

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST ANDREW'S AT FRANCIS PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 FORBY ROAD EUREKA, MO 63025</b>	
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  <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, facility staff failed to follow facility policy and current standards of practice to prevent possible transmission of COVID-19. Facility staff failed to wear appropriate personal protective equipment (PPE) when in resident rooms who were on transmission based precautions (Residents #2 and #3), ensure appropriate PPE was available outside isolation rooms for residents on COVID-19 observation (Resident #2, #3 and #4), ensure masks fit properly to cover the mouth and nose, and failed to clean multi-resident use equipment between residents (Resident #1). In addition, staff failed to wear a mask consistently when standing over food preparation surfaces and perform proper hand hygiene in the Hilltop Caf kitchenette. The sample was 4. The census was 93. 1. Review of the facility's undated Resource for Seniors System policy, showed: -Isolate all admitted residents (including readmissions) in their room in the [MEDICAL CONDITION] Disease 2019 (COVID-19) positive designated location for 14 days if their COVID-19 status is unknown; -Droplet precautions and standard precautions should be initiated for all residents upon coming/returning to the facility. Review of the facility's Prevention policy, updated 2/2020, showed: -Purpose: To help prevent new transmission of the [MEDICAL CONDITION] in the facility; -Policy: Droplet precautions will be observed for all residents during a pandemic. The possibility exists that additional precautions will be recommended by the Centers for Disease Control and Prevention (CDC). All staff will use appropriate infection control measures, including hand hygiene, use of PPE and respiratory hygiene/cough etiquette; -PPE indicated for droplet precautions: -Gloves as needed. Perform hand hygiene after use, discard after each resident; -Goggles or face shield if infected person is coughing or sneezing; -Gown if there is a risk of contamination of clothing; -Mask worn if within 3 feet of infected resident. Review of CDC.gov, showed: -Preparing for COVID-19 in Nursing Homes: -Implement Source Control Measures: Cloth face coverings should not be worn by healthcare providers (HCP) instead of a respirator or facemask if PPE is required; -Social Distancing: Stay at least 6 feet from other people. Review of Resident #2's medical record, showed an admission date of [DATE]. Review of Resident #3's medical record, showed an admission date of [DATE]. During an interview on 5/21/20 at 11:10 A.M., Registered Nurse (RN) C said he/she believed the residents with the stop signs on the doors were on airborne precautions. They are all on precautions due to the COVID-19, 14 day new admission quarantine. Staff know what PPE is needed because the facility informs staff and based on CDC recommendations. During an interview on 5/21/20 at 11:58 A.M., Dietary Aide (DA) D said he/she was not sure what kind of isolation the residents with the stop signs on their doors were on or what PPE is required for those rooms. He/she does not go into those rooms. Observation during meal service on 5/21/20 at 12:09 P.M., showed DA D passed hall trays to residents. He/she wore a cloth face mask that fit loosely on his/her face and his/her nose not covered by the mask. He/she brought food trays into several resident rooms. He/she then entered the room of Resident #2. Observation of Resident #2's room, showed a sign on the resident's door, stop, check with nurse before entering. DA D entered the room with the cloth face mask on and nose exposed. He/she moved the remote control and set the lunch tray on the over the bed table. He/she exited the room and sanitized his/her hands. He/she approached the room of Resident #3, a sign on the door read stop, check with nurse before entering. The resident sat in the doorway with no mask on and looked up and down the hall. Other residents sat in the hall within 6 feet of the resident with no face mask on. No staff instructed the resident to return to his/her room and/or to wear a face mask. The DA stood at the doorway within 3 feet of the resident with the tray of food, his/her nose not covered by the cloth mask. A different staff person stopped DA D and instructed on proper PPE use before entering the room. DA D set the food tray on top of the isolation cart before donning a surgical mask and gloves, and entering the room. 2. Review of the facility's Infection Prevention and Control Manual Transmission-Based Precautions policy, dated 2017, showed: -Contact precautions: Direct contact with skin or indirect contact with contaminated surfaces, and physical transfer of organisms from an infected or colonized person to a susceptible host; -Droplet precautions: Small droplets that contain infectious organisms that can be expelled for up to 3 feet by coughing or sneezing. A susceptible host can contract the infection by inhaling these organisms or through contact with