

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265719	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER OAKWOOD ESTATES NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 5303 BERMUDA DRIVE NORMANDY, MO 63121	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<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 ensure staff followed facility policy and protocol for three residents identified as being on transmission based precautions as identified by signage posted on the residents' doors (Residents #3, #1 and #2) for the 2019 Novel Coronavirus Disease (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, loss of smell and taste). Staff failed to implement a process to quickly identify residents with new onset of COVID-19 by failing to routinely monitor residents not already identified as having or suspected of having COVID-19 for symptoms of the disease, for one resident who was later identified as having COVID-19 (Resident #1) and three sampled residents not currently suspected of or positive for COVID-19 infection (Residents #5, #6 and #7). In addition, the facility failed to implement a process to ensure staff completely filled out the COVID-19 staff screening tools and/or follow-up timely when staff identified themselves as having new onset of COVID-19 symptoms. The resident sample was seven. The census was 49. Review of the facility's COVID-19 zones, showed the facility divided into green, yellow and red zones. During an interview on 6/18/20 at 8:50 A.M., the Director of Nursing (DON) said the green zone is for residents cleared of COVID-19 and/or not suspected of having the disease. The yellow zone is for residents on observation for symptoms of COVID-19, who were exposed and are on close observation and new admits on observation for COVID-19. The red zone is for residents positive for COVID-19. The facility currently has no residents in the red zone. There are currently nine residents on observation in the yellow zone. Six of these residents have been tested with one negative test. The residents stay in the yellow zone until they have two negative COVID-19 tests. Staff on the yellow hall use masks, gloves and hand sanitizer unless more is indicated. The facility has no personal protective equipment (PPE) shortage at this time, but it is continuously reordering. They have a supply of shoe covers, face shields, gowns, gloves and facemasks. The resident screening process is completed with the use of a pandemic assessment every shift, checking residents' temperature and respiratory symptoms. This is documented in the electronic medical record. The facility has completed facility wide testing of all residents for COVID-19. Review of Preparing for COVID-19 in Nursing Homes on the cdc.gov website showed: -Evaluate and Manage Residents with Symptoms of COVID-19. --Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. --Actively monitor all residents upon admission and at least daily for fever (T=100.0oF) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions. ---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, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. --Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any with new symptoms. --Residents with known or suspected COVID-19 should be cared for using all recommended PPE, 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 face shield that covers the front and sides of the face), gloves, and gown. Review of the facility's Isolation - Categories of Transmission-Based Precautions policy, revised April 2020, showed: -Transmission-based precautions will be used whenever measures more stringent than standard precautions are needed to prevent or control the spread of infection; -Based on the Centers for Disease Control and Prevention (CDC) definitions, three types of transmission-based precautions (airborne, droplet and contact) have been established; -Contact Precautions: In addition to standard precautions, implement contact precautions for residents known or suspected to be infectious with microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental surfaces or resident-care items in the resident's environment. The decision on whether precautions are necessary will be evaluated on a case by case basis; -Examples of infections requiring contact precautions include, but are not limited to COVID; -In addition to wearing gloves as outlined under standard precautions, wear gloves when entering the room; while caring for a resident, change gloves after having contact with infective material; remove gloves before leaving the room and perform hand hygiene; -Wear a disposable gown upon entering the contact precautions room or cubicle; after removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces; -Signs: The facility will implement a system to alert staff to the type of precaution the resident requires. This facility utilizes the following system for identification of contact precautions for staff and visitors: CDC contact isolation signage. The facility will also ensure that the resident's care