

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265879</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SISTERS MISSION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3225 N FLORISSANT AVE SAINT LOUIS, MO 63107</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow the facility's transmission based precautions policy for a resident suspected to have contracted the 2019 Novel Coronavirus Disease (COVID-19). The facility failed to ensure the entrance to the resident's room contained signage to notify staff and visitors of the precautions needed and personal protective equipment (PPE) had been placed and accessible to staff (Resident #1). The facility also failed to ensure staff adhered to hand hygiene and infection control practices when staff administered a fasting blood sugar test (Resident #2) and staff failed to practice hand hygiene when entering and exiting resident rooms and after touching the resident's call light and foot (Resident #3). The sample size was three. The census was 15. Review of the facility's COVID-19 Coronavirus policy, dated 3/11/20, showed: -Policy: The facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]; -Coronavirus: is [MEDICAL CONDITION] that causes mild to severe respiratory illness; -Policy Guidelines: The infection prevention nurse will assess facility risk associated with COVID-19 through surveillance activities of emerging diseases in the community and illnesses in the facility; -No current risk: the facility will implement interventions for prevention and prepare for a potential outbreak; -Threat detected: the facility will respond promptly and implement emergency and/or outbreak procedures; -Staff, residents and vital vendors shall be alert to signs of COVID-19 (fever, cough, shortness of breath) then notify administration and physician if evident; -Interventions to prevent the spread of respiratory droplets within the facility: -Keep the residents and employees informed by answering questions and explaining what they can do to protect themselves and their fellow residents (hand washing, spatial separation, respiratory hygiene/cough etiquette by covering the mouth using the arm); -Monitor residents and employees for fever and respiratory symptoms; -Restrict residents with fever or acute respiratory symptoms to their room. Have them wear a facemask (if tolerated) if they must leave the room for medically necessary procedures; -Procedures for suspicion of COVID-19: -Notify Administrator, Director of Nursing (DON), Physician, Infection control committee and the resident's family; -Place the resident in a private room with bathroom (isolation room) with the door closed; -Limit the contact of caregivers and maintain a care log of caregivers that enter the room. Screen the caregivers at the beginning and after each shift; -Notify the local health department of suspected COVID-19. Follow any instructions for a coordinated, planned transfer; -Arrange for a transfer to a facility with appropriate capacity to manage the resident. Inform the ambulance staff of suspected COVID-19 and the staff at the transfer location; -Implement standard, contact and airborne precautions (droplet precautions if no airborne isolation room available). Staff wear proper gloves, gowns, goggles/facemasks upon entering room to care for the resident; -Dedicated medical equipment (disposable) should be used for provision of care. Staff to clean and disinfect all other equipment used for care. Review of the facility's change in resident condition or status policy, revised 5/2017, showed: -Policy statement: The facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status; -Policy interpretation and implementation: -The nurse will notify the resident's attending physician or the physician on call when there has been signs or symptoms of COVID-19; -Prior to notifying the physician or health care provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including information prompted by the Interact Situation, Background, Assessment, Recommendation (SBAR, a technique that can be used to facilitate prompt and appropriate communication with health care providers) communication form; -Unless otherwise instructed by the resident, a nurse will notify the resident's representative when signs and symptoms of COVID-19 occur; -Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical or mental condition or status. Review of the facility's isolation transmission based precaution policy, revised 10/2019, showed: -Policy statement: Notices will be used to alert personnel and visitors of transmission based precautions, while protecting the privacy of the resident; -Interpretation and implementation: -When transmission based precautions are implemented, the infection preventionist (IP) or designee determines the appropriate notification to be placed on the room entrance door and on the front of the resident's chart so the staff and visitors are aware of the need for and type of precaution; -Signs and notifications comply with the resident's right to confidentiality or privacy. For airborne, contact and droplet precautions, a notice at the resident's doorway instructing visitors to report to the nurses' station before entering the resident's room and a sign indicating airborne, contact and/or droplet precautions on front of the resident's chart; -Droplet Precautions: Use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing or talking; -Source control: Place a mask on the resident; -Ensure appropriate placement: Place in a single room if possible; -Use PPE: Apply mask upon entry into the resident room or space; -Limit transport and movement: Outside of the resident's room unless medically necessary. If movement is necessary outside of the room, instruct the resident to wear a mask and practice cough etiquette; -Masking and separation of persons with respiratory symptoms: During periods of increased respiratory infection activity in the community, offer masks to persons who are coughing. Either procedure masks or surgical masks may be used to contain respiratory secretions. Encourage coughing persons to sit at least 6 feet away from others in common waiting areas. 