

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265710	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER OAK GROVE NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 2108 SOUTH MITCHELL OAK GROVE, MO 64075	
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 implement proper infection control practices to prevent the spread of COVID-19 (a deadly virus) by not cleaning or disinfecting high touch areas (objects and environmental surfaces that are touched frequently are to be cleaned daily with an Environmental Protection Agency - registered disinfectant), by not removing Personal Protective Equipment (PPE - protective clothing that's protects the wearer from injury or infection) before leaving the resident's room, and by storing contaminated PPE in the staff breakroom, where staff ate. The facility census was 62 residents. Record review of the facility's policy dated [DATE] Outbreak Management, showed: -The facility was to ensure facility employees were educated, trained, and had practiced the appropriate use of PPE prior to caring for a resident, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the removal of such equipment. -Make PPE available immediately outside of the resident's room. -Position a trash can near the exit, inside the resident's room to make it easy for employees to discard applicable PPE. -High touch surfaces such as hand rails, door handles, and phones should be cleaned at least daily. Record review of the facility's undated policy from the Centers for Disease Control (CDC) Use Personal Protective Equipment When Caring for Patients with Confirmed or Suspected COVID-19 showed: -When doffing (taking off) the equipment remove gloves. -When doffing the equipment remove gown. -Dispose in trash receptacle. -The health care professional may now exit the room. -Facilities implementing reuse of PPE will need to adjust their donning (putting on) and doffing procedures to accommodate those practices. 1. Record review of the facility Infection Control Inservice on [DATE] showed: -The facility undated facility policy from the CDC for Use of PPE When Caring for Patients with Confirmed or Suspected COVID-19 was the topic. -Licensed Practical Nurse (LPN) B attended the inservice. -Certified Medication Technician (CMT) A attended the inservice. -CMT B attended the inservice. -Housekeeper A attended the inservice. During an interview on [DATE] at 11:20 A.M., the Administrator said: -The 100 hallway was designated for residents who were positive with COVID-19. -There were currently two residents on that hall. -One resident who had been COVID-19 positive had one negative test and was waiting for a second negative test so he/she could move back to a regular room. -The second resident was currently COVID-19 positive. -On [DATE]th and 25th all the residents in the facility would be tested again. -There have been a total of 21 staff and residents who have tested positive for COVID-19 in the facility. Observation on [DATE] at 12:00 P.M. of the COVID-19 unit showed: -There was one entrance to the COVID-19 unit which was from the outside through one designated door. -Inside the hallway there was a large vinyl tarp duct-taped to the ceiling and walls. -The tarp had a zipper down the middle. -To enter the hallway, the zipper had to be opened. -Staff did not clean or sanitize the zipper after touching the zipper to open or close the tarp. -Each resident's room had a tarp with a zipper covering the doorway. -Two CMTs were working in the unit. -At the end of hallway was the staff breakroom. -The two CMT's were in the breakroom eating lunch. Observation and interview on [DATE] at 12:05 P.M., with CMT A showed: -He/she came out of the COVID-19 positive resident's room with full contaminated PPE (face shield, gloves, gown, mask, and shoe covers) still on. -He/she said the unit had a room that was vacant due to a recently deceased resident. -He/she said the room had been vacant for about a week. -The previous resident's belongings were still visible in the room and the room had not been cleaned since the resident had discharged from the facility the previous week. -CMT A exited the empty resident room with full contaminated PPE on and did not remove his/her contaminated PPE or sanitize his/her hands after exiting the empty resident's room. -CMT A walked down the hallway into the breakroom. -CMT B was in the breakroom and was not wearing a facemask. -CMT A demonstrated donning and doffing the PPE appropriately while in the breakroom. -CMT A put his/her PPE in a bag with his/her name on it. -CMT A put the bag in a drawer with the shift he/she worked. -The drawer was in a clear plastic container in the breakroom. During an interview on [DATE] at 12:10 P.M., CMT A said: -The staff was educated to don and doff the PPE in the breakroom. -The staff had in-services on PPE, COVID-19, and handwashing. -After use, he/she takes off the PPE and puts it into a bag with his/her name on it. -He/she would reuse the PPE for up to a week. -He/she would take off the PPE in the breakroom. -The PPE was put into a bag with his/her