plan and care specialist communication system indicates the type of precautions implemented for the resident; -Droplet precautions: In addition to standard precautions, implement droplet precaution for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking or by the performance of a procedure such as suctioning; -Examples of infections requiring droplet precautions include, but are not limited to COVID; -In addition to standard precautions, put on a mask when entering the room or cubicle; -Limit movement of the resident from room to essential purposes only; if transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets; if the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable; -Signs: The facility will implement a system to alert staff and visitors to the type of precautions the resident requires. The facility utilizes the following system for identification of droplet precautions: CDC droplet precautions signage. The facility will also ensure that the resident's care plan and care specialist communication system indicates the type of precautions implemented for the resident. Review of the facility's Personal Protective Equipment, Using Protective Eyewear policy, revised April 2020, showed: -Masks and eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn together whenever splashes, spray, splatter or droplets of blood or other potentially infection materials may be generated and eye, nose or mouth contamination can be expected; -Personal eyeglasses should not be considered as adequate protective eyewear; -Protective eyewear must have adequate side and top coverage and must fit the employee properly; -Face shields or goggles used in a COVID wing may be worn continuously or removed and placed in a plastic bag for reuse during the shift. Review of the facility's Monitoring Compliance with Infection Control policy, revised September 2017, showed: -The infection preventionist or designee shall monitor the effectiveness of the facility's infection prevention and control work practices and protective equipment. This includes but is not necessarily limited to: -Surveillance of the workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used; -Effective use of disposable gloves and other PPE to prevent spread of infection. 1. Observation of the 300 hall yellow zone, showed: -On 6/18/20 at 9:07 A.M., an isolation supply cart at the entrance to 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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The facility has sufficient supplies. The supplies in the cart are what is required to be available for the yellow zone. Observation at this time, showed facemasks, gloves and gowns available. No face shields or goggles available. 2. Review of the facility's COVID-19 positive cases as of 6/17/20 and revised 6/18/20, showed Resident #3 listed as unknown. Review of Resident #3's hospital records, showed: -admitted to the hospital 6/5/20; -A communicable disease screening, dated 6/5/20, showed: -Has the patient been in close contact with a person who has been ill or with suspected COVID-19: Yes; -Does the patient have one or more of the following: Fever, respiratory signs and symptoms (cough, shortness of breath), new loss of smell and/or taste, headache, sore throat or muscle pain: Yes; -COVID-19 test collected 6/6/20, showed COVID-19 detected; -Ambulance service: Transport date 6/9/20 origin hospital, destination facility. [DIAGNOSES REDACTED]. Droplet/contact isolation: COVID; -Transfer orders: COVID-19 precautions per facility. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed: -COVID-19 test completed 4/26/20 and positive on 4/27/20; -COVID-19 test completed (blank) and positive on 6/10/20; -COVID-19 test completed 6/17/20, results pending. Review of the resident's care plan, dated 6/10/20 and in use at the time of the survey, showed: -Problem: Resident is presumptive for COVID-19 respiratory infection as evidence by fever at or greater than 100.4 degrees Fahrenheit (F), new/worsening cough (productive/non-productive), shortness of breath; -Goal: Resident will have minimized risk of complications related to respiratory status; -Interventions: -Continue with facility-wide Centers for Medicare and Medicaid Serviced (CMS) approved infection control surveillance; -Droplet isolation: Keep room door closed, staff and visitors to wear PPE at all times when in room: Gloves, mask, gown; resident not to leave room. Review of the resident's medical record, showed: -Readmitted [DATE]; -[DIAGNOSES REDACTED].M., showed the resident readmitted to the facility from the hospital. The resident is on the memory care unit due to testing positive for the COVID-19 virus and on quarantine at this time; -Review of a pandemic assessment, dated 6/17/20 at 10:38 A.M., showed: -General not feeling well: Yes; -Resident voiced has been having cold symptoms for 5 days continues to have non-productive cough. Observation on 6/18/20 at 9:12 A.M., showed a droplet precaution and contact precautions sign posted on the resident's room door. The room door completely