STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465064	A. BUILDING _____ B. WING _____	05/08/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST GEORGE REHABILITATION	1032 EAST 100 SOUTH ST GEORGE, UT 84770

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** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) infection control practices related to COVID-19 transmission based precaution (TBP), discontinuation, and employee returning to work protocols. Specifically, the facility failed to immediately implement isolation precautions for 1 of 2 symptomatic residents (Resident 1); failed to maintain TBP for the recommended duration for 2 of 2 symptomatic residents who remained at the facility (Residents 1 and 2); and failed to prohibit 2 of 7 symptomatic employees from returning to work until after the CDC recommended isolation period. These failures had the potential to increase the likelihood of COVID-19 transmission in the event of an identified exposure. Findings include: 1. According to the CMS COVID-19 Focused Survey for Nursing Homes, dated 3/20/20, the TBPs to follow when a resident is suspected of COVID-19 include: immediate isolation of the resident in a private room (if available); and when staff enter the room they are to wear gloves, isolation gown, eye protection and an N95 (brand of respirator) or higher-level respirator if available (or a facemask as an acceptable alternative). According to facility policy titled, COVID-19 Emergency Preparedness Plan, dated 3/20/20: Suspected cases (of COVID-19) should first be presented to DON/ADON (Director of Nursing/Assistant Director of Nursing), and MD (Medical Doctor). Nursing to follow MD orders in obtaining specimen, and place suspected patient on contact/droplet precautions, asap (as soon as possible). According to the CDC's Discontinuation of Transmission-Based Precautions (TBP) and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance), revised 4/30/20 showed: - the decision to discontinue empiric (experimental) TBP by excluding the [DIAGNOSES REDACTED]. However, the guidance continued to show, If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for [DIAGNOSES REDACTED]-CoV-2 RNA and that Ultimately, clinical judgement and suspicion of [DIAGNOSES REDACTED]-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions. According to facility policy titled, New CMS guidance from April 24 and CDC guidance April 30 on Transmission Based Precautions the facility will follow transmission based precautions for symptomatic residents until having negative results from two FDA authorized COVID-19 tests > 24 hours apart. Further review showed TBP can be removed sooner than 14 days if the resident has met the test based or symptom based strategy: Test-based strategy - Resolution of fever without the use of fever-reducing medications and - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected >24 hours apart (total of two negative specimens). Symptom -based strategy - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, - At least 10 days have passed since symptoms first appeared. A. Review of Resident (R) 1's clinical record on 5/8/20, revealed R1 was [AGE] years old and resided in a private room. [DIAGNOSES REDACTED]. Review of the facilities COVID Line Listing New surveillance document on 5/8/20 revealed R1 developed shortness of breath (SOB), cough, [MEDICAL CONDITION] (inadequate oxygen supply at the tissue level) and confusion on 4/6/20 and tested negative for COVID on 4/9/20. The facility interventions documented on the line listing were isolation, chest x-ray and alert charting. However, review of Physician order [REDACTED]. Review of the Care Plan on 5/8/20 revealed an entry dated 3/16/20 that showed At risk for psychosocial well-being r/t (related to) visitation restrictions, remaining mainly in room and isolation precautions as needed. However, there was no revision to the care plan in April to identify the type and duration of isolation precautions to be implemented based on R1's new signs and symptoms of respiratory illness. Review of the Progress Notes, dated 4/3/20 to 5/7/20, revealed on: - 4/3/20, R1 developed a non-productive cough with rhonchi (rattling sound heard through a stethoscope to indicate an airway obstruction) noted in both lungs. - 4/5/20, phlegm (mucus production in lungs) was detected. - 4/6/20 at 11:44AM R1 was hypoxic (80-85% oxygen saturations on room air) with severe confusion and sent to ER for respiratory testing. - 4/6/20 