

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265477	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2024
NAME OF PROVIDER OR SUPPLIER Springfield Skilled Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 West Grand Springfield, MO 65802	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45190</p> <p>Based on observation, interview, and record review, the facility failed to provide a clean and homelike environment for all residents when staff failed to replace and/or fix the resident room walls and closet ceiling where a black substance was present in one resident's room (Resident #1). The facility census was 104.</p> <p>Review showed the facility did not provide a policy pertaining to maintenance of the building.</p> <p>1. Review of Resident #1's admission Minimum Data Set (MDS-a federally mandated assessment tool completed by facility staff), showed the following:</p> <p>-admitted [DATE];</p> <p>-Resident required supervision or touching assistance with most activities of daily living (ADL's - dressing, grooming, bathing, eating, and toileting);</p> <p>-Diagnoses included pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe.</p> <p>Observations on 01/31/24, at 10:30 A.M., of Resident #1's room showed the following:</p> <p>-The walls had a black substance between the bathroom and closet, between the two closets, and in the corner between the closet and the main door;</p> <p>-The substance went approximately four inches from above the baseboard area up the wall and covered approximately a three feet wide area between the bathroom and closet door, about 10 inches between the two closets, and about 10 inches in the corner of the room between the closet and main door;</p> <p>-The closet closest to the main door had a black substance completely circling the sprinkler head and went one to one and a half inches out from the edge of the sprinkler head. There were several circle spots of black substance on the ceiling of the same closet, ranging from pea sized, to quarter sized, to half dollar size.</p> <p>During interviews on 01/31/24, at 9:49 A.M., and on 02/02/24, at 9:29 A.M., Certified Nursing Assistant (CNA) E said the following:</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she observed a black substance on the ceiling of the closet closest to the main door in Resident #1's about two weeks ago;</p> <p>-Staff had moved the resident's clothes out of the closet;</p> <p>-He/she reported the black substance to a nurse, but could not remember which nurse;</p> <p>-He/she did not recall observing other black substances in the room.</p> <p>During interviews on 01/31/24, at 11:34 A.M. and 3:25 P.M., the Maintenance Supervisor said the following:</p> <p>-Maintenance is responsible for checking resident rooms for substances on the walls and ceilings;</p> <p>-Staff should treat black substances found on surfaces with bleach and primer, then remove and replace the sheet rock;</p> <p>-He was not made aware of any black substances on surfaces requiring attention;</p> <p>-A contractor recently replaced the sprinkler head in the closet closest to the main door;</p> <p>-Staff should check for any type of bacterial growth following a leak;</p> <p>-His policy as the Maintenance Supervisor is to inspect five to 15 rooms on a weekly basis for any issues;</p> <p>-Maintenance staff also rely on housekeeping staff to notify of any type of substance growth in the resident rooms because they are in them daily cleaning.</p> <p>During an interview on 01/31/24, at 2:52 P.M., Housekeeper G said if he/she would notify the housekeeping supervisor immediately of any black substances found on surfaces in a resident's room.</p> <p>During an interview on 01/31/24, at 2:54 P.M., the Housekeeping Supervisor said staff should notify her immediately of any black substances found on surfaces in a resident's room and she immediately notifies maintenance.</p> <p>During an interview on 01/31/24, at 4:20 P.M., the Director of Nursing (DON) and Administrator said the following:</p> <p>-Maintenance completes weekly inspections of the condition of resident rooms;</p> <p>-Maintenance should inspect every resident room in the facility at least monthly and as needed;</p> <p>-Maintenance also relies on housekeeping to notify of any environmental concerns as they clean the rooms daily;</p> <p>-Residents should be removed from a room with concerns of bacterial growth, maintenance staff should then treat with bleach, remove and replace the surface, and check for leaks.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MO00230861		

