

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265534</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4401 NORTH HANLEY ROAD SAINT LOUIS, MO 63134</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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 maintain an infection control program during a 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, to provide a safe and sanitary environment for all residents. The facility failed to ensure staff wore face masks appropriately in accordance with Center for Disease Control (CDC) guidelines and to have a working hand washing sink in the kitchen. The sample size was three. The census was 95. Review of CDC.gov, showed: -Preparing for COVID-19 in Nursing Homes: -Implement Source control measures: Health care personnel (HCP) should wear a facemask at all times while they are in the facility. Review of the facility's Infection Control Emergency Plan, undated, showed the following: -Prevention: Utilize Personal Protective Equipment (PPE) in the workplace; -All staff are to wear facemasks while in the facility. Surgical masks or cloth mask may be utilized. 1. Observation on 6/5/20 at 9:02 A.M., showed Nurse A and Nurse B sat in the nursing office with the door open and several residents around. Neither nurse wore a mask. Observation on 6/5/20 at 9:50 A.M., showed Laundry Aide C wore a mask covering his/her mouth, but not his/her nose around several residents in the hallway common area. 2. Observation of the kitchen on 6/5/20 at 9:35 A.M., showed upon entering, the handwashing sink did not work. During an interview on 6/5/20 at 9:40 A.M., the Dietary Manager said the handwashing sink in the kitchen had a leak and maintenance was currently working on the issue. The staff should wash their hands in the bathroom outside of the kitchen. Observation of the bathroom outside on the kitchen, on 6/5/20 at 9:42 A.M. and 10:15 A.M., showed an out of order sign on the door. During an interviews on 6/5/20, with the Administrator and the Director of Nursing (DON): -At 10:30 A.M., the Administrator said he/she did not know the hand sink in the kitchen was not working. The Administrator said he/she should have been told, and he/she would have notified maintenance to start working on the issue and place a portable sink in the kitchen until it was fixed. The hand sink in the kitchen was to help with infection control; -At 12:15 P.M., the Administrator and DON said masks should be worn with the nose and mouth covered. The DON said wearing the mask properly will help with droplet and infection control.		

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.