

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER ST SOPHIA HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 936 CHARBONIER ROAD FLORISSANT, MO 63031	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect residents in the facility by not following acceptable infection control practice recommendations for Coronavirus disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2). Common symptoms include fever, cough, fatigue, shortness of breath, and loss of smell and taste) pandemic from the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS). Staff failed to follow facility policy by not wearing proper personal protective equipment (PPE), not washing hands appropriately, and not cleaning multi-resident use equipment. The sample size was 3. The census was 117. Review of the facility's COVID-19 Guidelines for Proper Handwashing and Social Distancing, dated 3/20, showed the following: -[MEDICAL CONDITION] is thought to spread mainly from person to person who are in close contact of one another (within about 6 feet) and through respiratory droplets when a person coughs or sneezes; -These droplets can land in the mouths or noses of people who are nearby or possibly inhaled in to the lungs; -Take steps to protect yourself: -Clean your hands often with soap and water for at least 20 seconds especially after you have been in a public place, after blowing your nose, coughing or sneezing; -If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry; -Avoid touching your eyes, nose, and mouth with unwashed hands; -Avoid close contact: -Avoid close contact with people who are sick; -Put distance between yourself and others if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick. Review of the facility's Personal Protective Equipment (PPE) policy for Applying and Removing PPE, dated 4/20, showed the following: -Order to apply PPE: Wash hands, apply mask, apply face shield, apply gown and then gloves; -Order to remove PPE: Remove gloves, wash hands, remove face shield, remove gown, remove mask and wash hands; -During removal of PPE: Hands should be washed immediately after removing any item which is visibly soiled. The CDC Coronavirus 2019 guidance entitled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes directs the following guidance: Implement Source Control Measures. - Health Care Professionals (HCP) should wear a facemask at all times while they are in the facility. -Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19; -Assign dedicated HCP to work only in this area of the facility; -Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive); -Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them. 1. Observation on 6/9/20 at 10:03 A.M., showed Housekeeper A on the COVID-19 dedicated hallway. He/She put on a gown, did not wash his/her hands, did not don gloves and with bare hands opened two straws, touched the straws and placed them into two different foam cups of ice water. He/She picked up the two cups, opened the closed resident room door, set one of the cups on the over bed table, spoke with the resident and left the room. He/She then went to another room, opened the door, sat the other cup on the over bed table, spoke with the resident, picked up a foam container from the over the bed table which contained remnants of the resident's breakfast, left the room and laid the foam container on a three tiered cart next to nine other cups of ice water. He/She removed his/her gown, did not wash his/her hands and pulled the cart from the COVID-19 hallway and parked it across from the nurse's desk. He/She then washed his/her hands. During an interview on 6/9/20 at approximately 10:10 A.M., Housekeeper A said that he/she cleans all of the rooms on the unit, not just the rooms of COVID-19 residents and was presently passing ice water to all of the residents on the COVID-19 unit. Housekeeper A said he/she should wash his/her hands before going into the room and upon leaving the resident's room. He/She should have worn gloves and should always wash hands after removing a gown. When asked why he/she did not wash his/her hands after removing his/her gown, he/she said he/she must have forgotten to. 2. Observation on 6/9/20 from 10:23 A.M. to 10:30 A.M., of the 100 hall, showed Registered Nurse (RN) B sat at the desk and Certified Medication Technician (CMT) C stood at the medication cart outside of a resident's room. Certified Nurse Aide (CNA) D ambulated down the hallway and Housekeeper E cleansed the hand rails in the hallway outside of the resident rooms. All four staff members wore facemasks that covered their mouths, but not their noses. Observation on 6/9/20 at 11:25 A.M., showed RN B sat at the desk on the phone and CMT C stood outside of a resident's door and poured medications into a medication cup. Both employees' facemasks covered their mouth, but not their noses. Observation and interview on 6/9/20 at 12:25 P.M., showed CMT C exit a resident's room. His/Her facemask covered his/her mouth, but not his/her nose. He/She said the mask should cover his/her nose, but sometimes that made it hard for him/her to breathe. 3. Review of the facility's Disinfecting Surface Schedule policy, dated 3/20, showed all hard surface areas/equipment, including mechanical lifts are to be cleansed twice a day. Spray disinfectant directly on to the surface and wipe down using a cleaning towel unless disinfecting electronics. For electronics, spray the disinfectant on to the towel and wipe down the surface. Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/14/20, showed the following: -No cognitive impairment; -Unable to ambulate; -Dependent on staff for transfers; -[DIAGNOSES REDACTED]. Observation on 6/9/20 at 11:26 A.M., showed CNA D entered the resident's room, washed his/her hands and donned gloves. He/She wore a mask that covered his/her mouth, but not his/her nose. CNA D provided personal care to the resident and dressed him/her. He/She assisted the resident to a seated position on the side of the bed, laid the gait belt on the bottom sheet of the bed, then picked it up and wrapped it around the resident's waist. CNA D then removed the belt, laid the belt on the bedside table, assisted the resident back on the bed and said they would have to transfer him/her with a Hoyer lift (full body mechanical lift). CNA F retrieved the Hoyer, cleansed it with bleach wipes and both CNAs transferred the resident to the wheelchair with the Hoyer lift. CNA F then removed his/her gloves, did not wash his/her hands, did not cleanse the Hoyer, wheeled the Hoyer to the equipment room across the hall and returned to the room and washed his/her hands. CNA D removed the linen from the bed and placed the soiled linen in two small plastic bags. He/She removed his/her gloves, picked up the gait belt, placed the gait belt in his/her pocket and washed his/her hands. During an interview on 6/9/20 at approximately 11:40 A.M., CNAs D and F said the Hoyer should always be cleaned before use so they don't really need to clean it after use. When asked how they can be sure the next person who uses it will clean it before use, neither CNA answered. CNA D said he/she takes the gait belt home periodically and either washes it or sprays it with disinfectant. During an interview on 6/9/20 at 1:00 P.M., the Administrator and Director of Nursing (DON) said staff should always wear a mask, gown and gloves when they enter a room of a resident who is positive for COVID-19, regardless of how long they are in the room or what they are doing. The foam container should have been discarded in the trash and not placed on the cart with cups that would be placed in other residents' rooms, and the cart at the very least, should be wiped down after removing it from the COVID-19 hallway. They both said staff should always cover their nose and mouth with the facemask whenever in a resident area. The DON said if a staff member said it made it more difficult to breathe, then that staff member needed to take periodic breaks, go outside to remove the mask and take some deep breaths. They both said the Hoyer lift should be cleansed before and after use, not</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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