

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLEFONTAINE GARDENS NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9500 BELLEFONTAINE ROAD SAINT LOUIS, MO 63137</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to maintain an infection control program during a coronavirus disease 2019 pandemic to provide a safe and sanitary environment for residents. The facility failed to immediately isolate and increase monitoring/assessment for one of 16 sampled residents who reported and exhibited symptoms of COVID-19, in accordance with facility policy (Resident #1). The facility did not increase monitoring of a resident exhibiting a functional decline, who subsequently tested positive for COVID-19 and developed a persistent fever (Resident #2), in accordance with the CDC guidelines. The facility also failed to cohort new and readmitted residents including one sampled resident (Resident #3) according to the presence or absence of COVID-19, in compliance with facility policy, the Centers for Medicare and Medicaid Services regulation, and CDC guidance. The facility failed to monitor residents for fever during each shift daily per the procedure in place and Centers for Disease Control (CDC) guidelines. The census was 62. Review of the CDC guidance, updated 6/25/20, showed the following: -Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise (general feeling of discomfort/illness/uneasiness), headache, new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures (T) &gt;99.0 degrees Fahrenheit (F) might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19; -There is a higher risk for unrecognized infection among residents; -Actively monitor all residents upon admission and at least daily for fever (T&gt;100.0 degrees F) and symptoms consistent with COVID-19; -Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least three times daily to identify and quickly manage serious infection; -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. Review of the facility's policy entitled, Outbreak Management, revised 8/11/20, showed potential symptoms of COVID-19 could include: fever, chills, cough, shortness of breath, sore throat, diarrhea, nausea and vomiting, headache, loss of sense of taste or smell. Staff were to monitor residents for fever and/or respiratory symptoms. Staff were to restrict residents with fever or acute respiratory symptoms to their rooms. When possible, in cases of known or suspected COVID-19, staff were to place the resident in a designated isolation unit. The facility was to cohort residents with known or suspected cases together in the isolation unit and have a designated observation unit to accommodate new admissions and readmissions. If a case of COVID-19 was known or suspected, staff were to immediately implement standard, contact and droplet precautions. The infection preventionist guidelines and/or CDC would serve as guidance. Review of the facility's policy and procedure entitled, Temperature, Pulse and Respirations, dated March 2015, showed their purpose was to measure body temperature, to determine the quality and rate of pulse and respirations, and assess a change in a resident's condition. If a resident's temperature was unusually high or low, staff were to check the resident's temperature with another thermometer. 1. Review of Resident #1's annual Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 2/16/20, showed the following: -Cognitively intact; -Wheelchair mobility; -[DIAGNOSES REDACTED], dependence on two or more staff for transfers. Review of the resident's care plan, updated 3/25/20, showed the following: -Risk for infection, signs or symptoms of COVID-19; -Follow facility protocol for COVID-19; -Observe for signs or symptoms of COVID-19; -Document and promptly report signs and symptoms of COVID-19: fever, cough, sore throat, shortness of breath, etc. Review of the resident's occupational therapy treatment note, dated 8/4/20, showed he/she complained of a sore throat and min cough which the therapist reported to the nurse. Review of the resident's COVID-19 screening tools, showed no screenings were completed 8/4/20 through 8/6/20. Review of the resident's progress notes, showed no documentation of any notification to the resident's physician on 8/4/20, of the resident's change in condition or the resident immediately being placed in isolation, when the resident developed a sore throat and cough. No vital signs were documented in nurse's notes 8/4/20 through 8/10/20. Further review of the resident's progress notes, dated 8/6/20 at 7:16 A.M., showed staff called the resident's physician and left a message regarding the resident having a dry cough and complaining of not feeling well. At 7:19 A.M., he/she also complained of a sore throat. At 10:32 A.M., staff obtained an order for [REDACTED]. Review of the resident's undated disease case report, showed the resident exhibited the symptom of a sore throat and was not hospitalized. Review of the resident's laboratory results, reported 8/7/20 at 4:52 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Further review of the resident's progress notes, showed the facility was notified of the