

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER ALEXIAN BROTHERS SHERBROOKE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 4005 RIPA AVENUE SAINT LOUIS, MO 63125	
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 - Few	<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 properly contain COVID-19 by not following facility policies and current standards of practice regarding the control of infection transmission. The facility failed to follow policies and procedures regarding use of personal protective equipment (PPE), proper hand hygiene, proper infection control practice while collecting nasal swab coronavirus tests and failed to properly disinfect the blood glucose machine (glucometer) before and after use for Residents #2 and #3. The resident sample size was four. The census was 108. 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 (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect resident and healthcare personnel (HCP); -Implement Source Control Measures: -HCP should wear a facemask at all times while they are in the facility. Review of the CDC Responding to COVID-19 in Nursing Homes, updated 4/30/20, showed the following: -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 the facility's COVID-19 Infection and Prevention Guidelines Policy, dated May 2020, showed the following: -Overview: These guidelines are based on the most recent guidance, at the time of publishing: follow local, state or federal requirements that are stricter. This document provides guidance for Skilled Nursing and Assisted Living on: -Infection Control Practices: -Hand hygiene: Hand hygiene is washing hands with soap and water for at least 20 seconds or using alcohol-based hand sanitizer and rubbing on all surfaces of the hands and allowing to air dry; -Perform hand hygiene, at a minimum: -Before and after contact with the resident; -Whenever putting on or taking off gloves; -Universal Masking: -Key reminders: -Keep mask on at all times, covering the nose and mouth; -The purpose of universal masking is the CDC has identified there are people who carry COVID-19 and do not have symptoms. The residents who we serve live in a communal environment, the highest risk comes from associates and visitors who enter the community. Universal masking limits the risk of transmission to the residents; -Universal masking means that anyone (including associates, visitors and vendors) who provide direct care or who will (or could) come within 6 feet of a resident are required to wear a mask; -Example: All clinical and non-clinical associates who are providing care or will be in the neighborhoods and working with or around residents are required to wear a mask; -Transmission Based Precautions: -Admission/Readmissions: -Droplet Precautions upon entry to the community; -N95 facemask (surgical mask if N95 not available), gown, gloves and face shield (or face goggles). Review of the facility's Nasopharyngeal Swabbing Policy, dated July 2020, showed the following: -Purpose: To outline the procedure to obtain Nasopharyngeal (NP) swab specimens for respiratory infection testing. NP testing is an important tool in the [DIAGNOSES REDACTED]. eye glasses). Review of the facility's Hand Hygiene Policy and Procedure, dated April 2020, showed the following: -Policy Statement: This community considers hand hygiene the primary means to prevent the spread of infections; -Policy Interpretation and Implementation: -Wash hands for the following reasons: -When hands are visibly soiled; -Before and after direct contact with residents; -Before donning (putting on) gloves; -After removing gloves. -Hand hygiene is the final step after removing and disposing PPE. Review of the facility's Blood Glucose Level Testing Policy and Procedure, dated December 2019, showed the following: -Purpose: The purpose of this procedure is to obtain a blood sample to determine the resident's blood glucose level; -Equipment and Supplies: -Disinfected glucometer; -Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice; -Remove gloves and wash hands. 1. Review of Resident #2's medical record, showed the following: -admission date of [DATE]; -[DIAGNOSES REDACTED]. [REDACTED]. Observation on 9/9/20 at 6:31 A.M., showed a sign posted on the resident's door which stated, Stop, PPE required beyond this point. Nurse A wore an N95 mask, did not put on face shield or goggles, put on a white disposable gown (not tied and did not cover nurse's back) over his/her yellow gown and entered the resident's room. The nurse washed his/her hands, reached out to the medication cart (outside of resident's room), obtained specimen vial in a biohazard bag from medication cart, did not wash hands, applied gloves and obtained the nasal swab coronavirus test. Nurse A did not remove his/her gloves, stepped out of the resident's room, placed the nasal swab test tube in biohazard bag and placed the biohazard bag directly on top of the medication cart without a barrier underneath the biohazard bag. Nurse A removed his/her gloves, washed hands, applied gloves, did not remove his/her white and/or yellow gown and stepped outside of the resident's room to the medication cart. Nurse A picked up the glucometer machine and bottle of glucometer test strips from the medication cart, entered the resident's room and placed