STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265751	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVERVIEW, THE	5500 SOUTH BROADWAY SAINT LOUIS, MO 63111

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 -** Few	**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, and in accordance with Centers for Disease Control and Prevention (CDC) guidelines for 2019 Novel Coronavirus Disease (COVID-19), the facility failed have a system for controlling infections and communicable diseases for one resident who tested negative for COVID-19 (Resident #4) when the facility transitioned the resident's hall into the COVID-19 positive unit without removing the resident from the hall. In addition, the facility staff failed to follow acceptable infection control standards of practice by failing to properly utilize and dispose of Personal Protective Equipment (PPE) while on and before exiting the COVID-19 unit. The resident sample was six. The census was 72. Review of the facility's COVID-19 Preparedness and Response Guidelines, dated 2/28/20, showed; -Guideline: To provide guidance for preparation and response to an outbreak of a [MEDICAL CONDITION] based on CDC and related government health agencies. A pandemic is an infectious disease that is spreading through human populations across a large region, such as a continent or worldwide; -[MEDICAL CONDITION] that causes COVID-19 appears to spread easily and sustainably in the community in some geographical areas; -Transmission: COVID-19 virus is thought to spread primarily from person-to-person between people who are in close contact with each other (within approximately 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It is thought that the disease may be transmitted by a person touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose or eyes, but this is not the primary way [MEDICAL CONDITION] is spread; -Symptoms: Common symptoms that may appear within two to 14 days of exposure are: fever, cough, sore throat, and shortness of breath; -Designated Coordinator: This person is responsible for COVID-19 tracking and reporting in addition to verbal communication with required local and state entities; -Preparation Plan: Components of the written COVID-19 preparedness plan include but are not limited to the following: -Infection control plan for preventing the spread of COVID-19 in communal living healthcare setting; -Infection control plan for managing residents and staff with confirmed [DIAGNOSES REDACTED]. with eye protection unless suspected [DIAGNOSES REDACTED]. with known or suspected COVID-19, immediate infection prevention and control measures will be put into place: -Residents displaying signs of respiratory infections should stay in their room during infectious stage of illness. Notify responsible party and physician; -Recommendations for managing residents with confirmed [DIAGNOSES REDACTED]. only essential personnel to enter room with appropriate PPE and respiratory protection. Clean PPE will be stored outside infected resident's room as available, gowns, gloves, NIOSH-certified N95 filtering respirator face mask, disposable face shield or goggles; -Hand hygiene using alcohol based hand sanitizer before and after all resident contact, contact with infection material and before and after removal of PPE, including gloves; -Contact Isolation Process: Infected residents will be placed in a private room: -Cabinet will be placed outside the resident's room and will contain the following as available, gloves, gowns, goggles, N95 masks, disinfectant, alcohol hand sanitizer; -All protective equipment will be removed prior to leaving the room and then employee must exit the room immediately. Staff should follow the guideline on donning and removal of PPE; -Employee will sanitize their hands using alcohol-based hand-sanitizer immediately after exiting isolation room and then go to the bathroom and wash hands per CDC guidelines. Review of the CDC Preparing for COVID 19 in Nursing Homes guidelines, updated 6/25/20, showed the following: -Given their congregate nature and resident population served (older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and health care personnel (HCP); -Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19; -Have a plan for how residents in the facility who develop COVID-19 will be handled: -Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Cloth face coverings are not considered PPE and should only be worn by HCP for source control, not when PPE is indicated; -The facility is to provide supplies necessary to adhere to recommended infection prevention and control practices. The facility should position a trash can near the exit, inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room; -If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohort in the same area of the facility and these residents are not known to have any co-infections. 1. Review of Resident # 4's hospital discharge summary, showed: -History and Physical, dated 7/17/20: per the resident's floor nurse (at the facility), the resident has had nausea, vomiting and diarrhea over the last seven days, which started one day after the resident was initiated on Bactrim (antibiotic) for a skin abscess. Bactrim was stopped on Tuesday; -COVID-19 lab results, dated 7/17/20 and 7/18/20, negative. Review of the resident's medical record, showed: -[DIAGNOSES REDACTED].M., the resident was notified there was a positive COVID-19 case in the facility; -On 7/28/20, the resident's COVID-19 test results negative and results reported to the physician; -COVID-19 lab results: collection date: 7/24/20 and 7/31/20, both showed COVID-19 not detected. During an interview on 8/6/20 at 10:30 A.M., the Director of Nursing (DON) said he/she was the infection control preventionist (ICP). The entire second floor had residents who are either COVID-19 positive or residents who are on observation for COVID-19. The residents behind the plastic barrier are the residents who are positive for COVID-19. The other residents are on observation because the residents either receive [MEDICAL TREATMENT], or they were a new admission to the facility or a re-admission to the facility. Observation on 8/6/20 at 2:42 P.M., showed Resident #4's room located on the COVID-19 positive unit. The resident's door stood open to the hall. The resident sat in a wheelchair with his/her back to the door. A sign on the door read, droplet/contact precautions. Outside the resident's door sat a red box container for disposing of PPE. During an