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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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45190</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective infection control program when staff failed to don the appropriate Personal Protective Equipment (PPE - gloves, gowns, and masks) when entering isolation rooms with residents positive with influenza A, when staff failed to perform appropriate hand hygiene when exiting isolation rooms, and when staff failed to dispose of contaminated PPE properly. The facility census was 104.</p> <p>Review of the Center for Disease Control and Prevention's (CDC), Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission, last reviewed 08/09/23, showed the following:</p> <p>-A combination of infection prevention control strategies are recommended to decrease transmission of influenza viruses in health care settings;</p> <p>-These include promptly placing suspected influenza patients in private rooms and having healthcare personnel wear PPE when caring for patients with suspected influenza;</p> <p>-Droplet precautions should be used during the care of any patient in a healthcare facility with suspected or confirmed seasonal influenza for seven days past illness onset or at least 24 hours after resolution of fever without use of anti-pyretic medication and with improvement in respiratory symptoms.</p> <p>Review showed the facility did not provide a policy regarding droplet precautions.</p> <p>Review of the facility's policy titled, Hand Hygiene, reviewed 04/28/22, showed the following:</p> <p>-The facility will provide guidelines to employees on proper handwashing and hand hygiene techniques that will aid in the prevention of the transmission of infection;</p> <p>-Hand hygiene should be performed, before/after providing care and before/after applying/removing gloves/PPE;</p> <p>-Employees may use an alcohol-based hand rub when hands are not visibly soiled.</p> <p>Review of the CDC's Hand Hygiene in a Healthcare Setting, dated 01/08/21, showed the following:</p> <p>-Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications immediately before touching a patient; before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices; before moving from work on a soiled body site to a clean body site on the same patient; after touching a patient or the patient ' s immediate environment; after contact with blood, body fluids, or contaminated surfaces; and immediately after glove removal.</p> <p>Healthcare facilities should:</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>1. Review of Resident #2's physician order sheet, dated 01/25/24, showed the resident on droplet isolation for seven days related to influenza A.</p> <p>Review of Resident #3's physician order sheet, dated 01/25/24, showed the resident on droplet isolation for seven days related to influenza A.</p> <p>Observations on 01/30/24, at 1:45 P.M., showed the following:</p> <ul style="list-style-type: none"> -A stop sign on the door to Resident #2's and #3's room. The sign said do not enter this area and any questions see Director of Nursing (DON) or Skilled 1 Nurse. A second sign said please see nurse prior to entering this room; -A plastic cart outside the door of the residents' room contained gloves, surgical masks, and gowns; -A hand sanitizer unit containing hand sanitizer was located outside next to the door of the residents' room; -Certified Nurse Aide (CNA) A entered the residents' isolation room without donning a surgical mask, gloves, or a gown; -He/she exited the room carrying two large resident water cups, did not perform hand hygiene, went to an area next to the room, and filled the cups with ice from a cooler: -The CNA returned to the residents' room [ROOM NUMBER] and took the water cups of ice into the room without donning a surgical mask, gloves or a gown; -He/she exited the residents' room, did not perform hand hygiene, walked down the hall a few feet, and began assisting a resident by pushing his/her wheelchair down the hall. <p>Observations on 01/30/24, at 3:41 P.M., showed the following:</p> <ul style="list-style-type: none"> -CNA A, Nurse Aide (NA) C, and NA D, were in the residents' isolation room with the door open. Three staff were not wearing PPE; <p>During an interview on 01/30/24, at 1:52 P.M., CNA A said the following:</p> <ul style="list-style-type: none"> -He/she forgot to don PPE when entering the residents' room; -He/she should don gloves, gown, and a surgical mask before entering a resident's room with transmission-based precautions, currently influenza A; -He/she should remove the PPE inside the room and place in biohazard trash prior to exiting the room; -He/she should perform hand hygiene, including hand sanitizer and washing hands after exiting the room. <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>-Staff should remove the gloves, surgical mask, and gown inside the room and place in biohazard trash inside the room, wash hands in the room, and then perform hand hygiene with hand sanitizer located outside the room.</p> <p>4. During an interview on 01/31/24, at 9:49 A.M., CNA E said the following:</p> <p>-Staff should don gown, gloves, and surgical mask before entering an isolation room;</p> <p>-Staff should remove the gown, gloves, and surgical mask upon exiting the isolation room and place the PPE in a biohazard trash either inside the room or just outside the room, wash hands inside the room, and perform hand hygiene by using hand sanitizer outside of the room.</p> <p>5. During an interview on 01/31/24, License Practical Nurse (LPN) G said the following:</p> <p>-Staff should perform hand hygiene, including washing hands and hand sanitizer, prior to entering an isolation room;</p> <p>-Staff should don gloves, gown and surgical mask prior to entering an isolation room;</p> <p>-Staff should remove PPE and place in a hazardous barrel inside the room prior to exiting;</p> <p>-Staff should perform hand hygiene, including washing hands and hand sanitizer, upon exiting an isolation room.</p> <p>6. During an interview on 01/31/24, at 1:48 P.M., the Infection Control Preventionist said the following:</p> <p>-The facility follows the best practice of keeping residents positive for influenza A on isolation for at least seven days;</p> <p>-Staff should don gown, gloves, and surgical mask prior to entering an isolation room on droplet precautions related to influenza A;</p> <p>-The facility places signs on the doors so staff and visitors will ask about the precautions in place prior to entering an isolation room;</p> <p>-Staff should remove PPE and place in biohazard inside the room prior to exiting;</p> <p>-Staff should perform hand hygiene upon exiting an isolation room, best practice is to wash hands, but can be alcohol based if no soiled material on the gloves.</p> <p>7. During an interview on 01/31/24, at 4:20 P.M., DON and the Administrator said the following:</p> <p>-Staff should don a surgical mask, gown, and gloves when entering an isolation room with droplet precautions for influenza A;</p> <p>-Staff should remove PPE and place in a biohazard trash inside the room and prior to exiting;</p> <p>(continued on next page)</p>		

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