the glucometer machine and bottle of test strips directly on top of the resident's bedside table without a clean barrier. Nurse A did not clean and/or sanitize the glucometer machine prior to use. Nurse A obtained the resident's BGT, did not remove his/her gloves, did not remove his/her gowns and returned to the medication cart outside of the resident's room. Nurse A cleaned the glucometer machine after use with an alcohol wipe and placed the glucometer machine directly on top of the medication cart without a clean barrier. Nurse A reached in the side pocket of the medication cart, removed a plastic cup and entered the resident's room to administer a medication. Nurse A removed his/her white gown, did not remove his/her yellow gown, removed his/her gloves, washed his/her hands and returned to the medication cart outside of the resident's room. 2. Review of Resident #3's medical record, showed the following: -admission date of [DATE]; -[DIAGNOSES REDACTED]. Review of the resident's POS, dated September 2020, showed an order dated 9/9/20, to obtain a nasal swab test for Novel Coronavirus. Observation on 9/9/20 at 6:31 A.M., showed a sign posted on the resident's door, PPE required beyond this point. Nurse A wore an N95 mask, did not apply a face shield and/or goggles, applied a white disposable gown (not tied and did not cover his/her back) over his/her yellow gown, did not wash or sanitize his/her hands, applied gloves and entered the resident's room. Nurse A obtained the resident's nasal swab Coronavirus test, placed the nasal swab tube in a biohazard bag, removed his/her gloves and white gown and washed his/her hands. Nurse A did not remove his/her yellow gown, exited the resident's room and returned to the medication cart outside of the resident's room. The nurse lay the biohazard bag with the test tube directly on the medication cart without a barrier. During an interview on 9/9/20 at 6:31 A.M., Nurse A said staff should not wear the same white gown when going in and out of each resident's room. The glucometer machine should be cleaned with a bleach wipe before and after use, but bleach wipes were not available to clean the glucometer machine. Nurse A said alcohol wipes did not kill [MEDICAL CONDITION] virus and staff should only use bleach wipes when cleaning and/or disinfecting the glucometer machine. Nurse A said the white gown should completely cover him/her and should be tied to cover the yellow gown. Nurse A said he/she believed it was alright to wear the yellow gown in and out of the residents' rooms, but must wear the white apron gown in resident's room with the Stop sign. Nurse A said he/she should not have worn gloves outside of the resident's room and probably should not directly lay the biohazard bags on the medication cart. During an interview on 9/9/20 at 8:40 A.M., the Director of Nurses (DON) said she expected all nursing staff to wear gloves, gown, surgical mask, N95 mask,</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>goggles and/or face shields in all residents' rooms with the stop signs posted for PPE. Nursing staff should wear the white apron gown over their yellow gown when they are providing direct care in residents' rooms with signs posted. The DON said the white apron gown should always cover the nursing staff's body completely when they are providing direct resident care. When nursing staff were providing the Coronavirus testing, they should take the test kit and the biohazard bag with them each time they enter the resident's room, but they should place it in a bag on the medication cart and not directly on the cart. The DON expected nursing staff to clean/disinfect the glucometer machine before and after use with bleach wipes and should use a clean barrier for placement of the glucometer machine. She said nursing staff should not clean/disinfect the glucometer machine with alcohol wipes due to infection control. The DON said she expected nursing staff to follow their facility's policies regarding testing for the Coronavirus, COVID-19 infection/prevention guidelines, hand washing/gloving, and cleaning the glucometer machine. During an interview on 9/9/20 at 9:44 A.M., the Infection Preventionist (IP) said all new admission and readmission residents were placed on isolation/quarantine precautions for 14 days on the 100 hall in the Lodge. Those residents were placed in a room with signs posted on their door to alert all nursing staff to wear gowns, gloves, face masks (N95), surgical masks, goggles and/or face shields when they enter the residents' rooms. The IP said glucometer machines should be cleaned/disinfected with bleach wipes before and after use, and alcohol wipes should not be used because alcohol does not kill all microorganisms. The nursing staff should always use a clean barrier for placement of the glucometer machine due to infection control purposes. The IP said when nursing staff obtain the resident's nasal swab test for the Coronavirus, staff should always take the test kit and biohazard (specimen) bag into the resident's room, obtain the test, place the test tube inside of the biohazard bag and place the biohazard bag on a barrier when obtained. The biohazard bag with the resident's test tube should not be placed directly on top of the medication cart due to infection control.</p>		