

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265236	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER MARK TWAIN MANOR		STREET ADDRESS, CITY, STATE, ZIP 11988 MARK TWAIN LANE BRIDGETON, MO 63044	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure staff used acceptable infection control procedures by not having hand sanitizer available for visitors and staff upon entering the front area/lobby, properly disposing of a meal tray from a recently diagnosed Coronavirus (COVID) positive resident and failed to cohort all residents with whom tested positive for COVID-19 (Resident #1). The census was 52. Review of the CDC.gov website regarding (COVID-19) guidance, showed: -Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with COVID-19; -Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19; -Identify health care providers (HCP) who will be assigned to work only on the COVID-19 care unit when it is in use; -Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive); -Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 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 a 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 Personal Protective Equipment (PPE) and should only be worn by HCP for source control, not when PPE is indicated; -Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them); -Resident Cohorting; -Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19; -Determine the location of the COVID-19 care unit and create a staffing plan before residents or HCP with COVID-19 are identified in the facility. This will allow time for residents to be relocated to create space for the unit and to identify HCP to work on this unit; -Facilities that have already identified cases of COVID-19 among residents but have not developed a COVID-19 care unit, should work to create one unless the proportion of residents with COVID-19 makes this impossible (e.g., the majority of residents in the facility are already infected); -Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19; -Depending on facility capacity (e.g., staffing, supplies) to care for affected residents, the COVID-19 care unit could be a separate floor, wing, or cluster of rooms; -Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility; -To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit; -Assign environmental services (EVS) staff to work only on the unit; -If there are not a sufficient number of EVS staff to dedicate to this unit despite efforts to mitigate staffing shortages, restrict their access to the unit. Also, assign HCP dedicated to the COVID-19 care unit (e.g., NAs) to perform cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) from List Nexternal icon into the room and wipe down high touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room; -Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift); -Ensure HCP practice source control measures and social distancing in the break room and other common areas (i.e., HCP wear a facemask and sit more than 6 feet apart while on break); -Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and a 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; -Ensure that HCP have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended PPE. Review of the facility's Preventing the Spread of COVID-19 policy, dated 6/17/20, showed: -In an effort to prevent the potential spread of disease, the following will be implemented for each skilled nursing community: -1. TRANSITION AREA: a. Each community will develop a plan that includes an identified area or group of rooms that will be utilized for all residents that meet the following: -Newly admitted or readmitted to the community and their COVID-19 status is negative or unknown; -Current residents that have a sudden onset of fever over 100.0 degrees and/or respiratory symptoms, but HAVE NOT tested positive for COVID-19; -Any resident that is receiving specialized services outside of the community, such as [MEDICAL TREATMENT], [MEDICAL CONDITION], or [MEDICAL CONDITION]; -Current residents that have had recent hospital, outpatient or elective procedures completed; -Any resident that is residing in a room that is being occupied by another resident (roommate)/who has been moved to the TRANSITION or RECOVERY AREAS; -2. RECOVERY AREA: -a. Each community will develop a plan that includes an identified area or group of rooms that will be utilized for residents that are admitted or readmitted to the community that have been tested and are COVID-19 POSITIVE or are current residents that have been tested and are COVID-19 POSITIVE; -3. These two areas will be separate areas within each community. -4. A plan for consistent staffing for each of these units will be developed to the best of the ability of the community. Review of the facility's confirmed positive COVID-19 policy, dated 6/17/20, showed: -1. Move resident to designated RECOVERY AREA (private if available, otherwise cohort with others with like symptoms or diagnosis); -2. In the event the resident moving to the RECOVERY AREA has a roommate, the roommate should be considered COVID-19 suspect and will need to be moved to the TRANSITION AREA and testing performed; -3. Immediately place on droplet precautions; -4. Isolation set up with gowns, facemasks with shields or goggles, gloves and door signage (a N-95 or higher level respirator is required); -5. Dedicated or disposable non-critical resident care equipment (blood pressure cuff, stethoscope, blood glucose monitor) is used, or if not available, then equipment is cleaned and disinfected according to manufacturer's instructions using environmental protection agency (EPA)-registered disinfectant for healthcare setting prior to use on other residents; -6. Respiratory assessment including vitals every shift and oxygen (O2) saturation every four hours; -7. Restrict resident to room as much as possible, except for medically necessary purposes. If the resident must leave the room, staff should assist with hand hygiene and donning (put on) a facemask; -a. Resident will be provided with and encouraged to wear a surgical mask at all times; -b. Services provided should be with the room door closed; -8. If the resident develops severe symptoms of illness and requires transfer to a hospital for higher level of care. Emergency medical services (EMS) and the receiving facility should be notified of the resident's diagnosis (confirmed COVID-19), treatment, laboratory test results and precautions to be taken by transferring and receiving staff and place a face mask on the resident during transfer (as supply allows); -9. Upon resident's return from the hospital, request pertinent notes such as discharge summary, lab results, current [DIAGNOSES REDACTED]. For residents that need to leave the community for care ([MEDICAL TREATMENT], essential appointments) the transport provider and the receiving health care team should be notified of the resident's confirmed COVID-19 status; -11. Resident and/or resident representative will be contacted and advance</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 - Some	<p>(continued... from page 1)</p> <p>directives and code status reviewed; -12. Discontinuation of Droplet precautions: -a. The resident will remain in the RECOVERY AREA until asymptomatic for the duration of 14 days after illness onset. If COVID-19 testing is available, then two negative tests, 24 hours apart are recommended at day 12 and day 14; -b. If positive results at day 12 or 14, then repeat testing at day 19 and day 21 to get two negative test results over 24 hours apart; -c. If serial COVID-19 testing continues to be positive, then after 28 days since COVID-19 positive was first discovered, the resident can be released off droplet precautions; -d. ONCE THE ABOVE CRITERIA HAS BEEN MET, RESIDENT CAN BE MOVED OUT OF THE recovery area TO THE GENERAL POPULATION OF THE COMMUNITY. 