

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265585	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER HILLSDALE MANOR HEALTHCARE AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1265 MCLARAN AVENUE SAINT LOUIS, MO 63147	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain proper infection control practice based on facility policy and acceptable standards of practice for the Coronavirus disease 2019 (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, and loss of smell and taste) pandemic, when staff failed to wear a mask at all times while in the facility that covered both their nose and mouth and failed to perform proper hand hygiene after touching their masks. The resident sample was four. The census was 124. Review of the facility's COVID-19 positive resident data, showed: -First positive COVID-19 case identified 4/23/20; -No current positive COVID-19 cases. Review of the facility's Personal Protective Equipment (PPE) policy, dated 9/2017, showed the following: -Purpose: Employees will wear appropriate protective equipment (i.e., goggles, eyewear, face shields, masks, gowns, aprons, label coats, etc.) when soiling of clothing with blood or other potentially infectious materials are likely to occur; -General Guidelines, employees required to perform tasks that may involve exposure to blood/body fluids will be provided appropriate PPE; -PPE will be maintained at various, convenient locations throughout the facility; -Staff will be informed of the storage location of PPE either through direct in-servicing or posted notices; -All tasks do not involve the same type or degree of risk, and therefore will not all require the same kind or extent of protection; -The type of protective equipment is based on: -The fluid or tissue to which there is a potential exposure; -The likelihood of exposure; -The potential volume of material; -The probable route of exposure; -The overall working conditions and job requirements; -PPE should be applied in accordance with the Centers for Disease Control and Prevention (CDC) recommendations; -Facemask: -Facility staff should wear a facemask when performing any task that may reasonably involve the splashing of blood or body fluids into the mouth or nose and when the use of eyewear is indicated. Review of CDC.gov, showed: -Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities: -Ensure all healthcare personnel (HCP) wear a facemask or cloth face covering for source control while in the facility; -How to put on facemasks: -Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin. -Educate HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. 1. Observation on 6/19/20 at 12:20 P.M., showed a sign located in the elevator which stated, Masks to be worn at all times. Observation on 6/19/20 at 12:10 P.M., showed Certified Nursing Assistant (CNA) A stood in the second floor dining room while eight residents sat at tables and ate lunch. CNA A said this particular unit is difficult for residents to maintain social distancing because a number of the residents have dementia and do not understand or remember the importance of social distancing. As CNA A spoke, he/she repeatedly readjusted his/her mask, wearing it below his/her nose, then pushed the mask back up on his/her nose, then pulling the mask down below his/her nose for approximately ten minutes after done talking. He/she did not wash his/her hands prior to touching or after replacing his/her mask and before returning to assist residents. Observations on the Secured Horizons South unit on 6/19/20, showed: -At approximately 12:15 P.M., a staff person stood in a room at a resident's bedside. The staff person wore a mask pulled down below his/her nose. He/she then walked out of the resident's room and into the hall. His/her nose remained uncovered; -At 12:33 P.M., another staff person entered the unit with his/her mask pulled down under his/her nose. He/she entered room [ROOM NUMBER], which housed three residents. The staff person returned to the hall, obtained supplies and returned to the room. His/her nose not covered by a mask; -At 12:38 P.M., CNA F sat at the nurse's station with no mask on. At 12:40 P.M., CNA F got up and pushed a cart down the hall, leaned over to talk to a resident and continued down the hall. He/she wore no mask. Observation on the Secured Horizon Main unit on 6/19/20, showed: -At 12:41 P.M., Certified Medication Technician (CMT) E stood at a medication cart with his/her mask worn below his/her nose and only his/her mouth covered; -At 12: 45 P.M., CMT E seated at the nurse's station and his/her mask covered his/her chin only. He/she walked around the unit, exited the unit and returned to the unit. His/her mask was worn only at his/her chin, which left his/her mouth and nose exposed. Observation on the Cedar Crest unit on 6/19/20, showed: -At 12:48 P.M., CNA B pushed a cart down the hallway as he/she distributed the residents' lunches to their individual rooms. CNA B pulled down his/her mask to speak and he/she then positioned the mask back over his/her face and mouth. He/she did not wash or sanitize his/her hands prior to or after touching the mask and he/she continued to pass lunch to the residents; -At approximately 12:50 P.M., two staff observed on the unit with their masks positioned under their nose and only covered their mouths. One of the staff assisted a resident with their mask while not wearing gloves. Without washing or sanitizing his/her hands, he/she entered another resident's room. During an interview on 6/19/20 at 1:15 P.M., CNA C said staff should not touch their mask. If they do, they should sanitize their hands and change their mask. Masks are to be worn covering the mouth and nose. During an interview on 6/19/20 at 1:33 P.M., Nurse D said staff should not touch their masks because they could contaminate the mask and/or their hands. Staff should wash their hands immediately and get another mask. Masks are not effective if not worn correctly. During an interview on 6/19/20 at 11:45 A.M., the administrator said all staff utilize the use of masks while in the facility. At 1:56 P.M., the administrator said if staff touch their masks, they should wash their hands or use hand sanitizer prior to touching and after touching the mask.</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.