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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265645 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/04/2024 |
| NAME OF PROVIDER OR SUPPLIER Country Club Rehab and Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 503 Regent Drive Warrensburg, MO 64093 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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 - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</p> <p>Based on observation, interview and record review, the facility failed to have an Infection Preventionist, maintain proper use of Personal Protective Equipment (PPE) and adhere to isolation precautions during a COVID-19 (is an infectious disease caused by the SARS-CoV-2 virus) facility outbreak placing potentially all residents at risk for exposure. The facility census was 65 residents.</p> <p>Review of the facility COVID 19 Testing Infection Control Manual dated 5/16/23 showed:</p> <p>-Purpose:</p> <p>--To prevent COVID 19 from entering nursing homes, detect cases quickly, and stop transmission.</p> <p>-Policy:</p> <p>--The facility will test resident and facility staff, including individuals providing services under arrangement and volunteers for COVID 19 in accordance with the current guidelines required by state and federal oversight agencies.</p> <p>-An outbreak is defined as a new COVID 19 infection in any facility staff or any nursing home-onset COVID 19 infection in a resident.</p> <p>-Residents who were asymptomatic throughout their infection and are not moderate to severely immunocompromised should be isolated regardless of vaccination status until at least 10 days have passed since the date of their first positive viral test.</p> <p>-Upon identification of a resident, facility staff member, person providing services under arrangement or volunteer with symptoms consistent with COVID 19 or who test positive for COVID 19, the facility will take actions to prevent COVID 19.</p> <p>1. During an interview on 4/2/24 at 10:40 A.M., the Administrator said the facility is currently experiencing a COVID outbreak.</p> <p>Observation and interview on 4/2/24 at 11:02 A.M. through 11:16 A.M. with Licensed Practical Nurse (LPN) A showed:</p> <p>-LPN A was wearing his/her mask with the top of the mask exposing his/her nose.</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.

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| 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 - Many</p> | <p>-When asked about the position of his/her mask, he/she moved the mask over his/her nose for proper placement.</p> <p>Observation on 4/2/24 at 1:51 P.M., with Certified Medication Technician (CMT) A showed:</p> <p>-He. she was wearing an N95 with the top placed under his/her nose.</p> <p>-When asked about mask placement, CMT A moved the mask over his/her nose.</p> <p>-He/She stated the mask was then being worn correctly.</p> <p>Observation on 4/2/24 at 1:52 P.M. with Level 1 Medication Aide (L1MA) A showed:</p> <p>-He/she was sitting with a resident to his/her right on a couch in the common area and another resident to his/her left, neither resident was wearing a mask.</p> <p>-L1MA A was wearing his/her mask with the top of the mask positioned under his/her nose.</p> <p>-When asked about his/her mask placement, he/she repositioned the mask over his/her nose.</p> <p>Observation and interview on 4/2/24 at 2:56 P.M., with Certified Nursing Assistant (CNA) A showed:</p> <p>-He/she was walking through the common area with residents present and his/her mask was over not his/her nose and mouth</p> <p>-He/she adjusted his/her mask over his/her nose when asked about mask placement.</p> <p>-He/She said he/she was not wearing the mask correctly because he/she was not feeling well.</p> <p>During an interview on 4/2/24 at 2:00 P.M., the Administrator said the first positive COVID case was on 3/25/24.</p> <p>Observation and interview on 4/2/24 at 2:40 P.M., through 2:51 P.M. showed:</p> <p>-Multiple rooms (102, 108, 109, 207, 209, and 302) were posted for contact and droplet precautions with no PPE available at the entrance to the rooms.</p> <p>-At room [ROOM NUMBER] CNA A placed a personal drink with a straw with the clean PPE.</p> <p>-CNA A said he/she just returned from break and was carrying his/her drink when the resident in room [ROOM NUMBER] needed assistance.</p> <p>Observation on 4/2/24 at 2:54 P.M., showed:</p> <p>-CMT B was standing at the end of 300 hall with the top strap of his/her N95 mask tucked inside the mask.</p> <p>-He/She stated he/she was wearing the mask correctly.</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 - Many</p> | <p>-When asked to verify if the top strap being tucked inside the mask was correct, he/she pulled the strap out of the mask and secured the mask correctly.</p> <p>During an interview on 4/2/24 at 3:09 P.M., the Director of Nurses (DON) said:</p> <p>-Staff was not supposed to have food or drinks in the resident areas.</p> <p>-The drink next to the clean PPE was potential for cross contamination.</p> <p>-He/She has educated staff on the increased risk for cross contamination related to personal drinks and food in resident areas.</p> <p>-Staff are to wear their N95 masks correctly.</p> <p>During an interview on 4/2/24 at 3:15 P.M., the Administrator said:</p> <p>-He/She expected staff to wear PPE correctly and wearing their mask under their noses was not appropriate.</p> <p>During an interview on 4/4/24 at 3:10 P.M., the Administrator said:</p> <p>-He/She had been performing the role of Infection Preventionist for about a week.</p> <p>-About a week ago the prior Infection Preventionist resigned the position immediately.</p> <p>-There was a plan to hire an Infection Preventionist within the next week.</p> <p>MO00234193</p> |