at 4:48PM, R1 returned from ER and placed on isolation. However, the type and duration of the isolation precautions was not documented. - 4/9/20, COVID-19 negative results received and isolation discontinued (six days after symptom onset). During an interview on 5/8/20 at 10:50AM, the Director of Nursing (DON) and Assistant Director of Nursing (ADON) stated they should have been notified on 4/3/20 of R1's change of condition and R1 should have been immediately placed on droplet/contact precautions with eye protection for 14 days. The DON and ADON stated the line listing should have shown R1's symptom onset was 4/3, not 4/6/20. They also stated the TBP should not have stopped on 4/9/20 after only one negative COVID test. The DON and ADON stated, going forward, they will ensure physician orders [REDACTED]. B. Review of R2's clinical record on 5/8/20, revealed R2 was [AGE] years old and resided in a private room. [DIAGNOSES REDACTED]. Review of the facilities COVID Line Listing New surveillance document on 5/8/20 revealed R2 developed a sore throat on 4/10/20 and tested negative for COVID on 4/15/20. The facility interventions documented on the line listing were isolation, chest x-ray and alert charting. Review of Physician order [REDACTED]. Review of the Care Plan on 5/8/20 revealed an entry dated 3/16/20 that showed At risk for psychosocial well-being r/t visitation restrictions, remaining mainly in room and isolation precautions as needed. However, there was no revision to the care plan in April to identify the type and duration of isolation precautions based on R2's new signs and symptoms of respiratory illness. Review of Progress Notes dated 4/10/20 to 5/7/20, revealed on: - 4/10/20, R2 experiencing cough, SOB and sore throat. Will notify MD. - 4/10/20 at 5:47PM, chest x-ray obtained and clear. COVID testing sent and resident placed in isolation. Oxygen saturations stable and resident has no fever. - 4/11/20, resident remains on isolation pending respiratory labs. Reports cough although not heard by staff. - 4/14/20, patient on isolation precautions pending results. No fever, no cough, no respiratory distress. - 4/15/20, COVID results negative, patient off isolation (5 days after symptom onset). During an interview on 5/8/20 at 10:50AM, the DON and ADON stated COVID Protocol in the physician order [REDACTED]. The DON and ADON stated the COVID protocol had been implemented on 4/10/20 when the signs and symptoms began, however the order was not obtained until 4/13/20. The DON and ADON stated R2 should not have been removed from contact/droplet precautions on 4/15/20 even though the resident remained isolated in her room. 2. Review of the facilities COVID Line Listing New surveillance document on 5/8/20 revealed: - Licensed Practical Nurse (LPN) 8 had a cough and sore throat on 4/2/20; had tested negative for COVID on 4/5/20 and returned to work on 4/7/20, five days after symptom onset. - Certified Occupational Therapy Assistant (COTA) 9 had a sore throat and heavy chest on 4/15/20; had tested negative for COVID on 4/15/20 and returned to work on 4/18/20, three days after symptom onset. According to the facility policy titled, Guidance for Healthcare Personnel (HCP) Screening, Monitoring and Work Restriction dated 3/20/20, an employee may return to work after 3 days/72 hours of no fever without fever reducing medications AND 7 days from onset of symptoms. During an interview on 5/8/20 at 10:50AM, the DON stated the facility had not followed the return to work restriction protocol for LPN 8 and COTA 9. The DON stated he had miscounted the days LPN 8 had been at home and the ADON had thought COTA 9, based on her symptoms, did not have to follow the COVID criteria for returning to work. The DON stated the facility would update their policy to follow the revised CDC guidance for employees returning to work and make sure to follow the return to work restrictions.

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 -** Many	(continued... from page 1) According to the CDC's Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance) dated 4/30/20: Symptom-based strategy. Exclude from work until: - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and At least 10 days have passed since symptoms first appeared. Test-based strategy. Exclude from work until: - Resolution of fever without the use of fever-reducing medications and - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected >24 hours apart (total of two negative specimens).