STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265170	A. BUILDING _____ B. WING _____	07/31/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DELMAR GARDENS OF CHESTERFIELD	**14855 NORTH OUTER 40 ROAD CHESTERFIELD, MO 63017**

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	**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 an infection control program during a Coronavirus disease 2019 (COVID-19) pandemic, to provide a safe and sanitary environment for all residents. The facility failed to ensure all staff and residents wore and handled masks appropriately in accordance with Center for Disease Control (CDC) guidelines, and to ensure proper hand-washing, and gloves were worn appropriately with proper hand hygiene when passing food to resident rooms. The census was 173. Review of the CDC.gov website, Preparing for COVID-19 in Nursing Homes, updated 6/25/20, showed the following: -Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19; -Health care professionals (HCP) should wear a facemask at all times while they are in the facility; -Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room; -Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition personal protective equipment (PPE)), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others; -Use of facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Review of the facility's undated policy, Interim Guidance/ Emergency Preparedness for Infection Prevention/Control, in use at the time of abbreviated survey, showed: -As it is unknown what the potential contribution of contact transmission is for [DIAGNOSES REDACTED]-CoV-2 ([MEDICAL CONDITION] that causes COVID-19) care should be taken to ensure that HCP do not touch outer surfaces of the mask during care. 1. Observation on 7/29/20 at 12:25 P.M., showed Social Worker J in the 200 hall dining area adjusted a resident's facemask with ungloved hands and then touched the outside of his/her own facemask. He/she did not wash hands or use hand sanitizer after touching the outside of the facemasks. Observation on 7/29/20 at 12:40 P.M., on the 200 hall, showed housekeeper H touched the outside of his/her own facemask several times with ungloved hands. He/she did not wash hands or use hand sanitizer after touching his/her facemask. He/she then proceeded to touch housekeeping cart. 2. Observation and interview on 7/29/20 at 11:50 A.M., showed Certified Nurse Aide (CNA) E assisted a resident in his/her room. CNA E did not assist the resident with adjusting his/her mask or advise the resident to pull it up over his/her nose. CNA E exited the room, with the resident in a wheelchair and propelled the resident in the hallway to the dining room, where other residents were waiting for lunch. The resident wore a mask around his/her chin, which did not cover his/her mouth or nose. During an interview, CNA E said residents should wear a mask that covers their mouth and nose when exiting their room. 3. Observation on 7/29/20 at 11:25 A.M., showed the receptionist at the front desk near the facility's main entrance, with a mask on his/her chin, not covering his/her mouth or nose. He/she talked with two employees gathered at the desk, who wore masks and were not social distancing. The receptionist answered the phone and talked with the mask remaining below his/her mouth and nose. 4. Observation and interview on 7/29/20 at 12:10 P.M., showed three CNAs and one dietary aide preparing for the residents' lunch to be served on the 500 unit. CNA C and CNA D placed Styrofoam cups on a rolling cart, touched the inside and rim of each cup with ungloved hands and filled cups with drinks in pitchers to serve the 28 residents on the unit. CNA G said staff are only to wear gloves when handling food, not drinks. CNA C said he/she did not know if gloves should be worn to handle cups. Cups should only be handled by the outside, not touching the inside of the cup nor the rim of the cup. 5. During an interview on 7/29/20 at 12:11 P.M., CNA D said staff wash their hands before entering and after exiting each resident's room and between each resident. Observation 7/29/20 at 12:25 P.M., showed CNA D pushed a wheeled cart down the resident hallway that contained plated food, and drinks covered with cling wrap and a plate of disposable plastic wear. CNA D wore full PPE, including gloves. With gloved hands, CNA D knocked on the door of room [ROOM NUMBER], opened the door, talked to the resident, returned to the food cart in the hallway, removed a plate of food and Styrofoam cup with the same gloved hands and re-entered the room. After exiting room [ROOM NUMBER], the CNA did not remove his/her gloves nor clean his/her hands and returned to push the cart to the next room. The CNA knocked on the door of room [ROOM NUMBER] with the same gloved hands, opened the door, entered the room, talked to the resident, exited the room, returned to the food cart in the hallway, removed a plate of food and Styrofoam cup with the same gloved hands and re-entered the room. The CNA exited the room with the same gloved hands, went to cart the and removed cling wrap from a plate of plastic utensils, collected a spoon and fork from the plate while touching all plastic wear with the same gloved hands and returned to the resident's bedside. CNA D exited the room, closing the door. The CNA did not remove his/her gloves nor clean his/her hands and returned to push the cart to the next room. This same act was repeated for rooms 519, 520 and 521. 6. Observation and interview on 7/29/20 at 11:30 A.M., showed Dietary Aide (DA) A in the 700 kitchen area next to the dining room. The 700 unit census was 26. DA A was not wearing gloves. He/she transferred drinking glasses from a dishwasher tray, to a wheeled cart, touching the rim and inside of the glasses with ungloved hands and holding glasses in his/her arm, pressed to his/her clothing. DA A repeated this task three times. DA A said the glasses were placed on the cart to prepare for the residents' lunch, and they would be filled with drinks. He/she washed his/her hands before and after doing stuff in the kitchen. There was no reason why he/she was not wearing gloves. 7. During an interview on 7/29/20 at 11:30 A.M., the Infection Preventionist said that more education with staff on infection control was added due to the recent spike in COVID-19 cases in facility. During an interview on 7/29/20 at 1:48 P.M., the administrator said she expected all staff to follow facility policies and guidelines. A mask, that properly covers the mouth and nose, must be worn at all times in the facility. If a staff member needs to adjust their mask, hands need to be sanitized immediately after. She expected staff to assist residents as needed with mask adjustments, to ensure proper placement and sanitize hands immediately after. Staff need to sanitize hands before entering and when exiting each resident's room regardless of duties. When removing gloves, staff are expected to sanitize hands prior to placing on a new pair of gloves. Staff should not handle the inside of drinking glasses nor touch the rim of the glasses with bare hands.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE