

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRONTIER HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2840 WEST CLAY ST SAINT CHARLES, MO 63301</b>	
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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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection control program during a Coronavirus Disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) pandemic, to provide a safe and sanitary environment for all residents. The facility failed to ensure staff utilized appropriate personal protective equipment (PPE), failed to appropriately store PPE and failed to perform appropriate hand hygiene. Additionally, the facility failed to ensure staff cleaned equipment as directed by the manufacturer for two residents (Resident #11, and #12), prior to use. The facility census was 94. During an interview on 6/25/20, at 11:40 A.M., the administrator said the following: -The facility had two residents test positive for COVID-19 and seven more residents with symptoms of COVID who were getting tested [DATE], the nine residents currently resided in the facility; -Three of the nine symptomatic residents resided on the Freedom unit (locked dementia unit), and all three of those residents wander throughout the unit; -Full personal protective equipment (PPE) was required to enter the Freedom unit including gown, N95 mask, face shield and gloves; -The symptomatic residents getting tested , who do not reside on the Freedom unit, were on isolation and full PPE was required. Review of the facility's policy Use of Mask, revised April 2020, showed the following: -Masks will be used to prevent transmission of infectious agents through the air; -To protect the wearer from inhaling droplets; -To prevent transmission of some infections that are spread by direct contact with mucous membranes; -Do not remove the mask while performing treatment or services for the patient; -In caring for residents with the same illness in a designated care area, such as a COVID unit, masks may be continuously worn and when removed, placed in a plastic bag and reapplied during the shift worked. The mask should be changed after soiling or damage. Discard the mask and plastic bag at the end of your shift; -When to Use a Mask a. When providing treatment or services to a patient who has a communicable respiratory infection; b. When providing treatment or services to a patient and the use of a mask is indicated; c. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose. d. When providing cares in a COVID unit or COVID infected facility. Review of the facility's policy Protective Eyewear, revised April 2020, showed the following: -To protect employees from splashes, spattering, spraying, or droplets of blood, body fluids, or other potentially infectious materials; -To protect the employees' eyes, nose, and mouth from potentially infectious materials; -To prevent occupational exposure to blood borne pathogens such as [MEDICAL CONDITIONS] viruses. -Protective eyewear, goggles, face shield, and masks (disposable or reusable); -Personal eyeglasses should not be considered as adequate protective eyewear; -Protective eyewear must have adequate side and top coverage and must fit the employee properly; a. Put on eyewear, goggles, mask or face shield per manufacturer's instructions; b. Adjust the eyewear to fit properly; c. Dispose of, or clean, eyewear as applicable; d. Dispose of masks in a designated container; e. Wash hands after removing the mask and eyewear; -Reuse Guidelines a. Face shields or goggles used in a COVID wing may be worn continuously or removed and placed in a plastic bag for reuse during the shift; b. The protective wear should be changed when soiling occurs or when exiting the facility; c. Place the soiled protective wear in the designated cleaning area and spray with a solution of [MEDICAL CONDITION] tabs and H2O (water). This mixture will be provided by the housekeeping department. This mixture has a one minute kill time. Review of the facility's policy Gown Use, revised April 2020, showed the following: -Gowns are used to prevent the spread of infections, prevent soiling of clothing with infectious material, prevent splashing or spilling blood or body fluids onto clothing or exposed skin; -Use gowns only once and then discard into an appropriate receptacle inside the exam or treatment room; -Clean reusable or disposable gowns may be worn in most circumstances; -Use gowns only when indicated or as instructed; -Follow established hand washing procedures; -Reusable gowns shall be laundered after each use in accordance with established laundry procedures; -When use of a gown is indicated, all personnel must put on the gown before treating or touching the resident; -Gowns shall be large enough to cover all of the wearer's clothing, and they must be tightly cuffed at the sleeves; -After completing the treatment or procedure, gowns must be discarded in the appropriate container located in the room; -If blood or another potentially infectious material penetrates a garment(s) (e.g., gown, apron, lab coat, etc.), the garment(s) must be removed immediately or as soon as possible; -Soiled gowns must not be worn in break rooms, lobbies, or into any area in which contamination of equipment is likely to occur; -Putting on the Gown: a. Obtain the gown (disposable or reusable). b. If long sleeves are being worn, roll the sleeves above the elbows. c. Wash hands. d. Unfold the gown so that the opening is at the back. e. Put your arms into the sleeves of the gown. f. Fit the gown at the neck. g. Secure at the neck (tie or Velcro). h. Overlap the gown at the back. Be sure clothing is completely covered. i. Secure at the waste (tie or Velcro). -Removing the Gown a. Untie/unfasten the back of the gown. b. Remove gloves and discard them into a waste receptacle in the room. c. Untie/unfasten the neck band. While still holding the neck strings, pull the gown off the shoulders. d. Remove the gown by rolling it away from the body. Handle the inside of the gown only. e. Fold the outside (contaminated portion) of gown inward, and roll the gown into a bundle. f. If the gown is disposable, discard it into the waste receptacle inside the room. If the gown is reusable (washable), discard it into the soiled laundry container inside the room. g. When caring for COVID patients in a COVID designated wing, disposable gowns will be reused between patients. Review of the facility's policy Isolation Categories Transmission Based Precautions, revised April 2020, showed the following: -Standard Precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status; -Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others; -The facility shall make every effort to use the least restrictive approach to managing individuals with potentially communicable infections; -Transmission-Based Precautions shall only be used when transmission cannot be reasonably prevented by less restrictive measures; -Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection; -Contact Precautions: In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The decision on whether precautions are necessary will be evaluated on a case by case basis; -Examples of infections requiring Contact Precautions include, but are not limited to: infections with multi-drug resistant organisms (determined on a case by case basis), diarrhea associated with [MEDICAL CONDITION], COVID, [MEDICAL CONDITION], diarrhea associated with Rotavirus; -Place the individual in a private room if possible; -If a private room is not available, the Infection Preventionist will assess various risks associated with other resident placement options; -Wear gloves when entering the room; -While caring for a resident, change gloves after having contact with infective material (for example, fecal material and wound drainage); -Remove gloves before leaving the room and perform hand hygiene; -When possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, blood pressure cuff, bedside commode, or electronic thermometer to a single resident (or cohort of residents) to avoid sharing between residents; -If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident; -Signs - The facility will implement</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>a system to alert staff to the type of precaution resident requires; -This facility utilizes the following system for identification of Contact Precautions for staff and visitors: CDC Contact Isolation signage; -Droplet Precautions: In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets (larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). -Examples of infections requiring Droplet Precautions include, but are not limited to: COVID, Influenza; -Place the resident in a private room, if possible; -If transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets; -Resident-Care Equipment, when possible, dedicate the use of non-critical resident-care equipment items such as a stethoscope, blood pressure cuff, bedside commode, or electronic rectal thermometer to a single resident (or cohort of residents) to avoid sharing between residents; -If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident; -Signs - The facility will implement a system to alert staff and visitors to the type of precaution the resident requires. -This facility utilizes the following system for identification of Droplet Precautions; CDC Droplet Precautions Signage. 1. Observation on 6/25/20 at 1:15 P.M., outside of the entry/exit to the Freedom Unit (locked dementia unit with residents being tested for symptoms of COVID) showed a white shelving unit contained the following items : -Top shelf had a box of N95 1860S masks open to the air and four face shields in plastic wrap; -Second shelf had nine blue disposable gowns in plastic wrap; -Third shelf was empty; -Bottom shelf was empty; -A clear plastic tub with a white lid sat on the floor next to the clean PPE shelving unit labeled Dirty facemask and contained a face shield; -A second clear plastic tub with a green lid sat on the floor next to the other plastic tub labeled N95 Masks and contained one mask; -Three hooks were attached to the wall above the clear plastic tubs. A blue disposable gown hung on each of the three hooks, and hung over the storage tubs. The gowns were not marked with staff names, or if the gowns were clean or dirty; -No hand washing sink or alcohol-based hand sanitizer