

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER ACKERT PARK SKILLED NURSING & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP 894 LELAND AVENUE UNIVERSITY CITY, MO 63130	
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 0583 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident's right to confidentiality of medical [DIAGNOSES REDACTED].#1). The census was 63. 1. During an interview on 8/21/20 at approximately 10:30 A.M., the administrator identified seven residents as being positive for COVID-19 in rooms 202, 203, 205, 207, 209, 211, and 217. Observation of the second floor on 8/21/20 at approximately 11:00 A.M., showed: -A small sign next to the door of rooms 202, 203, 205, 207, 209, 211, and 217 identified the resident by name; -A sign posted on the room doors of rooms 202, 203, 205, 207, 209, 211, and 217, read: WAIT!!! RESIDENT IS CURRENTLY INFECTED WITH COVID-19 please wear all of the required personal protective equipment (PPE) from the PPE station prior to entrance. During an interview on 8/21/20 at approximately 9:30 A.M., the administrator identified six residents as being positive for COVID-19 in rooms 203, 204, 205, 207, 209, and 211. Observation of the second floor on 8/27/20 at approximately 10:00 A.M., showed: -A small sign next to the door of rooms 203, 204, 205, 207, 209, and 211 identified the resident by name; -A sign posted on the room doors of rooms 203, 204, 205, 207, 209 and 211 read: WAIT!!! RESIDENT IS CURRENTLY INFECTED WITH COVID-19 please wear all of the required PPE from the PPE station prior to entrance. During an interview on 8/27/20 at 9:44 A.M., Resident #1 said he/she would rather keep his/her medical information private and the signs identifying him/her as COVID-19 positive bothered him/her. During an interview on 8/27/20 at 10:20 A.M., the administrator said residents have the right to have their medical [DIAGNOSES REDACTED]. He did not realize identifying the resident's as COVID-19 positive violated their privacy, the signs were placed on the doors to identify them as having COVID-19.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 properly contain COVID-19 by not following facility policies and current standards of practice regarding the control of infection transmission. The facility staff failed to follow acceptable infection control standards of practice by failing to properly utilize and dispose of Personal Protective Equipment (PPE) while in and before exiting COVID-19 positive resident rooms for two of the seven sampled residents (Residents #1 and #2). The census was 63. Review of the Centers for Disease Control and Prevention (CDC) Preparing for COVID 19 in Nursing Homes guidelines, updated 6/25/20, showed the following: -Given their congregate nature and resident population served (older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and health care personnel (HCP); -Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Cloth face coverings are not considered PPE and should only be worn by HCP for source control, not when PPE is indicated; -The facility is to provide supplies necessary to adhere to recommended infection prevention and control practices. The facility should position a trash can near the exit, inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room; -Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of PPE. Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities; -Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room. Review of the CDC Responding to Coronavirus (COVID-19) in Nursing Homes, updated April 30, 2020, showed: -Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Review of the facility Policy, [MEDICAL CONDITION] aka COVID-19 Prevention and Response, undated, showed; -This facility will respond promptly upon suspicion of illness associated with [MEDICAL CONDITION] in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]; -Definition: [MEDICAL CONDITION]; [MEDICAL CONDITION] that causes mild to severe respiratory illness; -COVID-19: A respiratory disease caused by a new [MEDICAL CONDITION] that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about [MEDICAL CONDITION]. What is currently known, is that it is spread person to person, mainly between people who are within six feet of one another through respiratory droplets produced when an infected person coughs or sneezes; -Policy Explanation and Compliance Guidelines: The Infection Preventionist will assess facility risk associated with COVID-19 through surveillance activities or emerging diseases in the community and illnesses present in the facility; -No current risk: The facility will implement interventions for prevention and prepare for a potential outbreak; -Threat detected: The facility will respond promptly and implement emergency and or outbreak procedures; -Interventions to prevent the spread of respiratory germs with the facility: -Restrict residents with fever or acute respiratory symptoms to their rooms. Have them wear a facemask (if tolerated) if they must leave their rooms for medically necessary procedures; -In general, for care of residents with undiagnosed respiratory infection: -Use Standard, Contact and Droplet Precautions with eye protection unless suspected [DIAGNOSES REDACTED] g., [MEDICAL CONDITION]); -Support hand hygiene and respiratory/cough etiquette by residents, visitors, and employees by making sure tissues, soap, paper towels and alcohol based hand rubs are available; -Educate staff on proper use of PPE and application of standard, contact, droplet and airborne precautions, including eye protection; -Promote easy and correct use of PPE by: -Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE; -Make PPE, including facemask, eye protection, gowns, and gloves available immediately outside of the resident's room; -Position a trash can near the exit inside any resident room to make it easy to discard PPE; -Procedure when COVID-19 is suspected: -Notify physician, Director of Nursing (DON), Infection Preventionist and family; -Place resident in a private room (contain a private bathroom) with the door closed; -Implement standard, contact, and airborne precautions (droplet precautions if no airborne isolation room is available). Wear gloves, gowns, goggles/face shields, and masks upon entering room and when caring for the resident. 1. Review of the facility's COVID-19 positive resident data, showed: -First positive COVID-19 case identified 8/17/20; -Seven identified positive COVID-19 identified on 8/21/20. During an interview on 8/21/20 at approximately 10:30 A.M., the administrator identified seven residents as being positive for COVID-19 in rooms 202, 203, 205, 207, 209, 211, and 217. Rooms 205, 209, 207 and 211 identified as the COVID-19 unit. The infection preventionist was the Director of Nursing who was not available that day. Observation of the second floor layout, showed: -The floor divided into three halls: Tilles Park, Lewis Park and Herman		

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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) Park; -room [ROOM NUMBER] located on Lewis Park, in the middle of the hallway with residents negative for COVID-19 located in rooms to the left, right and in front of room [ROOM NUMBER]; -rooms [ROOM NUMBERS] located on Tilles Park. room [ROOM NUMBER] located with a room directly to the left which contained a resident negative for COVID-19. room [ROOM NUMBER] located with a room directly to the right which contained a resident negative for COVID-19. No barrier or separation in place; -Red bagged/boxes located in the hallway next to the PPE station of residents positive for COVID-19, used to dispose of used PPE; -No signs at the entrance of Tilles Park to identify the type of transmission based precautions or PPE required to enter the area. No PPE available at the entrance of Tilles Park; -A double door closed that lead to the side hall that contained rooms 205, 207, 209 and 211, identified as the original COVID-19 unit. A sign on the door read see nurse before entering. The sign did not indicate the type of transmission based precautions or PPE required to enter the area. No PPE located outside the unit doors. 2. Review of Resident #1's face sheet, showed: -[DIAGNOSES REDACTED]. Observation on 8/21/20 at 10:25 A.M., of the resident, showed his/her room located on the end of Tilles Park: -On the resident's door, a sign, which read, WAIT!!! RESIDENT IS CURRENTLY INFECTED WITH COVID-19, please wear all of the required PPE from the PPE station (a three drawered cabinet containing PPE) prior to entrance. A droplet precaution sign, which read: Attention: Droplet precautions must be used before entering this room. See nurse if you have any questions. Mask, gowns, and gloves are required to enter the resident room; -A red bagged/box in the hallway next to the PPE station, used to dispose of used PPE; -At 10:25 A.M., Resident #1 opened the door, as he/she exited his/her room, the adjacent room's door stood wide open with a resident, identified as a non-COVID-19 positive, seated inside. Resident #1 used his/her walker to ambulate past the adjacent room and down the hallway, his/her mask positioned under his/her nose, covering