1. Review of Resident #1's medical record, showed: -admitted to the facility on [DATE]; -[DIAGNOSES REDACTED].M., 5/16/20 at 11:26 P.M., 5/17/20 at 10:16 A.M., 5/18/20 at 1:30 P.M. and 5/19/20 at 9:32 A.M., the resident had no signs or symptoms of respiratory illness. Review of the resident's care plan, edited on 5/20/20, showed: -Problem: The resident is at risk for being exposed to and/or contracting COVID-19 virus due to current pandemic; -Goal: The resident will have minimal exposure to COVID-19 virus; -Approach: The staff and residents will be encouraged to practice social distancing (6 feet between individuals, no hand shaking, etc.), daily screening for temperature, presence of respiratory symptoms and mental status changes. All residents, staff and visitors will be required and encouraged to wear facemasks and other PPE as required and/or needed while in common areas, the facility will implement measures to prevent the exposure and spread of COVID-19 to the residents. Further review of the resident's COVID-19 daily screening, showed on 5/21/20 at 10:10 A.M., 5/22/20 at 11:04 A.M., 5/23/20 at 10:39 A.M., 5/24/20 at 10:10 A.M. and 5/25/20 at 10:55 A.M., the resident had no signs or symptoms of respiratory illness. Review of the resident's progress notes, showed: -On 5/26/20 at 10:29 A.M., the resident was alert and oriented x 3. New cough noted. Due to the regulation to the COVID-19 pandemic, nasal swab sample taken and sent to the laboratory. The resident started to stay in isolation in his/her room until the laboratory result is received. Full vital signs will begin to be checked every shift; -The daily COVID-19 screening form completed at the time of the progress note, showed: -Does the resident exhibit any signs or symptoms of a respiratory illness: cough selected as 'yes'; -If symptoms are present notify the physician, initiate droplet precautions, quarantine the resident to his/her room and notify the nurse manager or administrator immediately: not applicable (N/A) selected; -Vital signs: Temperature 97.4 degrees Fahrenheit (F); -Oxygen saturation (level of oxygen in blood, normal range 90-100 percent %): 97%; -On 5/26/20 at 2:41 P.M., the resident's vital signs noted to be within normal range (WNR). Lungs clear bilaterally (both sides) and breathing</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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During the interview, the resident wore no face covering and stood in his/her open doorway. During an interview on 5/27/20 at 12:03 P.M., the interim administrator said that she had called and spoken to the DON to confirm that no residents had been tested or were suspected of having COVID-19. At that time, the DON had informed the interim administrator that Resident #1 had been tested with a nasal swab on 5/26/20 related to a new dry cough. The interim administrator added that she did not have knowledge of the resident's test at the time of the entrance conference. Further review of the resident's progress notes, showed on 5/27/20: -At 2:58 P.M., the resident has an occasional dry cough. Lungs sound clear. Respirations even and non-labored. No signs of fever or complaints voiced; -At 3:35 P.M., the lab specimen was picked up by the lab this morning. Review of the electronic physician order sheet (ePOS) on 5/28/20, showed no physician order for [REDACTED]., Registered Nurse (RN) A said that he/she was the charge nurse on duty on 5/26/20 and cared for the resident. He/she had noted the resident developed a dry random cough. He/she notified the DON of the change. The DON obtained the COVID-19 test sample and told RN A that he/she would return with isolation equipment and PPE for the resident, but the DON did not return to the floor. RN A had forgotten to follow up with the isolation signage and PPE. RN A instructed the resident to remain in his/her room until the test results were obtained. RN A completed a change in the resident's daily COVID-19 screening. He/she did not speak with the resident's physician since the DON said he/she had gotten the order and obtained the sample. RN A did not enter the COVID-19 order into the resident's ePOS and assumed the DON had completed the order; -At 12:21 P.M., Licensed Practical Nurse (LPN) C said that he/she had been notified in a verbal report the morning of 5/27/20 that the resident had been tested for COVID-19 the day before. He/she did not think to notify the surveyor when asked about the potential of any COVID-19 cases. The resident did not have any isolation signage or PPE on or outside his/her door on 5/27/20. Isolation signage and PPE were placed outside the resident's room during the day on 5/28/20. The resident had to be redirected back into his/her room several times on 5/29/20 and he/she did not wear a mask either episode. The resident can be forgetful at times and has a [DIAGNOSES REDACTED].M., Certified Medication Technician (CMT) B said he/she had worked with the resident several times since his/her admission. The resident can have confusion at times. CMT B added that LPN C had informed him/her that the resident had been recently tested for COVID-19. He/she was off duty on 5/28/20 and returned to work on 5/29/20. PPE isolation equipment and signs were now on the door and outside the resident's room. The last time he/she worked with the resident prior to that was on 5/27/20 and no isolation PPE or signage had been on the doorway or outside of the resident's room. On 5/29/20, the resident left his/her room twice during the day and walked in the hallway without his/her mask. The staff had been able to redirect the resident back to his/her room. During an interview on 5/29/20 at 2:09 P.M., the resident's physician said the facility had called and notified him/her of a new cough. The facility requested the COVID-19 testing and he/she approved the request. The facility should place any resident who is tested for COVID-19 on isolation precautions for 14 days unless the test comes back negative, and place appropriate signs on the resident's door and provide isolation PPE outside the door for staff. He/she would expect physician orders to be documented in the resident record. Review of the respiratory requisition form, received via encrypted email on 5/29/20, showed on 5/26/20 at 1:56 P.M., the resident was tested for Sudden