name on it. -The PPE was put in a drawer with his/her shift labeled on it. -If the PPE would get ripped or soiled, he/she would dispose of it in the red barrels for contaminated trash in the breakroom. -The staff ate in the breakroom. -The staff kept their used PPE in the breakroom. -The staff put on clean PPE as well as took off used PPE in the breakroom. -He/she had wondered about the staff donning and doffing PPE in the breakroom. -The facility had designated staff that worked only on the COVID-19 unit. -The Certified Nursing Assistants (CNAs) or CMTs were responsible for all cleaning done in that area. -They were responsible for cleaning all high touch areas such as door knobs, tray tables and the floors at least twice a day. -They used Triple Cleaner or bleach wipes to clean. During an interview on [DATE] at 12:50 P.M., CMT B said: -If you worked on one of the regular units you needed to wear a regular facemask. -On the COVID-19 unit you had to wear a gown, gloves, shoe covers, mask (N-95 - a face mask used in areas where droplet precautions were in place), and a face shield. -The gowns should be thrown away daily. -The face shields were cleaned with bleach wipes then reused for up to a week. -Gloves were changed after each use. -Shoe covers were thrown away daily. -He/she put his/her mask/face shield in a bag with his/her name on it. -He/she put the bag in the drawer marked days in the breakroom. -This was kept in the COVID-19 breakroom. -He/she would don and doff his/her PPE in the breakroom where staff ate. -The red container where he/she had disposed of contaminated PPE was also in the breakroom. -He/she had been educated on COVID-19, PPE, and handwashing. -The resident's rooms were cleaned daily. -Each resident's room has a tarp over it with a zipper to enter. -The CMT's cleaned the rooms, but he/she did not clean the zippers. -He/She did not know if this had been done. -It would be high touch like a door knob. -He/she had been educated to don and doff the PPE in the breakroom. -He/she had eaten in the same room they don and doff the PPE. -He/she had eaten in the same room they store the contaminated PPE. Observation on [DATE] at 1:15 P.M. showed: -CMT B put contaminated PPE in a clear bag with his/her name on it. -CMT B put the bag in a drawer with the shift he/she worked. -The drawer was in a clear plastic container in the breakroom. During an interview on [DATE] at 1:30 P.M., Housekeeper A said he/she would wear the same mask for up to two weeks. During an interview on [DATE] at 2:10 P.M. LPN B/ Infection Preventionist said: -He/she was sharing the responsibility of Infection Preventionist with the Administrator, as the three staff members who had been certified recently quit. -He/she has signed up for the class, but had not finished it at this time. -The Administrator was the certified Infection Preventionist. -The facility currently had one positive COVID-19. -The facility currently had one resident who has had one negative test waiting for a second negative test, so he/she could be moved off of the COVID-19 unit. -There have been 10 COVID-19 positive residents in the facility since [DATE]st. -There have been four COVID-19 positive staff members. -The facility has done mass testing for the COVID-19 for the staff. -The facility has done mass testing for the COVID-19 for the residents. -Since COVID-19 started, the staff must wear regular masks while not on the COVID-19 unit or the Recovery unit. During an interview on [DATE] at 2:40 P.M., the Administrator said: -He/she did not know where the staff would don and doff the PPE if not in the breakroom. -The facility has had 16 residents who have been COVID-19 positive. -The first case was [DATE]. -Five staff members have tested positive with only one staff member who had showed symptoms. -The facility has done mass testing with</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>staff/residents. -The supervisors did PPE training during orientation. -At this time the Administrator and Director of Nursing (DON) monitor the staff for PPE use. -PPE was mandatory for all staff. -High touch areas were to be cleaned multiple times a day. -The zippers on the COVID-19 unit were supposed to be cleaned. -The staff should change PPE everyday. During a phone interview on [DATE] at 1:08 P.M. the DON said: -The Department Heads/Nurses monitor the staff for use of PPE. -The staff have had education on use of PPE. -The DON expected to see high touch areas like the zippers on the rooms to be cleaned by the staff. -The DON would not expect staff to eat in the same room they donned/doffed the PPE. During a phone interview on [DATE] at 1:15 P.M., the Administrator said: -The last resident who passed away was on [DATE]. -The zippers on the COVID-19 rooms should be cleaned after each use. -No one should eat where the PPE was stored. -No one should wear their mask for two weeks. -There have been 16 positive COVID-19 residents in the facility. -There have been five COVID-19 resident deaths in the facility. -There have been five COVID positive staff members in the facility.</p>		