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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265778 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/26/2025 |
| NAME OF PROVIDER OR SUPPLIER Columbia Manor Health & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 2012 Nifong Boulevard 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 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** 43024</p> <p>Based on observation, interview and record review, facility staff failed to implement the Enhanced Barrier Precautions (EBP) policy when they did not educate, or alert staff of residents who required EBP, and failed to place appropriate personal protective equipment (PPE) in close proximity for two residents (Resident #1 and #2) of two sampled residents. The facility's census was 37.</p> <p>1. Review of the facility policies showed it did not contain a Enhanced Barrier Precaution policy.</p> <p>Review of the Centers for Medicare and Medicaid Services, New CDC Guidance: Enhanced Barrier Precautions, dated 03/20/2024 showed:</p> <p>-Educate all staff on enhanced barrier precautions and use during high-contact resident care activities to include dressing, bathing, transferring, providing hygiene, changing linens and briefs, assisting with toileting, device care or use: central lines, urinary catheters, and feeding tubes, tracheostomy, urostomy, and wound care: any skin opening requiring a dressing.</p> <p>-Facilities should develop a method to identify residents with wounds or indwelling medical devices, and post clear signage outside of resident rooms indicating the type of PPE required and defining high risk resident care activities;</p> <p>-Gowns and gloves should be available outside or inside of each resident room, and alcohol based hand rub should be available for every room.</p> <p>2. Review of Resident #1's Significant Change Minimum Data Set (MDS) a federally mandated assessment tool, dated 01/23/25, showed the resident admitted to the facility on [DATE]. The resident had one or more unstageable pressure ulcers.</p> <p>Review of the resident's Physician's Order Sheet (POS), dated February 2025, showed a physician order to cleanse left hip wound with saline and gauze, moisten rolled gauze with saline and fill wound depth. Apply sure prep to peri wound and cover with silicone foam boarder. Change three times a week as needed when soiled. Review showed the physician ordered to cleanse right buttocks wound with soap and water, pat dry, apply sureprep to peri wound and cover with petroleum jelly, mesh and silicone foam boarder. Change every three days and as needed when soiled.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Observation on 02/26/25 at 12:41 P.M., showed the resident room did not have PPE in close proximity. Observation showed Certified Nursing Assistant (CNA) A and CNA B entered the residents room to provide incontinence care and did not apply a gown.</p> <p>During an interview on 02/26/25 at 12:57 P.M., CNA B said he/she was informed less than an hour ago by the Administrator about the EBP and needing to wear PPE in the residents rooms with wounds. He/She said there is not a PPE cart outside of the residents room. He/She said a resident with wounds would require gloves and a gown.</p> <p>During an interview on 02/26/25 at 12:58 P.M., CNA A said no one communicated to him/her he/she needed to wear additional PPE in the resident rooms.</p> <p>3. Review of Resident #2's Entry tracking record MDS, dated [DATE], showed the resident admitted to the facility on [DATE] and staff documented the resident did not have skin issues on admission.</p> <p>Review of the facility wound list showed staff documented they identified on 02/26/25, a new wound on the resident's coccyx.</p> <p>Observation on 2/27/25 at 1:03 P.M., showed the resident's room did not have PPE in close proximity. Observation showed the resident with a dime sized wound on his/her coccyx.</p> <p>Observation showed CNA A and CNA B provided incontinence care to the resident and did not wear a gown.</p> <p>During an interview on 02/26/25 at 1:20 P.M., CNA C said he/she does not know what EBP is.</p> <p>During an interview on 02/26/25 at 1:21 P.M., CNA D said he/she did not wear PPE because there is a lack of PPE carts and communication. The administrator came up early and spoke about it but he/she was confused and it was not clear exactly what he/she needed to do.</p> <p>4. During an interview on 02/26/25 at 1:28 P.M., the Corporate Registered Nurse said facilities were well educated on the new EBP and the new administration has been fixing issues and had not yet educated and put out appropriate EBP and PPE.</p> <p>During an interview on 2/26/25 at 12:15 P.M., the administrator said he/she has only been in the facility for three weeks and is aware the facility must implement EBP.</p> <p>During an interview on 02/26/25 at 1:29 P.M., the administrator said EBP has been implemented and additional PPE carts have been ordered. He/She said he/she will have a more thorough inservice with all staff for clarification.</p> <p>MO00249971</p> |