resident's positive [DIAGNOSES REDACTED]. Review of the resident's progress notes, dated 8/11/20 at 4:50 P.M., showed a condition change: at 11:20 A.M., the certified nurse aide (CNA) informed the nurse of the resident not being able to breathe. The nurse entered the resident's room. No symptoms of labored breathing noted during assessment/vital signs: blood pressure (BP) 92/58 (normal range: 90/60 mm/Hg to 120/80 mm/Hg (millimeters of mercury), pulse (P) 102 irregular (normal range: 60 to 100 beats per minute), respiration (R) 18 (normal range: 12 to 18 breaths per minute), temperature (T) 97.8 tympanic (normal range: 97.8 to 99.1 degrees F/average 98.6 degrees), oxygen saturation (O2 sat) 83% (normal range: 95% to 100%) on room air. The nurse immediately obtained an oxygen tank with nasal cannula and administered oxygen at three liters. The nurse phoned the resident's physician to inform him of the resident's condition change and testing positive for COVID-19. The nurse received an order to send the resident to the hospital. Review of the resident's hospital progress notes, dated 8/17/20, showed he/she presented at the hospital with worsening respiratory symptoms. The resident had progressive dyspnea (labored or difficulty breathing), after testing positive for COVID-19 on 8/6/20. The resident was complaining of a sore throat and hacky cough. The hospital diagnosed the resident with COVID-19 pneumonia (infection of the lungs by COVID-19) and acute hypoxemic [MEDICAL CONDITION] (occurs when the body does not get enough oxygen to function). Further review of the resident's facility progress notes, showed no documentation of the resident's progressively worsening dyspnea or assessment of his/her lung sounds, after he/she tested positive for COVID-19 on 8/6/20. 2. Review of Resident #2's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's care plan, updated 3/25/20, showed the following: -Risk for infection, signs and symptoms of COVID-19; -Follow facility protocol for COVID-19 screening or precautions; -Observe for signs or symptoms of COVID-19; -Document and promptly report signs or symptoms: fever, cough, sore throat, shortness of breath, etc. Review of the resident's progress notes, showed the following: -7/8/20 at 8:45 P.M., resident's responsible party updated on the resident's fluctuating condition and behavior. The resident was sleeping a lot. Staff had difficulty stimulating him/her to eat, talk, wake up and cooperate with efforts to complete activities of daily living; -7/23/20 at 2:45 P.M., staff noted the resident required increased encouragement at meals. Review of the resident's COVID-19 screening tools, showed one documented temperature on 8/3/20 and 8/10/20. Review of the facility's COVID-19 testing tables, showed facility wide testing dates included 8/12/20 and 8/13/20. Review of the resident's laboratory results, reported 8/13/20 at 8:43 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's undated disease case report, showed the resident did not exhibit any symptoms. Review of 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>265709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLEFONTAINE GARDENS NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9500 BELLEFONTAINE ROAD SAINT LOUIS, MO 63137</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 - Few</b>	<p>(continued... from page 1)</p> <p>facility's August 2020, resident temperature tables, showed only one documented temperature each day for 8/1/20, 8/2/20, and 8/3/20 through 8/6/20. No temperatures were documented on 8/4/20, 8/7/20 through 8/9/20 and 8/12/20 through 8/17/20. Further review of the resident's progress notes, showed no documentation of the resident's vital signs 8/1/20 through 8/17/20, notifications to the resident's physician, or isolation of the resident with standard, contact and droplet precautions in place when the resident exhibited a persistent fever. Further review of the resident's progress notes dated 8/18/20 at 10:46 A.M., showed the resident was lying in bed. He/she yelled when touched. His/her vital signs were as follows: T 100.5 degrees F, P 94, R 20, BP 196/98. Staff left a message for the resident's physician. At 12:04 P.M., the physician returned the call and instructed staff to send the resident to the hospital. Paramedics arrived at 12:46 P.M. Review of the resident's history and physical hospital record, dated 8/18/20, showed he/she presented in the emergency room on [DATE] with the chief complaints of fever and poor appetite. Staff had swabbed him/her for COVID-19 on 8/12/20 and confirmed a positive result on 8/13/20. Since that time, he/she had a persistent fever and poor appetite. At the hospital, a chest x-ray revealed an infiltrate (filling of airspaces with fluid) in the resident's right upper lung. Hospital staff admitted the resident for further evaluation and treatment of [REDACTED]. 