STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265786	A. Building B. Wing	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosewood Rehab and Healthcare Center	1415 West White Oak Independence, MO 64050

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(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. Based on observation, interview, and record review, the facility failed to implement and maintain an effective infection control and prevention program when staff failed to follow the facility's infection control policies and guidance by the Centers for Disease Control (CDC) related to Coronavirus Disease 2019 (Covid-19 - an infectious disease caused by severe acute respiratory syndrome) when staff failed to complete follow-up Covid-19 tests for two residents (Resident #2 and Resident #4) who had shared rooms with residents who became positive for Covid-19 and when staff failed to follow infection control practices related to hand washing and personal protective equipment (PPE - items such as masks, gowns,and gloves) usage when working in areas/rooms with Covid-19 positive residents. The facility census was 260. Review of the CDC's website titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 05/08/23, showed the following: -Asymptomatic patients with close contact with someone with SARS-CoV-2 (Covid-19) infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day one (where day of exposure is day zero), day three, and day five; -HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters (face masks) or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). Review of facility policy titled, Hand Hygiene, revised 10/24/2022, showed the following: -The facility considers hand hygiene the primary means to prevent the spread of infections; -Facility staff follow the hand hygiene procedures to help prevent the spread of infections to other staff, residents, and visitors; -Facility staff, visitors, and volunteers mush perform hand hygiene, wash hands with soap and water or alcohol-based hand hygiene products can and should be used to decontaminate hands, immediately upon entering a resident occupied area and immediately upon exiting a resident occupied area; (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Hand hygiene is always the final step after removing and disposing of personal protective equipment. Review of the facility's policy titled Covid-19 Testing & Quarantine, revised 06/13/23, showed the following: -Purpose of the policy was to prevent Covid -19 from entering nursing homes, detect cases quickly, and stop transmission; -The facility will test residents and facility staff, including individuals providing services under arrangement and volunteers, for Covid-19 in accordance with the CDC guidelines, unless more stringent state or local testing guidelines exist; -Close contact means someone who has been within six feet of a Covid-19 positive person for a cumulative total of 15 minutes or more over 24 hour period; -Covid-19 testing will be conducted in a manner that is consistent with current standards of practice; -The facility will perform testing for all residents and facility staff identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status; -Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative again after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3 and day 5. Review of the facility's policy titled Standard and Enhanced Precautions, revised 4/1/24, showed the following: -To ensure the use of appropriate personal protective equipment to improve infection control as required in the care of residents; -The facility will utilize current guidance from the CDC and the Centers for Medicare & Medicaid Services (CMS) to determine the appropriate PPE to be utilized during the care of residents to minimize the risk of infection or spread of infection; -Standard Precautions refers to the infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, no-intact skin, and mucous membranes may contain transmissible infectious agents. 1. Review of Resident #1's face sheet (resident's information at a quick glance) showed the following: -admission date of 04/14/22; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Diagnoses included unspecified dementia, Covid-19, and hyperlipidemia (high levels of fat in blood). Review of the resident's care plan, undated, showed the following: -The resident had confirmed Covid-19 infection; -Encourage the resident back in his/her room as needed; -Encourage to wear a mask as needed; -Determination to discontinue isolation precautions will be as directed by state and/or local health department; -Meticulous hand hygiene before and after each encounter with the resident and others according to policy and procedure. Review of the resident's progress note dated 11/18/24, at 2:29 P.M., showed the social service staff called the resident's durable power of attorney (DPOA) and left a message informing them that the resident had Covid-19. Review of the resident's Covid-19 testing showed on 11/18/24 the resident tested positive for Covid-19. Review of the resident's progress note dated 11/26/24, at 6:24 A.M., showed Licensed Practical Nurse (LPN) B documented the resident remained on Covid-19 precautions. 