dispenser was located near the entry/exit area to the unit; -On the opposite side of the shelf (beside the shelf) with clean supplies sat a tall trash can. The trash can contained gowns that overflowed out of the can. -There were no signs visible to indicate which PPE staff should wear when entering the unit. During an interview on 6/25/20 at 1:15 P.M. the Director of Nursing (DON) said the gowns on the hooks were clean gowns. Observation at 6/25/20 at 1:23 P.M., of the entry/exit to the Freedom Unit showed Dietary Aide D exited the Freedom unit and pushed a dietary cart down the hall on the Freedom unit and out the door toward the kitchen. With bare hands, Dietary Aide D touched the door when entering and exiting the unit. He/She wore a surgical mask and did not wear gloves or a gown. He/She did not doff any PPE prior to exiting the unit. He/She did not perform any hand hygiene upon exiting the Freedom unit. The dietary aide pushed the cart down the hall and into the kitchen, he/she did not wash or sanitize his/her hands between the unit and the kitchen. Several residents wandered throughout the hallway and in and out of resident rooms during this time, the residents did not wear masks. During an interview on 6/25/20, at 1:05 P.M., certified nurse assistant (CNA) B said the following: -A gown, N95 mask, face shield and gloves were to be worn in the isolation rooms and on the Freedom unit; -The residents on the Freedom unit wandered as it was the locked dementia unit. During an interview on 6/25/20 at 1:25 P.M., Licensed Practical Nurse (LPN) C said all people going into the Freedom Unit (COVID-19) should put on full PPE prior to entering the unit. During an interview on 7/1/20, at 12:40 P.M., the maintenance supervisor said the following: -Maintenance staff brought the shelf and the hooks for the PPE outside the Freedom unit; -The hooks were so staff working on the unit could hang their dirty gowns if they are coming back to the unit; -Other staff arranged the equipment, but they should have put clean supplies on one side of the hall and the dirty on the other, they should not put clean and dirty items beside each other; -Signs should have been on the doors to tell the staff which PPE to wear, but there were no signs; -The staff did not have hand sanitizer set up, or a hand washing station in the area outside the Freedom unit. During an interview on 6/30/20, at 11:44 A.M., the DON said the following: -The PPE was set up incorrectly; -The clean PPE was supposed to be on one side of the hallway; -The dirty PPE was supposed to be on the other side of the hallway; -The signs to tell staff which PPE to wear should have been put on the door; -Maintenance staff were assigned to set it up, he/she did not know if they knew how to do this. 2. Review of the label directions for Micro kill germicidal wipes with bleach, showed the surface being disinfected must remain wet for three minutes and air dry to ensure disinfection of the area. Observation on the 500 hall (hall designated for isolation) on 6/25/20 at 12:46 P.M., showed the following: -CNA E removed a blood pressure cuff and pulse oximeter probe (a clamp style probe placed on the finger to measure oxygen saturation) from Resident #13, did not wash his/her hands, did not sanitize the equipment, and left the resident's room with the vital sign equipment that was mounted on a rolling stand; -CNA E rolled the equipment into Resident #11's room, washed his/her hands, then wiped the vital signs equipment with Microkill bleach wipes, and immediately placed the blood pressure cuff and pulse oximeter probe on Resident #11; -CNA E removed the blood pressure cuff and pulse oximeter probe from Resident #11 and washed his/her hands; -CNA E rolled the equipment to Resident #12's bed, wiped the vital signs equipment with Microkill Bleach wipes, and immediately placed the blood pressure cuff and pulse oximeter probe on Resident#12; (CNA E did not follow the manufacturer's recommendations to wipe equipment and leave it wet for three minutes and allow it to air dry to ensure there was no spread of contaminants that could cause infection.) During an interview on 6/25/20, at 12:55 P.M., CNA E said the following: -Staff wash their hands when they enter a resident's room, before they leave, and between dirty and clean tasks; -Staff should disinfect equipment between resident use; -Staff clean the equipment with Microkill bleach wipes; -Microkill bleach wipes have a three minute kill time. You are supposed to keep the surface wet for three minutes, and allow to air dry; -He/She did not wait the three minutes as directed. During an interview on 6/25/20, at 1:25 P.M., LPN C said staff should wipe down equipment with Microkill bleach wipes after use on a resident. The surface of the equipment should remain wet for three minutes and air dry before using it on another resident. During an interview on 6/30/20, at 11:44 A.M., the DON said: -Staff are supposed to clean equipment after use with one resident before transporting equipment to another resident room; -Staff should clean equipment with the Microkill bleach wipes or the Sani wipes; -Microkill bleach wipes require the surface to remain wet for three minutes and air dry.</p>		