3. Review of Resident #3's undated face sheet showed, an admission date of [DATE]. Review of the resident's undated baseline care plan, showed the following: -Manual wheelchair for mobility; -Oxygen administration as needed (PRN); -Assess and monitor for change in condition and notify physician or provider PRN; -Required assistance of one with bed mobility, transfers, toileting, grooming/hygiene, bathing and locomotion. Review of the resident's progress note, dated 8/10/20 at 3:29 P.M., showed the resident arrived at 1:30 P.M. and was assisted to room [ROOM NUMBER]-1. No pain, discomfort, or distress was noted. His/her vital signs were as follows: BP 131/81, P 88, R 16, T 97 tympanic, and O2 Sat 96% on room air. Review of the resident's admission clinical assessment, dated 8/10/20, showed the form was blank. Further review of the resident's electronic chart showed, no documented vital signs 8/11/20 through 8/17/20. Review of the facility's August 2020, resident temperature tables, showed no documented temperatures on the resident from 8/12/20 through 8/15/20. 4. During an interview on 8/20/20 at 10:24 A.M., the Director of Nursing (DON) said she was an infection preventionist, but was only approximately one third of the way through her training. Staff were expected to take and document vital signs on each resident daily. If there were any abnormalities, then they were to check vital signs frequently; at least twice per shift. The vital signs were to be documented in the database, in the residents' nurse's notes. As a backup, staff also documented vital signs in a centrally located notebook. Staff only charted in nurses notes, if there was an issue or incident which needed to be communicated. Staff documented as much as was necessary to fully describe the issue or incident. They were to assess the resident, document their findings and report the abnormality to the physician, and administrator. Staff were to monitor residents for the potential COVID-19 symptoms of shortness of breath, cough and sore throat. After Resident #1's positive COVID-19 diagnosis, staff began monitoring the resident's oxygen saturation and respirations, along with temperatures. readmitted residents were placed in isolation for 14 days and monitored for COVID-19 symptoms. Staff were to document anything unusual. Residents were isolated in their rooms, unless they had a roommate. Those with roommates, not infected with [MEDICAL CONDITION], went into isolation on the COVID-19 unit. During an interview on 8/24/20 at 2:42 P.M., the Assistant Director of Nursing said residents who went out to medical appointments were placed on the COVID-19 unit in isolation for 14 days, when they returned to the facility. Any type of admission, readmission from the hospital, or readmission from medical appointments got placed on the COVID-19 unit. Potential COVID-19 symptoms which staff monitored residents for were coughing, wheezing, shortness of breath, sore throat, aches and pains. Staff were expected to check and record vital signs once per shift, unless a resident was exhibiting potential signs or symptoms of COVID-19 in which case vital signs would be checked and recorded more frequently. Vital signs were to be documented on the COVID-19 screening tool and in the vital signs book. During an interview on 8/24/20 at 2:30 P.M., CNA A said the potential COVID-19 symptoms they were instructed to monitor residents for and report to the charge nurse were coughing and wheezing. Any temperature above 101.9 degrees F was also to be reported to the nurse. CNAs were instructed to take resident temperatures twice during each shift and document them on the 24 hour sheets. During an interview on 8/26/20 at 10:40 A.M., the MDS Coordinator said she was an infection preventionist and had completed her training. Residents who were readmitted to the facility, who had tested negative for COVID-19, were to be quarantined on the east side of the facility (unit 300) which was opposite from the west side (unit 400), which was the COVID-19 isolation unit. Residents were only admitted if they tested negative for COVID-19 within five days. Consequently, they were quarantined on the east side of the facility. Residents were cohorted, according to the presence or absence of infection, in order to keep residents who did not have COVID-19 from becoming infected with [MEDICAL CONDITION]. Staff were expected to take all residents' vital signs on each shift and document their temperature and oxygen saturation in the COVID-19 books. During an interview on 8/21/20 at 11:38 A.M., the Administrator said only residents diagnosed with [REDACTED]. Other residents who were newly admitted or readmitted were to be placed in temporary isolation elsewhere. Staff were expected to obtain vital signs on all residents each shift. Consequently, each resident should have three documented sets of vital signs daily. Those who exhibited symptoms or potential signs of COVID-19 should immediately be placed in isolation. If they had a roommate, then they were to be placed on isolation in a separate room.</p>		
