

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER CHESTNUT REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 10954 KENNERLY ROAD SAINT LOUIS, MO 63128	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to protect all residents in the facility by not following acceptable infection control practice recommendations for COVID-19 from the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS). Staff failed to properly wear face masks while preparing and serving food and failed to clean a Hoyer lift (mechanical lift) between residents for two of three transfer observations. The sample size was 4. The census was 78. 1. Observations of the kitchen on 5/26/20, showed the following: -At 10:25 A.M., Dietary Aide (DA) F stood in the kitchen over a work table and sliced raw strawberries with a facemask pulled under his/her chin. DA F said staff were required to always wear a hairnet, gloves and facemask. He/she had it pulled down because it was so hot in the kitchen. He/she felt like he/she could not breathe with it on; -From 12:02 P.M. until 12:13 P.M., Cook H and DA F stood over the steam table and plated food for the lunchtime meal. Cook H's facemask was pulled down below the nose and DA F's facemask was pulled under his/her chin. DA I and DA J stood at a work table and placed lids, silverware, desserts and condiments on the trays before placing in the enclosed tray cart. Both DA I and DA J had their face masks pulled down under their noses; -At approximately 12:10 P.M., the dietary manager (DM) entered the kitchen and spoke with the staff and then began browning meat on the stove. The DM did not advise staff on how to properly wear their face masks; -During an interview at 12:13 P.M., the DM said the facemask should cover the nose as a precaution. He then told staff to pull up their face masks. Review of the facility's Instructions for Medical/Surgical Mask Use and Reuse, undated, showed the following: -A picture of a person wearing a facemask with the nose exposed, which said Wrong Way; -A picture of a person wearing a facemask covering the mouth and nose, which said Right Way. During an interview on 5/26/20 at 12:17 P.M., the administrator said she expected staff to have their noses covered by the face masks. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 1/7/20, showed the following: -No cognitive impairment; -Unable to ambulate; -Extensive assistance required for transfers, bed mobility and toileting; -[DIAGNOSES REDACTED]. Observation on 5/26/20 at 9:54 A.M., showed Certified Nurses' Aide (CNA)s A and B entered the resident's room with a Hoyer lift. Both CNAs washed their hands and donned gloves. Neither CNA A nor CNA B cleansed the lift and proceeded to transfer the resident to the wheelchair. During the transfer CNA A said We use this lift, and I can't remember ever sanitizing it. After the transfer, CNA B removed his/her gloves, washed his/her hands and with bare hands moved the resident's wheelchair back and forth to position him/her for easy access to reach his/her belongings. He/she then left the room without washing his/her hands and wheeled another resident to his/her room. CNA A removed his/her gloves, washed his/her hands and with bare hands wheeled the mechanical lift down the hall to the resident communal bathroom. CNA A did not wash his/her hands after touching the mechanical lift. During an interview on 5/26/20, at approximately 10:05 A.M., CNAs A and B said hands should be washed when entering and leaving a resident's room, especially if you touch something in the room. 3. Observation on 5/26/20 at 10:20 A.M., showed Licensed Practical Nurse (LPN) C, entered the residents' communal bathroom, did not wash his/her hands, rolled the Hoyer lift into the hallway and walked to the nurse's desk. He/she did not wash his/her hands after touching the mechanical lift. 4. Observation of a Hoyer transfer on 5/26/20 at 11:20 A.M., showed after CNA K finished transferring a resident to bed, he/she doffed his/her gloves and washed his/her hands. Using bare hands, CNA K then took the Hoyer lift and pushed it down the hall into the shower room. CNA K then left the shower room and moved on to assist other residents. CNA K did not clean off the Hoyer lift after using it with a resident, nor did he/she wash his/her hands after touching the Hoyer lift. 5. During an interview on 5/26/20 at 12:20 P.M., the Director of Nursing (DON) said staff should wash their hands before and after care. They should also wear gloves with all care. He added the Hoyer lift should be cleansed before and after use with a bleach wipe. He said staff are aware they need to clean the mechanical lift.</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.