Acute Respiratory Syndrome ([DIAGNOSES REDACTED]) Cov-2 Panel related to contact with and exposure to [MEDICAL CONDITION] communicable disease. During a phone interview on 6/1/20 at 8:15 A.M., the DON said the resident had showed symptoms of a new cough. The DON obtained the order from the physician and obtained the sample on 5/26/20, in the late afternoon. The sample was picked up by the laboratory the morning of 5/27/20. The test results should be ready in three to five days. The administrator had access to the laboratory portal. The laboratory will call the facility and report the findings. The DON expected staff to ensure isolation signage and PPE to be placed on the resident's door as well as outside the doorway for staff use. All residents in the facility are expected to wear facemasks when in the hallways. On 6/1/20, the facility notified the Department of Health and Senior Services regional office that Resident #1's COVID-19 test result was positive for COVID-19. During interviews on 6/2/20: -At 8:08 A.M., Dietary Employee E said he/she had completed the breakfast meal service and served the 4th floor today. If a resident is on isolation precautions, the dietary department is notified by the nursing staff. The resident is then served meals on disposable wear and the food tray is covered in plastic. The dietary staff deliver the meal trays to the resident floors and the nursing staff serve the meal trays to individual resident rooms. He/she had served a normal breakfast tray to all residents and had not been told of any residents were currently on isolation precautions; -At 9:30 A.M., the Dietary Manager (DM) said she had been notified mid-morning on 6/1/20, that a resident on the fourth floor was placed on isolation precautions. Up until the time of the notification, all facility residents had been served on standard plates, cups and utensils. Nursing staff should notify dietary as soon as a resident is placed on isolation precautions. The resident should be served on disposable dinnerware and the food tray wrapped in plastic wrap to help prevent the spread of infection. Today's breakfast should not have been served on standard dinnerware. -At 10:26 A.M., the interim administrator said that the nursing staff should immediately communicate to management staff and the dietary staff if any resident is placed or suspected for the need of isolation precautions. The facility experienced a breakdown in communication between management and staff when the resident was tested for COVID-19. The resident should have been placed on isolation and appropriate signs placed on the door as well as isolation PPE provided outside of the resident's room. The entire fourth floor is using disposable dinnerware for meals. All facility residents and staff are being tested for COVID-19. 2. Review of the facility's obtaining a blood glucose level procedure, dated 10/2011, showed: -Purpose: to obtain a blood sample to determine the resident's blood glucose level; -Preparation: Assemble the equipment and supplies; -Procedure: -Wash hands and/or use hand sanitizer prior to beginning; -Disinfect the work surface before placing the equipment on the surface; -Disinfect the glucose machine before using and arrange supplies on a clean area; -Cleanse the selected fingertip with alcohol and allow to dry; -Obtain blood sample and place on the test strip; -Clean and disinfect reusable equipment. Review of Resident #2's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED]. Review of the resident's care plan, updated on 5/5/20, showed staff did not address diabetes [DIAGNOSES REDACTED].M., LPN C stood behind the nurses' station with the nurse treatment cart. The resident was in the hallway and faced the back of the nurses' station. The resident wore a surgical mask under his/her chin and the mask did not cover his/her nose or mouth. LPN C sanitized his/her hands with alcohol based hand rub (ABHR), applied gloves and used a bleach wipe to cleanse the glucometer (blood sugar testing machine). He/she placed the glucometer onto the bare surface of the nurse cart with no barrier under the glucometer. He/she used the same bleach wipe and gloved hands and picked up the glucometer, wiped off the top of the nurse cart and placed the glucometer back onto the bare surface of the cart. He/she did not re-clean the bottom of the glucometer which had been placed on the potentially soiled nurse cart. He/she removed his/her gloves and sanitized his/her hands and reapplied gloves. LPN C obtained the resident's blood sugar finger stick. The glucometer provided a false reading and LPN C stated there was not enough blood. LPN C removed the used test strip and removed his/her gloves, used bare hands to replace the test strip and reapplied gloves. He/she did not sanitize or wash his/her hands. The resident's finger was cleansed with an alcohol wipe and LPN C obtained the blood sample. LPN C said supplies should be set up and ready for use prior to testing. The testing supplies should have a barrier under them. Bare hands should not touch testing supplies. 3. Review of the facility's handwashing/hand hygiene policy, revised 8/2015, showed: -Statement: The facility considers hand hygiene the primary means to prevent the spread of infections; -Interpretation and implementation: -All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections; -All personnel shall follow the handwashing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents and visitors; -Use an ABHR or soap and water for the following situations: before and after direct contact with residents, before performing any non-surgical procedure, before and after handling an invasive device, after contact with a resident's intact skin, after contact with blood or body fluids, after contact with object (medical equipment) in the immediate vicinity of the resident, and after removing gloves; -Hand hygiene is the final step after removing and disposing of PPE; -The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections. Review of Resident #3's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED]. Observation on 5/27/20 at 11:01 A.M., showed the resident lay in his/her bed with</p>		

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