1. Observation upon entering the facility on 9/22/20 at 9:05 A.M., showed the hand sanitizer container in the front area was empty. Activity Aide E, the Director of Nursing (DON) and the receptionist all placed their hands under the hand sanitizer spout and rubbed their hands together as if they were cleaning their hands. During an interview at that time, the DON said she did not know how long the hand sanitizer container had been empty. During an interview on 9/22/20 at 9:14 A.M., Activity Aide E said he/she went to the unit to clean his/her hands. He/she did not tell anyone the hand sanitizer container was empty. During an interview on 9/22/20 at 11:45 A.M., the receptionist said he/she went to his/her office to clean his/her hands. He/she did not put hand sanitizer out at the front area because it was a small bottle of his/her own. He/she did not tell anyone it was empty, but it was filled later. The receptionist did not know the exact time or how many people might have come into the facility before it was filled. During an interview on 9/28/20 at 10:02 A.M., the maintenance director/acting housekeeping supervisor said he/she was just filling in as housekeeping supervisor because the current Housekeeping Supervisor was in the hospital. The housekeeping staff should be checking the sanitizer containers every other day. A staff member could tell any housekeeper and they could replace the hand sanitizer at any time. During an interview on 9/28/20 at 2:49 P.M., the administrator said housekeeping should be monitoring the hand sanitizer and the front area. Any staff member can let the housekeeper know the hand sanitizer needs to be changed. This will ensure visitors and staff have clean hands upon entering the facility. 2. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/24/20, showed: -No cognitive impairment; -No moods or behaviors; -Total dependence with activities of daily living; -[DIAGNOSES REDACTED]. Review of the resident's medical record, showed he/she tested positive of COVID-19 on 9/16/20. Observation on 9/22/20 at 9:50 A.M., showed Certified Nurse Aide (CNA) A exited the resident's room and carried a food tray with disposable plates, bowls and cups. He/she wore a face shield, N-95 mask, disposable isolation gown and gloves and walked past six rooms toward the nurse's desk. Within approximately 10 feet of the desk he/she turned around, passed the same rooms and sat the food tray on the isolation cart outside of the resident's room. He/she removed a red bio-hazard trash bag from the drawer and emptied the empty containers into the bag, then removed his/her gown, gloves and face shield/mask, secured the bag and lay the bag on the floor outside of the resident's room next to the isolation cart. He/she then entered the room across the hall without washing his/her hands and after approximately one minute left the room, did not wash his/her hands and carried the red bio-hazard bag to the dirty utility room. Observation on 9/22/20 at 10:00 A.M. showed the resident's open door had a STOP sign, a sign how to don (apply) PPE and a sign how to doff (remove) PPE. No trash bin or laundry bin present in the room. He/she sat in a wheelchair at the doorway and coughed a wet cough and was not wearing a mask. He/she resided on the East Wing (non COVID area). During an interview on 9/28/20 at 9:48 A.M., CNA B said he/she was aware the resident tested positive for the COVID-19 virus. The charge nurse would tell him/her which residents were positive. With all active positive residents, full PPE, which includes gown, gloves, N-95 mask and goggles, should be worn when giving the resident any type of care. The resident should have a biohazard bin in his/her room to discard contaminated PPE, which would include paper products from meal trays. The CNA did not know why the resident was not transferred to the West Wing of the facility with the other COVID positive residents. CNA B said he/she did not know of any other positive residents on the East Wing. Review of the facility's positive COVID results for the past 20 days, showed: -Six residents tested positive for COVID-19 on 9/4/20; -Three residents tested positive for COVID-19 on 9/11/20; -One resident (Resident #1) tested positive for COVID-19 on 9/16/20. Review of the facility's COVID positive results resident roster, showed: -Nine of the 10 residents who tested positive from 9/4/20 through 9/16/20, remained in the facility; -Six of those residents resided on the East Wing (non COVID area) and remained on the East Wing and were located across all three hallways; -Three of those residents resided on the West Wing (designated COVID area) and were located across all three hallways. During an interview on 9/23/20 at 2:00 P.M., the Assistant Director of Nursing (ADON) said so many residents were testing positive, they were running out of room to place the residents on the West Wing which is designated the COVID positive wing. They did not have enough staff to get the rooms cleaned to get the COVID residents cohorted. During an interview on 9/22/20 at 11:20 A.M., the administrator and ADON said residents are quarantined for 20 days when they test positive for COVID, new admissions and readmissions. If a resident goes out for [MEDICAL TREATMENT] then he/she is always on quarantine. Few residents should presently have STOP signs and they should be removed after the 20 day period. All rooms where residents are actually on quarantine should have two boxes with biohazard bags. One is used for trash and one is used for linen. If those supplies are not in the room they would expect staff to put the containers in the room. Resident #1's door should actually be closed, but he/she does not like it closed and will open it. Staff should never leave a room with PPE on and the PPE should be disposed of in the room. Paper is used on the food trays, so dishes do not have to leave a resident's room. Staff should always wash their hands before going in a room and when exiting and if needed in the room. It is not acceptable to enter a room without washing hands and/or going to a different resident's room to wash their hands. All staff members should know which residents are on quarantine and which residents are positive for COVID and wear the appropriate PPE. The administrator said with the spike of COVID cases in the facility, they ran out of room on the COVID Unit (West Wing). They took the roommates out of the rooms and made the COVID positive residents have a private room on the East Wing.</p>		