

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARK TWAIN MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>11988 MARK TWAIN LANE BRIDGETON, MO 63044</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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, the facility failed to maintain an infection control program during a 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, to provide a safe and sanitary environment for all residents. The facility failed to assure staff wore face masks appropriately and failed to assure hand hygiene was performed in accordance with the Centers for Disease Control and Prevention (CDC) guidelines (Residents #1, #2, #3 and #5). These practices had the potential to affect all residents of the facility. The census was 75. Review of CDC guidance, updated 5/19/20, showed the following: Healthcare Providers (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. -Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown: -Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. 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. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. 1. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/1/20, showed the following: -Brief interview for mental status (BIMS, a brief screener of cognition) score of 15 out of a possible 15 (cognitively intact); -Total dependence with physical assistance of one person for transfers; -[DIAGNOSES REDACTED]. Review of the resident's care plan, in use at the time of the survey, showed: -Problem: The resident has a potential psychosocial problem related to COVID-19 social distancing and CDC guidelines; -Goal: The resident will effectively cope with his/her feeling of isolation, unhappiness, anger, loss by the review date; -Interventions: Encourage doorway exercises activities for modified socialization. Observation on 5/27/20 at 10:01 A.M. showed the resident sat in his/her wheelchair in the hall, around the corner from his/her room, with a gait belt secured around his/her mid-section. The resident was not wearing a mask. Certified Nurse Aide (CNA) C stood on the right side of the resident's wheelchair. CNA C did not wear gloves and did not wear a mask. CNA B stood on the left side of the resident's wheelchair. CNA B wore a disposable mask, which was below his/her nose. CNA B took gloves from his/her pocket and donned the gloves without sanitizing his/her hands. Both CNA B and CNA C assisted the resident to a standing position, and then assisted the resident back into his/her wheelchair. Both CNA B and CNA C stood less than one foot away from the resident. CNA B lowered his/her mask below his/her chin and spoke to the resident. CNA B and the resident were approximately one foot away from each other. CNA B then moved his/her mask back up to cover his/her mouth. CNA B's nose was not covered with the mask. CNA B removed his/her gloves and did not sanitize his/her hands. CNA B then donned new gloves, went into another resident's room, lifted the resident's water cup to check if it was full, and left the resident's room. CNA B removed his/her gloves in the hall. 2. Review of Resident #2's quarterly MDS, dated [DATE], showed the following: -A BIMS score of 0 of 15 (severe cognitive impairment); -Total dependence requiring physical assistance of two persons for bed mobility; -[DIAGNOSES REDACTED]. Observation on 5/27/20 at 10:12 A.M., showed CNA B and Nurse A at the resident's bedside. CNA B wore a facemask, which was below his/her nose. Nurse A wore a cloth mask, which was below his/her nose. CNA B and Nurse A stood at the resident's bedside and spoke briefly to the resident. Both CNA B and Nurse A donned gloves without sanitizing their hand, assisted the resident further up in the bed. 3. Review of Resident #3's admission MDS, dated [DATE], showed the following: -A BIMS score of 14 out of 15 (cognitively intact); -[DIAGNOSES REDACTED]. Review of the resident's care plan, in use during the time of the survey, showed: -Problem: The resident has a potential psychosocial problem related to COVID-19 social distancing and CDC guidelines; -Goal: The resident will effectively cope with his/her feeling of isolation, unhappiness, anger, loss by the review date; -Interventions: Items and supplies for in-room activities provided by community. If items are not disposable, follow disinfection guidelines per infection control policy and procedure manual. Observation on 5/27/20 at 11:00 A.M., showed a small storage container filled with disposable gowns, gloves and masks located next to the resident's door. Further observation, showed a sign hanging next to the resident's door titled, How to safely remove personal protective equipment, Example 1. The sign included the following directions for removal of a mask or respirator: -Front of mask/respirator is contaminated - Do Not Touch; -If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer; -Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front; -Discard in a waste container; -Wash hands or use an alcohol-based hand sanitizer immediately after removing all personal protective equipment (PPE). Observation on 5/27/20 at 11:01 A.M., showed Therapy Staff D in the resident's room, located in the Transition Area. Therapy Staff D wore PPE, consisting of a disposable gown, gloves and a disposable mask. Therapy Staff D gave verbal prompts to the resident, who sat in a chair exercising with hand weights. The resident sat approximately 2 feet from Therapy Staff D. Before Therapy Staff D left the resident's room, he/she removed his/her gown and gloves and sanitized his/her hands. Therapy Staff D walked out of the room, wearing his/her mask, went down