2. Review of Resident #2's face sheet (resident's information at a quick glance) showed the following: -admission date of 03/24/21; -Diagnoses included unspecified dementia, bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), and major depressive disorder (mood disorder that is characterized by a low mood and negative emotions). Review of the resident's care plan, undated, showed the resident preferred to be in his/her room. Review of the resident's COVID-19 tests showed on 11/18/24 the resident tested negative for Covid-19. Review of the resident's progress note dated 11/18/24, at 2:10 P.M., showed the social service staff called the resident's DPOA and informed them that the resident moved to a different room. (The resident had been in the same room as Resident #1 who tested positive for Covid-19.) Review of the resident's Covid-19 tests showed on 11/25/24 the resident tested negative for Covid-19. (Staff waited seven days between COVID tests.) (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During an interview on 11/25/24, at 5:37 P.M., Certified Nurse Aide (CNA) E said Resident #1 and Resident #3 had roommates that did not test positive for Covid-19 and were moved to different rooms. During an interview on 11/26/24, at 10:09 A.M., CNA F said both residents had roommates, Resident #2 and Resident #4, that were moved to different rooms after testing negative. Resident #2 and Resident #4 should be retested due to close contact with Resident #1 and Resident #3. During an interview on 11/26/24, at 10:27 A.M., the Unit Manager (UM) said the following: -Two residents, Resident #1 and Resident #3, were the only residents left that were Covid-19 positive; -Residents were tested weekly, if one resident tested positive and their roommate tested negative the roommate was moved to a different room and the Covid-19 positive resident was put on isolation; -The IP made the Covid-19 testing schedule for residents and staff; -Residents being moved out of Covid-19 positive rooms should be retested in 48 hours. During an interview on 11/26/24, at 11:33 A.M., the Infection Preventionist (IP) said the following: -Residents are tested every 24 hours, 72 hours, and the 5th day and then weekly after two weeks; -Resident #1 and Resident #3 tested positive for Covid-19 on 11/18/24. Each resident had a roommate; -Resident #2 and Resident #4 tested negative for Covid-19 on 11/18/24 and were moved to separate rooms with new roommate; -Resident #2 and Resident #4 were not tested for Covid-19 again until 11/25/24; -The new roommates of Resident #2 and Resident #4 were not tested for Covid-19 again until 11/25/24; During an interview on 11/26/24, at 12:44 P.M., the Director of Nursing (DON) said the following: -The facility was performing contract tracing on residents; -The residents are tested for Covid-19 on the 1st, 3rd, 5th day and every 3 to 7 days after that; -The IP handles the testing schedule and tells staff when they need to test; -Roommates of Covid-19 positive residents should be tested again after 24 hours, 72 hours, and the 5th day after moving to a new room away from the Covid-19 positive room; -All residents were monitored for signs and symptoms of Covid-19. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 11/26/24, at 2:30 P.M., the Administrator said the following: -He would consult with the DON and IP regarding the most current CDC guidelines in regard to when residents are to be tested for Covid-19; -He expected the IP to stay up to date on and follow CDC guidelines and facility policy regarding Covid-19. 6. Observations on 11/25/24, at 12:12 P.M., of Resident #1's door and the area around the door showed the following: -One sign that read keep door closed; -One sign that read droplet protection; -One sign that read contact precautions; -Two large bins, one for trash and one for linens; -A three drawer container with the following supplies: N-95 mask, bio hazard bags, face shields, and plastic gloves; -A basket containing clean, washable gowns. Observation on 11/25/24, at 12:23 P.M., of Resident #3's door and the area around the door showed the following: -One sign that read keep door closed; -One sign that read droplet protection; -One sign that read contact precautions; -Two large bins, one for trash and one for linens; -A three drawer container with the following supplies: N-95 mask, bio hazard bags, face shields, and plastic gloves; -A basket containing clean, washable gowns. Observations on 11/25/24, of Certified Medical Technician (CMT) D, showed the following: -At 3:22 P.M., CMT D walked down the hallway with two other staff. CMT D was not wearing a mask. CMT D put on his/her mask when he/she saw the surveyor; -At 3:23 P.M., CMT D walked into Resident #3's room, a Covid-19 isolation room, without donning PPE or sanitizing hands prior to and upon exiting the room; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 3:24 P.M., CMT D walked into Resident #1's room, a Covid-19 isolation room, without donning PPE or performing hand hygiene prior to and upon exit of the room. During an interview on 11/25/24, at 5:21 P.M., CMT D said the following: -PPE included gowns, gloves, face shield, mask. and hand hygiene; -Staff are required to wear PPE anytime they enter a Covid-19 isolation room; -Staff have to perform hand