his/her mouth only. When he/she reached the middle of Tilles Park, he/she entered a restroom across from room [ROOM NUMBER]. Licensed Practical Nurse (LPN) B, seated at the nurse's station said Resident #1 was in the restroom, he/she is supposed to use the other restroom, closer to his/her room; -At 11:06 A.M., Certified Nurses Assistant (CNA) A entered the resident's room, while the resident was in the restroom. CNA A wore a mask only. He/she did not don a gown or face shield prior to entering the room. CNA A said staff are required to wear masks, gowns, and gloves while providing care for COVID-19 positive residents. There were no face shields in the three drawered PPE station outside the resident's room, the DON provides PPE for staff when they need them; -At 11:10 A.M., Resident #1 exited the restroom, he/she ambulated down the hall towards his/her room. He/she stopped and stood in the hallway, as he/she visited with staff prior to entering his/her room. His/her bedroom door remained opened; -At 11:11 A.M., LPN B entered the resident's room with the resident and only wore a mask. He/she did not don a gown or face shield prior to entering the room; -At 11:13 A.M., a DON with a sister facility stuck his/her head in the resident's opened doorway and spoke with the resident. He/She then looked inside all three drawers at the PPE station, exited the hallway and returned with a handful of face shields. He/She took hold of the resident's door knob with his/her gloved hand, then with the same hand, handled the face shields, without removing his/her gloves and washing his/her hands; -At 11:19 A.M., the DON with a sister facility said all PPE needed prior to entering the COVID-19 positive resident's rooms is listed on the sign prior to entering. The resident's room did not have a restroom and the resident has a hall restroom dedicated for his/her use. The designated restroom, located outside room [ROOM NUMBER], had no signage which indicated the room was solely for his/her use; -At 12:45 P.M., a sign now posted on the restroom outside room [ROOM NUMBER], read for COVID-19 resident use only. Further review of the resident's medical records, showed a COVID-19 test obtained 8/21/20 which identified the resident now tested negative for COVID-19. During an interview on 8/27/20 at 10:04 A.M., the administrator said the resident no longer tested positive for COVID-19 and has been moved back to his/her original room on Lewis Park. 3. Review of Resident #2's face sheet, showed: -[DIAGNOSES REDACTED]. Observation on 8/21/20 at 10:25 A.M., of the resident, showed his/her room located on the end of Tilles Park: -On the resident's door, a sign, which read, WAIT!!! RESIDENT IS CURRENTLY INFECTED WITH COVID-19, please wear all of the required PPE from the PPE station prior to entrance. A droplet precaution sign hung on the door, which read: Attention: Droplet precautions must be used before entering this room. See nurse if you have any questions. Mask, gowns, and gloves are required to enter the resident room; -A red bagged/box in the hallway next to the PPE station, used to dispose of used PPE; -At 10:52 A.M., staff exited the resident's room, removed used PPE and placed it inside a red bagged/box in the hallway next to the PPE station; -At 11:05 A.M., CNA A entered the resident's room. A droplet precaution sign hung on the door that read: Attention: Droplet precautions must be used before entering this room. See nurse if you have any questions. Mask, gowns, and gloves are required to enter the resident room. He/she did not don gloves or a gown as instructed prior to entering the resident's room; -At 11:20 A.M., staff exited the resident's room, removed used PPE and placed inside the red bagged/box in the hallway next to the PPE station. During an interview on 8/21/20 at 11:35 A.M., a housekeeper said the used PPE box should be kept inside the resident's room. 4. During an interview on 8/27/20 at 10:20 A.M., the administrator said the second floor houses a lot of confused residents who won't listen to guidance. The COVID-19 unit, housing rooms 205, 209, 207 and 211, was originally set up for COVID-19 positive residents, but with additional residents testing positive, staff tried to move the positive residents to rooms closest to the COVID-19 unit, with an imaginary line separating the COVID-19 area. The hallway currently housed both COVID-19 positive and non-positive residents. On the COVID-19 unit, staff should wear masks and eye protection. He would expect staff to follow the facility's infection control policies and acceptable standards of practice.</p>		