open and the resident lay in bed with his/her back to the door. No isolation supply cart or PPE available for use outside the room. Review of the droplet precaution sign, showed: Everyone must clean their hands including before entering and when leaving the room. Make sure eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. A picture on the sign showed two options for face protection, either a mask and face shield or a mask and goggles. Review of the contact precaution sign, showed: Clean hands including before entering and when leaving the room. Providers and staff must also put on gloves before room entry and discard before room exit. Put on gown before room entry and discard before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated disposable equipment. Observation at this time, showed no dedicated disposable equipment available inside the resident's room to dispose of used PPE. Observation on 6/18/20 at 11:32 A.M., showed Certified Nursing Assistant (CNA) F walked with the resident from his/her room to a hall shower room, just outside of the yellow zone. CNA F wore a mask only, no other PPE and did not take any PPE into the shower room. The resident wore no mask. CNA F exited the shower room and entered the clean utility room, obtained a brief, exited the clean utility room and entered the clean linen room and obtained clean linen. He/she then returned to the shower room. No barrier in place to prevent potential contamination on the CNA's clothing from contaminating the clean utility room or clean linen room. No signage on the shower room door indicated the shower room was reserved for residents on isolation in the yellow zone. At 11:47 A.M., the resident and CNA F exited the shower room. The resident walked down the hall to his/her room as CNA F walked the other direction towards a green zone. CNA F only wore a mask. The resident wore no mask for source control. Observation on 6/19/20 at approximately 10:30 A.M., showed the only PPE in the shower room as gloves. No PPE disposable can available. Observation on 6/18/20 at 11:50 A.M., showed CNA F entered the resident's room with personal care supplies in his/her hands. He/she wore a mask and gloves, but no gown or eye protection worn. No PPE available outside the resident's room. The resident sat in bed with his/her back towards the hall. CNA F stood in front of the resident and leaned in towards the resident, with his/her face within two feet of the resident's face while he/she provided care. At 11:59 A.M., CNA F exited the resident's room, he/she removed his/her gloves and washed his/her hands. CNA F said he/she had just given the resident a shower. Review of the facility's COVID-19 Prevention and Control policy, dated March 2020, showed: -Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during the current outbreak of COVID-19; -Residents with suspected or confirmed COVID-19 infection are placed in a separate room or cohort with other residents with the same infection status; -Standard precautions are utilized when caring for all residents. Contact and droplet precautions are implemented for any residents with symptoms of respiratory infection. During an interview on 6/18/20 at 10:15 A.M., Licensed Practical Nurse (LPN) D said he/she is the nurse for the resident. The resident is on droplet precautions due to being positive for COVID-19. Review of the COVID-19 test results, collected 6/17/20, results 6/18/20 at 2:23 P.M., and provided on 6/19/20, showed COVID-19 not detected. During an interview on 6/22/20 at 10:15 A.M., the administrator and DON said the resident would not be able to tolerate a mask. The resident is on droplet precautions and should remain in his/her room. The resident also would not tolerate his/her door being completely closed, but it should be partially closed. 3. Review of Resident #1's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED].M., family notified the day prior that the resident was positive for COVID-19; -No documentation to indicate the resident was placed on droplet and contact precautions; -A pandemic assessment dated [DATE] at 3:10 A.M., remains on contact isolation related to COVID; -No documentation the resident was removed from droplet precautions or clarification if the resident should be on droplet precautions. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed the following for Resident #1: -COVID-19 test completed 5/15/20 and positive on 5/16/20; -COVID-19 test completed 6/4/20 and positive on 6/5/20; -COVID-19 test completed 6/12/20 and negative on 6/13/20. During an interview on 6/22/20 at 10:15 A.M., the administrator and DON said they believed Resident #1 was tested for COVID-19 as part of facility wide testing and not due to symptoms. They could not find any pandemic assessments completed prior to 5/19/20. At that time, pandemic assessments were only completed on residents positive or symptomatic. Review of Resident #2's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED].M., the resident arrived at 4:15 P.M. from the hospital. COVID positive; -A pandemic assessment, dated 6/11/20 at 1:55 A.M., remains on isolation related to COVID; -An activity participation note, dated 6/11/20 at 3:24 P.M., the resident tested positive for COVID-19 and is on quarantine; -No documentation to indicate the resident was placed on or removed from droplet and contact precautions. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed the following for Resident #2: -COVID-19 test completed 6/8/20 and positive 6/10/20; -COVID-19 test completed at an outside provider, no date indicated, and negative on 6/11/20. Observation on 6/18/20 at 9:08 A.M., showed Resident #1 and Resident #2 shared a room. A droplet precaution and contact precaution sign posted on the residents' room door and the room door closed. No isolation supply cart or PPE available for use outside the room. Review of the droplet precaution sign, showed: Everyone must clean their hands including before entering and when leaving the room. Make sure eyes, nose and mouth are fully covered before room entry. Remove face protection before room exit. A picture on the sign showed two options for face protection, either a mask and face shield or a mask and goggles. Review of the contact precaution sign, showed: Clean hands including before entering and when leaving the room. Providers and staff must also put on gloves before room entry and discard before room exit. Put on gown before room entry and discard before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated disposable equipment. Observation at this time, showed Physical Therapy Assistant A entered the resident's room with a mask on. He/she wore no goggles/face shield, gown or gloves. No dedicated disposable equipment available inside the resident's room. At 9:20 A.M., Physical Therapy Assistant C entered the room with a mask on. He/she wore no goggles/face shield, gown or gloves. At 9:56 A.M., both staff exited the resident's room. Physical Therapy Assistant C had a pair of goggles clipped to his/her shirt, but not worn. During an interview at approximately 10:00 A.M., Physical Therapy Assistant C said he/she was providing care to Resident #2, but he/she also helps Resident #1 as needed. Resident #2 was getting therapy due to a recent amputation. They were [MEDICATION NAME] standing with the resident which requires moderate assistance and stand by assist. He/she believes both residents are on COVID-19 precautions, but it would</p>		

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During an interview on 6/18/20 at 9:36 A.M., Physical Therapy Assistant A said he/she knows what PPE to use by looking at the sign on the room door. During an interview on 6/18/20 at 12:40 P.M., CNA F said he/she knows what PPE is required in isolation rooms by the sign on the door. During an interview on 6/18/20 at 12:55 P.M., the infection preventionist said if a resident is on COVID precautions for either being positive or suspected, they are placed on droplet precautions. For new admission/readmission, they are placed on 14 day quarantine in the yellow zone and need two negative tests before removed from the yellow zone to the green zone. They are placed on droplet and contact precautions and a sign is placed on their door. During an interview on 6/22/20 at 10:15 A.M., the administrator and DON said staff know when a resident is on isolation based on the sign on the door and report. Management notify staff when residents are positive or being monitored for COVID-19. The type of isolation should be documented in the medical record. The facility is completing an audit now to make sure this is properly documented on all residents. The final determination to take someone off isolation is up to the physician. Staff gather information and report it to the infection preventionist who is responsible to communicate with the physician. Staff should follow the posted isolation precautions as indicated by the posted signs until the signs are removed. PPE should be available outside resident rooms. The PPE was only at the end of the 300 hall originally because there were no residents on isolation. Once a resident is placed on isolation, they should get their own isolation supply cart outside their room. The facility is not currently utilizing designated disposal equipment in resident rooms, because they treat all trash and linen as contaminated. Face shields and goggles should be available to staff if a resident is on droplet precautions. 4. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed the facility's first positive COVID-19 resident case identified on 4/22/20. Review of Resident #5's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED].M., showed no temperature documented: -On 4/2, 4/4 through 4/6, 4/12, 4/14, 4/19 through 4/21 and 4/23 through 4/30/20; -On 5/1, 5/2, 5/4 through 5/12, 5/18 through 5/21, 5/23 through 5/26, 5/28 and 5/29/20; -On 6/2, 6/4, 6/6, and 6/12/20; -No pandemic assessments completed. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed: -COVID-19 test completed 6/4/20 and negative 6/5/20. 