hygiene, don a N-95 mask, gloves, and gowns prior to entering a Covid-19 isolation room; -Upon exiting the Covid-19 isolation room staff are to remove the PPE, dispose of it properly, and perform hand hygiene; -Staff are required to wear a KN-95 mask while working on the unit; -CMT D said that Resident #1 and Resident #3 were on Covid-19 isolation. During an interview on 11/25/24, at 5:37 P.M., CNA E said the following: -Staff are required to don PPE anytime they entered a Covid-19 isolation room; -Staff are required to wear KN-95 mask while working on the unit; -Hand hygiene is performed before donning gloves, when removing gloves, when entering a resident room, and when exiting a resident room; -Staff were told in report that Resident #1 and Resident #3 tested positive for Covid-19 and are on isolation. During an interview on 11/26/24, at 10:04 A.M., LPN C said the following: -Resident #1 and Resident #3 were on isolation for positive Covid-19 test; -Staff are required to don PPE anytime they enter an isolation room regardless of if they are or are not providing cares; -Staff are required to wear KN-95 mask while working on the unit; -Hand hygiene should be performed before donning PPE and after removing PPE, after using restroom, entering resident room, touching doors, providing cares and treatments. During an interview on 11/26/24, at 10:09 A.M., CNA F said the following: -Hand hygiene should be performed before/after providing care, entering/leaving room, and any contact with residents; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff are required to wear a KN-95 mask at all times on the unit because of Covid-19 positive residents; -Inservice had been provided recently on when to wear N-95/KN-95 mask and how to properly wear them; -Resident #1 and Resident #3 were on Covid-19 isolation. Observation on 11/26/24, at 10:26 A.M., of Resident #3's room showed the following: -The door to the resident's room, a Covid-19 isolation room, open and resident sitting in a wheelchair, in the room in front of a window; -A sign on the door read keep door closed; -Floor Tech G, the DON, and CNA E walked by the room and did not address the door being open; -Floor Tech G wore a KN-95 mask covering that did not cover his/her nose. During an interview on 11/26/24, at 10:31 A.M., Floor Tech G said the following: -He/she was wearing a KN-95 mask because the air in the Covid unit was not as filtered ; -The floor tech was not sure if there were any residents with Covid-19, but thought there might be two; -The floor tech was provided training on how to properly wear a KN-95 mask and it should be worn covering the nose and the mouth. Observation on 11/26/24, at 10:35 A.M., of Resident #3's showed the following: -The door to the resident's room, a Covid-19 isolation room, was open; -The Infection Preventionist (IP) donned PPE, wearing the N-95 mask over mouth and nose, but not unfold the mask to ensure a seal on the IP's chin. -The IP entered the room, spoke to the resident, exited the room, shut the door, removed PPE, and performed hand hygiene. Observation on 11/26/24, at 10:55 A.M., showed a hospice nurse stood on 2 south (a Covid-19 positive hall) with the KN-95 mask below his/her chin. During an interview on 11/26/24, at 10:27 A.M., the Unit Manager (UM) said the following: -Two residents, Resident #1 and Resident #3, were the only residents left that were Covid-19 positive; -Staff are required to wear a KN-95 mask while working on the floor; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Staff are to don PPE before and after entering Covid-19 isolation room. Hand hygiene is to be performed prior to donning PPE and after removal of PPE. During an interview on 11/26/24, at 11:33 A.M., the IP said the following: -Hospice staff are required to follow the facility's policy and procedures regarding PPE and masking when they are in the facility; -If staff see a Covid-19 isolation room with the door open, staff should don PPE, visit with the resident, address the resident's needs and close the door after exiting the room; -Staff are required to perform hand hygiene and don PPE anytime staff are entering a Covid-19 isolation room, regardless of how long staff will be in the room. During an interview on 11/26/24, at 12:44 P.M., the DON said the following: -Staff were to wear KN-95 mask properly and at all times while working on the unit while there are Covid-19 positive residents; -The IP was responsible for training new staff on the proper way to wear mask during orientation; -PPE is required anytime staff enter a Covid-19 isolation room regardless of time in room and cares provided; -Hand hygiene should be performed before donning PPE, after removing PPE, before and after providing care to resident; -Hospice staff are to follow the facility's guidelines on masking when in the facility. During an interview on 11/26/24, at 2:30 P.M., the Administrator said he expected all staff to follow facility policy regarding PPE and masking. MO00245514

