee is screened for LTBI and active TB disease after an employment offer has been made but prior to the employee's duty assignment; -Screening includes a baseline test for LTBI using either a TST or IGRA, individual risk assessment, and symptom evaluation; -If the baseline test is negative and the individual risk assessment indicates no risk factors for acquiring TB, then no additional screening is indicated; -If the baseline test is positive, but the individual risk assessment is negative and the individual is asymptomatic, a second test is conducted; -The employee health coordinator will accept documented verification of TST or IGRA results within the preceding 12 months. Review of the Center for Disease Control (CDC) Guidelines, dated 04/10/24, title Tuberculosis Skin Test, showed the following: (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	-The tuberculin skin test is one method of determining whether a person is infected with mycobacterium tuberculosis (the specific bacteria that causes tuberculosis); -It is performed by injecting 0.1 milliliter (ml) of tuberculin purified protein derivative (PPD) into the inner surface of the forearm; -The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results; -A patient who does not return within 72 hours will need to be rescheduled for another skin test. Review of 19 CSR 20-20.100 showed the following: -Long-term care employees and volunteers who work ten or more hours per week are required to obtain a Mantoux PPD two)-step tuberculin test within one month prior to starting employment in the facility. -If the initial test is zero to nine millimeters (mm), the second test should be given as soon as possible within three weeks after employment begins, unless documentation is provided indicating a Mantoux PPD test in the past and at least one subsequent annual test within the past two years. -It is the responsibility of each facility to maintain a documentation of each employee ' s and volunteer ' s tuberculin status. 1. Review of RN A's personnel record showed the following: -Date of hire of 08/01/23; -The first step TB test was administered on 08/02/23 and read on 08/04/23 (three days after the RN's hire/start date). -Staff did not document a second step administered or a prior history of prior test in the prior two years. 2. Review of CMT B's personnel record showed the following: -Date of hire of 05/31/23; -The first step TB test was administered on 05/31/23 and read on 06/01/23 (24 hours later and after the CMT's hire/start date). -The second step TB test was administered on on 06/14/23 and read on 06/16/23. 3. Review of LPN C's personnel record showed the following: -Date of hire of 12/19/23; (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The first step TB test was administered on 02/06/24 and read on 02/09/24 (a month and a half after the LPN's hire/start date). -The second step TB test was administered on 02/16/24 and read on 02/19/24. -Staff did not document other TB testing documented in the preceding two years. 4. During an interview on 09/17/24, at 12:45 P.M., LPN D said that newly hired staff have TB testing placed and read by the nursing staff. The TB test should be read 48 to 72 hours after placement for accurate results. 5. During an interview on 09/17/24, at 2:00 P.M., LPN E said that newly hired staff have TB placed and read by the one of the nurses. The TB test is read 48 to 72 hours after placement and a second step is then repeated 10 days after the reading of the first step. 6. During an interview on 09/17/24, at 2:15 P.M., the Director of Nursing (DON) and Regional Nurse Consultant (RNC), the RNC said that new hire TB testing should be started before staff can work on the floor with residents. The TB test is generally read 24 to 48 hours after placement and a second test is completed one to two weeks after the first step. 7. During an interview on 09/17/24, at 2:35 P.M., with the Administrator and Interim Administrator, the Interim Administrator said staff should have TB testing on hire, with the first step completed before working with residents. The TB test should be read 48 to 72 hours after placement and the second step should be done within 21 days. The facility did not have additional test results documented for the reviewed staff.		