mucous membranes; -It is essential both to communicate transmission-based precautions to all health care personnel and for personnel to comply with requirements. Pertinent signage (i.e., isolation precautions) and verbal reporting between staff can enhance compliance with transmission-based precautions to help minimize the transmission of infections within the facility; -It is important to use the standard approaches, as defined by the CDC for transmission-based precaution: Airborne, contact and droplet precautions. The category of transmission-based precautions determines the type of PPE to be used. Communication (e.g., verbal reports, signage) regarding the particular type of precaution to be utilized is important; -When transmission-based precautions are in place, PPE should be readily available. Review of CDC.gov, showed: -Considerations for new admissions or readmission to the facility: -Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19; -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of 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. Review of Resident #2's medical record, showed: -admitted on [DATE]; -A progress note dated 5/19/20 at 9:35 P.M., on isolation due to COVID monitoring; -A care plan dated 5/19/20, risk of transmitting infection. Contact and droplet precautions. Reverse isolation. Review of Resident #3's medical record, showed: -admitted [DATE]; -A progress note dated 5/14/20 at 5:31 P.M., placed in isolation to be monitored for COVID-19 symptoms. Resident was given a mask and instructed to wear mask when staff was in room; -A care plan dated 5/14/20, resident is at risk for COVID-19 infection. Practice social distancing. Review of Resident #4's medical record, showed: -Readmitted [DATE]; -A progress note dated 5/18/20 at 6:09 P.M., resident will be on isolation/COVID precautions. Observation on 5/21/20 from 10:39 A.M. through 12:09 P.M., showed a sign on the room door for Resident #2, #3 and #4 Stop, check with nurse before entering. No signage on the door or wall outside of the resident room indicating the type of precautions and/or required PPE. An isolation cart located outside each room contained surgical masks, isolation bags, and gloves. No gowns, goggles or face shields available. 3. Review of the facility's Infection Prevention and Control Manual Standard Precautions policy, dated 2017, showed: -Mask or Respirator: -Secure ties or elastic band at middle of head and neck; -Fit flexible band to nose bridge; -Fit snug to face and below chin. Observations of the Meadows Cafe on 5/21/20, showed the following: -At 10:03 A.M., DA G wore a cloth face mask that covered his/her mouth but not his/her nose. He/she wiped down cabinets in the kitchenette and made coffee in the dining area; -At 11:55 A.M., DA G wore a cloth face mask that covered his/her mouth but not his/her nose. He/she scooped ice from a bin and placed it into Styrofoam cups and then filled the cups with water. He/she placed a tray of the Styrofoam cups containing ice water on the serving counter to be passed to residents in the dining room and hall trays. He/she then took two bowls of cottage cheese and two bowls of gelatin from a tray on the serving counter and took them to the kitchenette area. He/she poured the bowls of cottage cheese and gelatin into Styrofoam containers and placed lids on the containers. He/she took the Styrofoam containers and placed them on the cart for hall trays. He/she then obtained another bowl of cottage cheese and another bowl of gelatin from a tray on the</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST ANDREW'S AT FRANCIS PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>300 FORBY ROAD EUREKA, MO 63025</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>serving counter and took them to the kitchenette area. He/she poured the bowls of cottage cheese and gelatin into Styrofoam containers and placed lids on the containers. He/she took the Styrofoam containers and placed them on the cart for hall trays. The dietary manager then told DA G to pull his/her mask up over his/her nose; -At approximately 12:15 P.M., Certified Nurse's Aide (CNA) F wore a cloth face mask over his/her mouth but not over his/her nose. He/she stood over a resident and gave the resident multiple sips of a beverage. CNA F sat down next to the resident and gave the resident sips of a beverage and bites of food from his/her plate. CNA F then went to a resident at another table. He/she began to feed that resident and give him/her sips of a beverage without washing or sanitizing his/her hands and with his/her mask not covering his/her nose. 4. Review of the facility's Infection Prevention and Control Manual - Standard Precautions Overview, dated 2017, showed: -Standard Precautions are based upon the principle that all blood, body fluids, secretions, excretions, non-intact skin and mucous membranes may contain transmissible infectious agents; -Equipment or items in the resident environment likely to have been contaminated with infectious fluids or other potentially infectious matter must be handled in a manner so as to prevent transmission of