

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265498 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Bluffs, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Bluff Creek Drive Columbia, MO 65201 | |

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42815</p> <p>Based on observation, interview and record review, facility staff failed to perform hand hygiene in a manner to prevent the spread of infection and failed to clean and sanitize soiled utensils between uses to prevent cross-contamination. Facility staff failed to maintain the kitchen floors and appliances in a clean manner to prevent the growth and harborage of bacteria. This had the potential to affect all residents. The facility census was 112.</p> <p>1. Review showed the facility did not provide a policy for hand hygiene or glove changes.</p> <p>2. Review of the facility's posting, Stop Germs! Wash You Hands, undated showed staff were directed to keep hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.</p> <p>Observation on 04/25/24 at 12:00 P.M., showed dietary server C removed his/her gloves, applied clean gloves and did not wash his/her hands between glove changes. With the same gloves on, he/she touched a resident's sandwich, used a thermometer to test the food temperatures, and plated the lunch trays.</p> <p>During an interview on 04/25/24 at 1:13 P.M., dietary server C said staff are directed to perform hand hygiene anytime staff change gloves, enter the kitchen or when they move from one task to another. He/She said he/she did not know why he/she did not sanitize between uses.</p> <p>Observation on 04/25/24 at 12:13 P.M., showed cook A removed the trash can from the kitchen, returned to the kitchen, and cleaned down the top of the grill without hand hygiene or glove change in between tasks.</p> <p>During an interview on 04/25/24 at 12:50 P.M., cook A said staff are directed to perform hand hygiene when they enter the kitchen, between task and any time they change gloves. He/She said he/she did realize he/she should have performed hand hygiene after he/she took out the trash, and before he/she moved on to another task because it is not healthy. He/She said he/she was busy and did not think to perform hand hygiene.</p> <p>During an interview on 04/25/24 at 1:16 P.M., the kitchen supervisor said staff are educated to perform hand hygiene in between task to prevent the spread of bacteria.</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 |
|---|-------|-----------|

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265498 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Bluffs, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Bluff Creek Drive Columbia, MO 65201 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>During an interview on 04/25/24 at 2:50 P.M., the administrator said staff are educated to perform hand hygiene between glove changes and before and after handling food to prevent the spread of bacteria.</p> <p>3. Review showed the facility did not provide a policy on how to clean the thermometers.</p> <p>4. Observation on 04/25/24 at 12:05 P.M., showed dietary server C did not sanitize the thermometer before he/she checked the food temperatures Observation showed the dietary server C placed the thermometer under water, used a washcloth to dry the thermometer and checked the temperature of a resident's food.</p> <p>Observation on 04/25/24 at 12:13 P.M., showed cook A placed a thermometer under water, dried with a paper towel, and checked the temperature of the potato rounds. Observation showed a dietary aide placed the thermometer on top of the stove.</p> <p>During an interview on 04/25/24 at 12:50 P.M., cook A said staff are directed to clean a thermometer prior to use with an alcohol wipe. He/She said a dirty thermometer should not be placed on a surface without a lid. He/She said it is not sanitary to use an unsanitized thermometer because of the potential to spread bacteria. He/She said he/she did miss an opportunity to prevent the spread of bacteria when he/she did not sanitize the thermometer before he/she checked the food temperatures.</p> <p>During an interview on 04/25/24 at 1:13 P.M., dietary server C said staff are directed to sanitize the thermometer before and after use to prevent the spread of bacteria. He/She said he/she did not know why he/she did not sanitize before and after use.</p> <p>During an interview on 04/25/24 at 1:16 P.M., the kitchen supervisor said staff are directed to sanitize thermometer before and after use to prevent the spread of bacteria. He/She said the thermometer should be air dried after it is sanitized and before use.</p> <p>During an interview on 04/25/24 at 2:50 P.M., the administrator said staff are directed to clean the thermometer before checking temperatures of food to prevent the spread of bacteria.</p> <p>5. Review of the facility's policy titled, Infection Control-Nutritional, dated 07/01/23, showed to prevent and control contamination and the spread of infection within the department and the facility staff were directed as follows:</p> <p>-All work surfaces, except the cooking surface, and all floors in the Nutritional Services food preparation area will be cleaned daily with the approved disinfectant;</p> <p>-All equipment shall be thoroughly cleaned after each use.</p> <p>Review of the facility's cleaning chart, dated 03/23, showed staff were directed as follows:</p> <p>-Daily schedule included, wiping off gas stove area-any spilled food, wash down front of oven doors, sweep and mop floors, and use stainless steel cleaner on stainless steel equipment;</p> <p>-Weekly scheduled included to clean around tilt skillet and stainless steel cleaner outside of proofer and cooler;</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265498 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Bluffs, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Bluff Creek Drive Columbia, MO 65201 | |
| 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-Monthly scheduled included to wash down walls behind all equipment, and deck wash floors behind equipment and under counter area.</p> <p>Observation on 04/25/24 at 12:16 P.M., showed the kitchen floor with a white substance under the ice machine, a build up of dirt and debris along the baseboards behind the appliances, liquid in front of and under the double oven and debris and dirt on the floor. Observation showed the kitchen walls by the oven and stove dirty, the front and sides of the two fryers, stove and oven were covered with dirt and a dried substance.</p> <p>During an interview on 04/25/24 at 12:50 P.M., cook A said all staff are responsible to clean the floor and the appliances at the end of the shift. He/She said he/she did not know the last time the appliances were cleaned.</p> <p>During an interview on 04/25/24 at 1:05 P.M., dietary B said he/she did not know who was responsible to clean the floors or appliances.</p> <p>During an interview on 04/25/24 at 1:13 P.M., dietary server C said all kitchen staff are responsible to clean the appliances and the floor. He/She said he/she cleaned the floor in the area he/she worked.</p> <p>During an interview on 04/25/24 at 1:16 P.M., the kitchen supervisor said staff are directed to clean floors and appliances at a minimum of one time daily. He/She said he/she was newer to the position and was also the Human Resource Director, so he/she was having a difficult time keeping up with the kitchen responsibilities. He/She said there was no deep cleaning chart, but he/she was working on developing one.</p> <p>During an interview on 04/25/24 at 2:50 P.M., the administrator said staff are directed to clean floors and appliances based on the cleaning schedule, but he/she did not know the cleaning schedule.</p> <p>MO00234940</p> | | |