the hall and entered the therapy room. Therapy Staff D pulled the mask down from his/her mouth, took a drink of water, then pulled the mask up again, covering his/her mouth and nose. Therapy Staff D did not cleanse his/her hands after touching his/her mask. 4. Review of Resident #5's quarterly MDS, dated [DATE], showed the following: -A BIMS score of 11 out of 15 (moderate cognitive impairment); -[DIAGNOSES REDACTED]. Observation on 5/27/20 at 11:16 A.M., showed Therapy Staff D left the therapy room, without changing his/her mask, walked down the hall and stopped to talk to Resident #5. The resident sat in his/her wheelchair, outside his/her room and was not wearing a mask. The resident asked Therapy Staff D to adjust the back of his/her wheelchair. Therapy Staff D walked behind the resident and lowered the back of the wheelchair. The resident and Therapy Staff D were approximately 1 foot away from each other. During an interview on 5/27/20 at 11:21, Therapy Staff D said he/she wore one mask for his/her entire shift. He/she put on a new, clean mask at the start of his/her shift. 5. During an interview on 5/27/20 at 11:41 A.M., the DON said residents whose COVID-19 status is negative or unknown (newly admitted residents, readmitted residents, residents who leave the facility for [MEDICAL TREATMENT] or for a physician appointment) and residents who are showing signs or symptoms of COVID-19, are moved to the facility's Transitional Area. The residents are quarantined in the Transition Area for 14 days and are monitored for signs and symptoms of COVID-19. If the residents do not show signs or symptoms of COVID-19, they are moved to the general population of the community. Residents who receive [MEDICAL TREATMENT] off site will remain in 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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>Transition Area until the CDC removes the recommendation to quarantine residents for 14 days due to risk of spreading COVID-19. The Transition Area shares the same nurse and CNAs who work on the West Wing, a general population area. During an interview on 5/28/20 at 12:30 P.M., the DON said the following: -Staff should not wear gloves in the hall due to possible cross contamination and infection control; -The facility has enough disposable masks for staff to wear; the facility would not run out of disposable masks if staff wore them instead of cloth masks; -Staff are expected to sanitize their hands by either washing them with soap and water or by using alcohol based sanitizer before and after direct care of residents, and before and after donning gloves; -Staff are expected to change their mask after contact with a resident who had an active infection; -If a resident was COVID-19 positive, staff are expected to wear an N95 mask for protection; -It is unknown if the residents in the Transition Area are infected with COVID-19. During an interview on 5/28/20 at 1:29 P.M., the Administrator said the following: -Newly admitted residents from home or the hospital are quarantined in the Transition Area for 14 days to insure they are not infected with COVID-19; -If a newly admitted resident had a COVID-19 test with negative results, the resident could still have the COVID-19 virus; -It is not appropriate for staff to wear a mask outside of a resident's room whose COVID-19 status is unknown; -If it is possible that a resident is COVID-19 positive, staff should wear a N95 mask for protection; -The facility has N95 masks available to staff; -Staff are expected to follow the facility's policies. During an interview on 5/29/20 at 11:23 A.M., the Administrator said she expected staff to wear a new cloth mask or a cloth mask that was laundered while on their shifts. The Administrator would not know if the staff washed their cloth masks before reusing, she would take their word for it. During an interview on 6/2/20 at 3:09 P.M., the Administrator said she expected staff to change their masks before and after entering a resident's room to provide care. Staff were expected to wear their masks covering both their mouths and noses for infection control. 6. Review of the facility's COVID-19 Action Plan, dated 5/8/20, showed the following: -The incubation period of COVID-19 is two to 14 days and there are reports of transmission before a patient is symptomatic; -All employees and visitors will be required to wear a facemask at all times while in the community; -Hand hygiene should be performed before putting on a mask, and after touching, adjusting or removing mask; -Health Care Providers (HCP) must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene; -HCP should leave the patient care area if they need to remove the mask; -Use of homemade masks for care of patients with COVID-19 could be used in conjunction with a procedure, surgical, or N95 mask. Homemade masks are not considered PPE, since their capacity to protect the HCP is unknown; -If a resident is COVID-19 (-), admit the patient, place them on droplet precautions/isolation and monitor for 14 days; -If a patient's COVID-19 status is unknown and they are not experiencing respiratory symptoms, admit the patient, place on droplet precautions/isolation and monitor for 14 days -Therapy services will adhere to universal and droplet precautions at all times. 7. Review of the CDC guidance for droplet precaution, updated 2007, showed: -Droplet precautions prevents transmission of diseases spread by large respiratory droplets through coughing, sneezing, or talking; -A face mask is worn upon entry into the patient room; -PPE must be removed at the point of exit; do not reuse face masks; -Hand hygiene follows PPE removal.</p>		