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility to provide a safe, functional, sanitary, and comfortable environment for all residents, staff, and public when staff failed to maintain two beds and failed to keep flooring cleanable and sanitary. The facility census was 260. Review of the facility's policy titled Maintenance Services, revised 10/24/22, showed the following: -Purpose of the policy was to protect the health and safety of residents, visitors, and facility staff; -The Maintenance Department maintained all areas of the building, grounds,and equipment; -The maintenance department was responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times; -Functions of the maintenance department may include, but are not limited to, maintaining a building free from hazards, establishing priorities in providing repair service, maintaining all mechanical, electrical, and patient care equipment in safe operating condition, providing routinely scheduled maintenance service to all areas, other services that may become necessary or appropriate; -The Director of Maintenance was responsible for conducting regular inspections that may include, but are not limit to, bed frames. 1. Observation on 11/25/24, at 12:16 P.M., of room [ROOM NUMBER]-L showed the following: -The bed was a high/low adjustable bed; -The base of the bed was made of round pipe with the edges of the pipe exposed on the side away from the wall; -An area approximately 3 foot (ft) X 3 ft, under the head of the bed, where the edge of the exposed pipe sat had deep gouges in the tile; -An area approximately 20 X 20, inside the 3 ft X 3 ft area, was missing tile that had been worn off from the edge of the pipe; -An area approximately 2 ft X 1 ft, under the foot of the bed, where the edge of the exposed pipe sat had deep gouges in the tile, -An area approximately 10 X 5, inside the 2 ft X 1 ft area, was missing tile that had been worn off from the edge of the pipe, -The pipe edges were missing the stoppers that kept the bed from moving freely on the floor. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 11/25/24, at 2:42 P.M., of room [ROOM NUMBER]-R showed the following: -The bed was a high/low adjustable bed; -The base of the bed was made of round pipe with the edges of the pipe exposed on the side away from the wall; -An area approximately 1 ft X 2 ft, under the head of the bed, where the edge of the exposed pipe sat had deep gouges in the tile; -An area approximately 2 ft X 1 ft, under the foot of the bed, where the edge of the exposed pipe sat had deep gouges in the tile, -The pipe edges were missing the stoppers that kept the bed from moving freely on the floor. During an interview on 11/26/24, at 10:09 A.M., Certified Nurse Aide (CNA) F said the following: -The residents' rooms were cleaned daily; -Bed L in room [ROOM NUMBER] and Bed R in room [ROOM NUMBER] were missing the brakes/stoppers for the base of the bed; -The brakes/stoppers prevented the beds from moving freely on the floor and also protected the floors; -The floors, in the condition they were in, were not cleanable surfaces; -The bed bases, with exposed pipe edges, were a hazard to the resident; -He/she would report to maintenance that the beds were missing parts. During an interview on 11/26/24, at 10:57 A.M., the Unit Manager (UM) said the following: -The residents' rooms were cleaned daily; -The staff should report any floor or bed issues to the UM; -The UM reported maintenance issues to the Maintenance Director through an electronic system (TELS program); -Bed L in room [ROOM NUMBER] and bed R in room [ROOM NUMBER] were hazards to the residents, since the beds were missing parts; -The floors in room [ROOM NUMBER] and 211 were not cleanable surfaces. During an interview on 11/26/24, at 12:44 P.M., the Director of Nursing (DON) said the following: -Staff would notify the UM of any issues/concerns regarding the condition of equipment and floors; (continued on next page)

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-The UM would notify maintenance using the TELS program of any issues/concerns; -The floors in rooms [ROOM NUMBERS] were not cleanable surfaces and needed to be striped and resealed; -The exposed base of bed L in room [ROOM NUMBER] and bed R in room [ROOM NUMBER] were a hazard to residents; -Housekeeping was ordering the brakes/stoppers for the beds in rooms [ROOM NUMBERS]. During an interview on 11/26/24, at 1:56 P.M., the Regional Maintenance Director (RMD) said the following: -The Maintenance Director and department heads were responsible for the upkeep of equipment and the building; -The facility used the TELS program for weekly, monthly, and quarterly routine inspections; -Work orders are put in the TELS program and assigned to one of the maintenance staff; -Work orders are assigned by priority; -No work order had been filed regarding the floors and beds in room [ROOM NUMBER] and 211 until today; -Housekeeping was ordering the brakes/stoppers for the beds in rooms [ROOM NUMBERS]. -Housekeeping would be removing the tiles and replacing them in rooms [ROOM NUMBERS]. During an interview on 11/26/24, at 2:30 P.M., the Administrator said the following: -Staff should report any maintenance issues to the UM; -The UM used the TELS program to enter a work order; -Management was responsible for following up on work orders to ensure the issue has been resolved; -All equipment should be set up per manufactures' recommendations and should not be a hazard to the residents; -All floors should be cleanable surfaces. MO00245514