5. Review of Resident #6's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED].M., showed no temperature documented: -On 4/1, 4/2, 4/3 through 4/7, 4/9, 4/12 through 4/15, 4/18 through 4/20, 4/22, and 4/24 through 4/30/20; -On 5/1 through 5/15, 5/17 through 5/22, 5/24 and 5/26 through 5/29/20; -On 6/2 through 6/6, 6/8, 6/10 and 6/12 through 6/18; -A pandemic assessment dated [DATE], showed no negative findings; -No further pandemic assessments completed. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed: -COVID-19 test completed 6/4/20 and negative 6/5/20. 6. Review of Resident #7's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED].M., showed no temperature documented: -On 4/1, 4/2, 4/4 through 4/7, 4/9, 4/12 through 4/15, 4/18 through 4/20, 4/22 and 4/24 through 4/30/20; -On 5/1 through 5/27, 5/29 and 5/30/20; -On 6/1 through 6/10, 6/12 through 6/14 and 6/16 through 6/18/20; -A pandemic assessment dated [DATE], showed no negative findings; -No further pandemic assessments completed. Review of the facility's COVID-19 outbreak log, updated 6/17/20, showed: -COVID-19 test completed 6/4/20 and negative 6/5/20. During an interview on 6/19/20 at 10:35 A.M., Registered Nurse AA said he/she only completes the pandemic assessments on residents in the yellow and red zones who are being monitored for COVID-19. He/she can choose to do one on other residents if needed, but he/she does not routinely assess residents in green zones for COVID-19. During an interview on 6/22/20 at 10:15 A.M., the administrator and DON said currently, pandemic assessments are only completed routinely for residents positive for COVID-19 or in the yellow zone for COVID-19 monitoring. For residents who reside in the green zone, staff are charting by exception. 7. Review of Preparing for COVID-19 in Nursing Homes on the cdc.gov website showed: -Evaluate and Manage Healthcare Personnel. --Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Review of the facility's COVID-19 Employee Screening Tools, for the time frame of 6/11/20 through 6/18/20, showed: -CNA I: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: -Marked Yes on 6/11, 6/13, 6/14, 6/15, 6/16 and 6/18/20; -During an interview on 6/19/20 at 3:25 P.M., CNA I said, He/she did not realize he/she had indicated any symptoms associated with COVID-19, this must have been marked in error. No one from the facility ever followed up with him/her regarding the answers indicated on the staff screening tools; -Restorative Aide H: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: -Marked Yes on 6/12 and 6/17/20; -During an interview on 6/19/20 at 11:20 A.M., Restorative Aide H said, he/she did not recall marking symptoms as yes. Staff ask how he/she is feeling, but not specifically about the screening tool; -LPN J: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: -Marked Yes on 6/11/20; -During an interview on 6/19/20 at 11:23 A.M., LPN J said he/she did not recall marking symptoms as yes. The person completing the screening will ask if staff feel well, but they have never clarified the answer on the form; -Certified Medication Technician (CMT) G: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: -Marked Yes on 6/11/20; -During an interview on 6/19/20 at 11:16 A.M., CMT G said he/she must have indicated yes in error. No one from the facility had brought it to his/her attention that he/she had indicated yes for signs and symptoms; -Housekeeper L: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: -Marked Yes on 6/11/20; -Blank on 6/15, 6/16 and 6/17/20; -During an interview on 6/19/20 at 11:25 A.M., Housekeeper L said he/she must have indicated having symptoms in error. No one from the facility had clarified his/her answer; -Staff M: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/12, 6/13, 6/14, 6/15, and 6/17/20; -Staff N: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/11, 6/12 and 6/16/20; -Staff O: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/11 and 6/12/20; -Staff P: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/12/20; -Staff Q: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/12/20; -Staff R: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/11, 6/13 and 6/14/20; -Staff S: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/11, 6/14 and 6/15/20; -CNA F: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/11/20; -Staff T: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/15 and 6/16/20; -Staff V: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/13 and 6/14/20; -Staff W: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/16/20; -Staff Y: Do you have symptoms of new or worsening cough, fever, sore throat, new onset of shortness of breath: Left blank on 6/18/20. During an interview on 6/22/20 at 10:15 A.M., the administrator and DON said the employee screening tool should be completed on all staff with all questions answered. If a staff person reports new or worsening cough/fever/sore throat or new onset of shortness of breath, the receptionist who is doing the screening should contact the infection preventionist who evaluates further.</p>		