F 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to notify residents, their representatives, or families, following the occurrence of confirmed COVID-19 cases for 14 residents (Residents #2, #3, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15 and #16) out of 16 sampled residents. The census was 62. Review of the facility's policy titled Outbreak Management, revised 8/11/20, showed direction for staff to notify the resident and/or the resident's representative, the resident's physician and the medical director if a resident tested positive for COVID-19. Staff was to notify residents, their representatives, and families by 5:00 P.M. of the next calendar day following the subsequent occurrence of either: each time a confirmed COVID-19 infection was identified, or whenever three or more residents or staff with new onset of respiratory symptoms occurred within 72 hours of each other. Review of the facility's undated policy and procedure entitled, Significant Condition Change and Notification, showed the purpose was to ensure a resident's family and/or representative and medical practitioner were notified of a resident's changes including: symptoms of an infectious process, culture results indicating the need for isolation, abnormal lab values, a need to significantly alter treatment, or transfer the resident from the facility. Calls were to be made to the resident's representative until they were reached. The medical practitioner was to be called immediately for emergency or the next morning for non-emergency notifications if the situation occurred during late evening or late shift. Each attempt was to be charted as to the time the call was made, who was spoken to, and what information was given to the medical practitioner. 1. Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 4/26/20, showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:43 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 2. Review of Resident #3's discharge MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:12 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 3. Review of Resident #5's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED], and transfers. Review of the resident's laboratory results, reported 8/13/20 at 7:53 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 4. Review of Resident #6's admission MDS, dated [DATE], showed the following: -Walker for mobility; -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/15/20 at 5:36 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 5. Review of Resident #7's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. All other activities of daily living (ADLs) independent; -Walker for mobility. Review of the resident's laboratory results, reported 8/14/20 at 8:07 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 6. Review of Resident #8's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/15/20 at 5:37 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265709</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELLEFONTAINE GARDENS NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9500 BELLEFONTAINE ROAD SAINT LOUIS, MO 63137</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 2)</p> <p>nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 7. Review of Resident #9's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED].); -Required set up for eating and toilet use; -Required supervision of one with personal hygiene and bathing; -Required limited assistance of one with dressing; -Wheelchair for mobility. Review of the resident's laboratory results, reported 8/13/20 at 8:12 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 8. Review of Resident #10's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:44 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 9. Review of Resident #11's quarterly MDS, dated [DATE], showed the following: -Cognitively intact; -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:13 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 10. Review of Resident #12's annual MDS, dated [DATE], showed the following: -Severe cognitive impairment; -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:21 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 11. Review of Resident #13's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 8:12 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 12. Review of Resident #14's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/14/20 at 10:09 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 13. Review of Resident #15's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. Review of the resident's laboratory results, reported 8/13/20 at 7:53 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 14. Review of Resident #16's quarterly MDS, dated [DATE], showed the following: -[DIAGNOSES REDACTED]. results, reported 8/15/20 at 5:08 P.M., showed [DIAGNOSES REDACTED]-CoV-2 was detected. Review of the resident's nursing/progress notes, did not show any notification of the resident or the resident's family/representative of the positive [DIAGNOSES REDACTED]-CoV-2 laboratory results. 15. During an interview on 8/20/20 at 10:24 A.M., the Director of Nursing said nursing staff were expected to document notification of families about positive COVID-19 [DIAGNOSES REDACTED].M., the Administrator said the facility nurses and social workers were expected to notify the residents and their families of positive COVID-19 infections and document the notifications in the progress notes.</p>		