infectious agents (e.g., wear gloves and properly clean and disinfect or sterilize reusable equipment before use on another resident); -Standard precautions are also intended to protect residents by ensuring that healthcare personnel do not carry infectious agents to residents on their hands or via equipment used during resident care. Review of Resident #1's medical record, showed: -[DIAGNOSES REDACTED]. Has a rash to arms and legs. Keep skin clean and dry. Apply cream as ordered. Observation on 5/21/20 at 10:15 P.M., showed Certified Medication Technician (CMT) A passed medications in the Hilltop Caf. Resident #1 sat at a table. CMT A obtained the resident's blood pressure with a portable vital sign machine. He/she did not cleanse the blood pressure cuff prior to or after obtaining the resident's blood pressure. He/she placed the vital sign machine next to the medication cart and continued to pass medications. At 10:36 A.M., CMT A took the vital sign machine to another resident on the far side of the dining room and obtained his/her blood pressure. He/she did not cleanse the blood pressure cuff prior to or after obtaining the resident's blood pressure. 5. Review of the facility's undated Infection Prevention and Control Manual - Interim Hand Hygiene Audit COVID-19 Pandemic form, showed the following procedures for hand hygiene: -Perform hand hygiene with soap and water when hands are visibly soiled; -Perform hand hygiene prior to donning gloves and PPE; -Perform hand hygiene after handling soiled items; -Perform hand hygiene before handling resident food; -Perform hand hygiene between dirty and clean procedures; -Perform hand hygiene after touching facemask or goggles. Review of the facility's undated Hand Washing policy, showed: -Purpose: To provide guidelines to employees for proper and appropriate hand washing techniques that will aid in the prevention of the transmission of infections; -Frequency: Upon reporting to work, before handling food and feeding residents, upon removing gloves. Review of CDC.gov, showed: -Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities: -Ensure all healthcare providers wear a facemask or cloth face covering for source control while in the facility. Observation on 5/21/20 at 10:15 A.M., showed two dietary staff worked in the Hilltop Caf kitchenette. DA E washed dirty dishes with gloves on. He/she removed the gloves and left the dining area. He/she returned and placed new gloves on. He/she failed to wash or sanitize his/her hands after returning to the kitchenette. He/she placed dirty dishes in the dish machine, removed gloves and continued to wash dishes in the sink. He/she placed new gloves on and failed to wash or sanitize his/her hands prior to placing the new gloves on. He/she continued to place dirty dishes in the machine, removed his/her gloves and without washing or sanitizing his/her hands, picked up a container of juice from the counter, opened the refrigerator and placed the juice in the refrigerator. He/she placed gloves on without first washing or sanitizing his/her hands and started to put clean dishes away. At 11:40 A.M., dietary staff prepared for lunch in the Hilltop Caf kitchenette. DA E wore a face mask under his/her chin. The mask did not cover his/her mouth or nose. He/she stood over clean dishes, cups and food preparation areas. He/she started to prepare drink cups, stopped and pulled his/her mask over his/her face and without washing or sanitizing his/her hands, continued to prepare drink cups. During an interview on 5/21/20 at 10:12 A.M., DA B said dietary staff wear mask, wash hands, and utilize gloves to prevent the spread of infection. During an interview on 5/21/20 at approximately 10:15 A.M., the dietary manager said dietary staff have been in-serviced twice since the COVID-19 epidemic started on the proper use of PPE and handwashing. 6. During an interview on 5/22/20 at 12:45 P.M., the Director of Nursing/Infection preventionist (DON/IP) said the facility currently has no COVID-19 positive cases. There is a stop sign on doors of residents on isolation. If staff do not know what type of isolation a resident is on or the type of PPE required, they should not go in the room. They can check with the nurse. Staff know what PPE to utilize from education provided to the nurses. The PPE needed is on the isolation cart. The facility only posts the stop sign, not the type of isolation or PPE needed. If a resident is a new admission, they are placed on droplet precautions. Resident #2, #3 and #4 are all on droplet precautions because they are new admissions. Multi resident use medical equipment, such as blood pressure cuffs, should be cleaned between resident uses. Staff should be wearing their masks in the food preparation areas, such as kitchenettes. Cloth masks are not appropriate for staff use in isolation rooms. Residents on COVID-19 monitoring should wear a mask when staff are in the room. Masks should fit properly and cover the nose. When washing dirty dishes and putting clean dishes away, staff should wash their hands between a dirty task and clean task and when changing gloves.</p>		