interview on 8/6/20 at 2:40 P.M. Certified Nurses Aide (CNA) A, said all residents on the COVID-19 unit are COVID-19 positive. There are five residents on the unit. At 3:04 P.M., CNA A said he/she wears the same gown when he/she goes room to room on the COVID-19 unit, but he/she washes his/her hands before he/she exits the residents' rooms. Further observation of the COVID-19 unit on 8/7/20 from 2:45 P.M. through 3:45 P.M., showed: -Resident #4 sat in a wheelchair in his/her room with the door open to the hall. The resident was alert and talking about going to the first floor to get a purse made. The resident had a facemask on around his/her chin; -At 3:00 P.M., Resident #4 propelled him/herself out into the hall. The resident propelled to the room next to his/her room, which contained a resident positive for COVID-19, and knocked on the door. The resident then attempted to open the door by turning the door knob. The resident was unable to open the door and propelled him/herself back to his/her room; -At 3:50 P.M., Resident #4 propelled him/herself out of his/her room into the hall. The resident did not have a facemask on. The resident went to the plastic

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** - Few	(continued... from page 1) barrier at the entrance to the COVID-19 unit and was attempting to open the zipper on the barrier. A staff member entered through the barrier onto the COVID-19 unit, from the other side. The staff member pushed a cart, with a red ice chest on it thru the barrier. The staff member told the resident you can't mess with that then assisted the resident back into his/her room. During an interview on 8/7/20 at 2:00 P.M., the DON said the CNAs know that any resident behind the plastic barrier are positive for COVID-19. The observation unit, outside the barrier for the COVID-19 unit, is for new admissions, re-admissions and residents who are receiving [MEDICAL TREATMENT]. At 4:00 P.M., the DON said the five residents on the COVID-19 unit are positive for COVID-19. The DON left the room to obtain Resident #4's COVID-19 test results. The DON returned with the administrator. The administrator said Resident #4 was placed on the COVID-19 unit, because he/she had symptoms of COVID-19 and the prior administrator made the decision. The administrator said he/she would be leery to move the resident now, because he/she had now been exposed. The facility will be doing facility wide testing on Monday, and the facility would check with the lab to see if another lab was done. The DON and administrator said they were unaware if Resident #4 wandered. During an interview on 8/7/20 at 4:36 P.M., with the administrator and phone interview with the facility consultant, the consultant said when Resident #4 returned from the hospital on [DATE], the entire second floor was an observation unit. The facility just got their first positive case of COVID-19 over the weekend. The barrier did not go up until Saturday evening (8/1/20). On 8/3/20, the resident had symptoms. Once the resident became symptomatic he/she now counts as a case and the resident would be in isolation. The resident is in a private room and would be kept in isolation until the facility would get two negative results, then the facility would keep the resident on isolation a few extra days after the symptoms have resolved. The rules are different for residents who are a case verses residents who are considered a contact. Resident #4 will remain on the COVID-19 unit for now because the resident is considered a case because he/she had symptoms. During an interview on 8/7/20 at 5:15 P.M., the administrator said he/she talked with the DON and they decided to move the resident to an observation room off of the COVID-19 unit and the DON is already in the process of moving the resident. The resident will be tested for COVID-19 tonight. 2. Observation on 8/6/20 at 2:30 P.M., of the second floor, showed a plastic curtain barrier up across the hall. The barrier had two zippers that went from top to bottom, one on each side of the barrier. There were signs on the plastic barrier that read, droplet/contact precautions. On the left side of the curtain sat a wooden three drawer nightstand. On the right side of the curtain sat a red box with used PPE in it, and a large round trash can with a lid. Further observation inside of the COVID-19 positive unit showed five rooms with a wooden three drawer night stand placed outside the door. During an interview on 8/6/20 at 10:30 A.M., the DON said staff members are to wear full PPE: gown, N95 mask with a surgical mask over the N95 mask, hair bonnet, face shields or goggles, for residents who have tested positive for COVID-19. The expectation is staff should put PPE on prior to entering the COVID-19 unit and remove the PPE, except for the N95 mask and goggles/face shield, prior to leaving the COVID-19 unit. The goggles/face shield should be cleaned with alcohol after the staff member leaves the COVID unit. During an interview on 8/6/20 at 3:04 P.M., CNA A said before he/she exits the COVID-19 unit, he/she removes his/her gown and places it in the red trash box located in the hall, goes into the utility room to wash his/her hands and then exits the COVID-19 unit. Observations of the COVID-19 unit on 8/7/20, showed: -At 2:55 P.M., a staff member with a cart used to dispose of trash, entered the COVID-19 unit. The staff member had full PPE on, entered Resident #4's room, exited the room with a red trash bag, and placed the red bag on the cart. He/she walked to the wooden night stand out in the hall, obtained a new red bag, and re-entered Resident #4's room. He/she repeated the same process for the other four residents on the COVID-19 unit. The staff member exited the COVID-19 unit without discarding his/her PPE; -At 3:15 P.M., a staff member entered the COVID-19 unit, had PPE on, walked into the room next to Resident # 4's room and exited the room pushing an over bed table with items piled on top of it. The staff member exited the COVID unit pushing the over bed table without removing his/her PPE; -At 3:25 P.M., a staff member entered the COVID-19 unit with full PPE on, entered a room on the left side of the hall, exited the room, and immediately left the COVID-19 unit without removing his/her PPE; -At 3:30 P.M., Certified Medication Technician (CMT) B and CNA C, entered the COVID-19 unit. CMT B wore full PPE. CNA C did not wear eye protection. CMT B and CNA C walked room to room, making rounds. A resident propelled him/herself into the hall. The resident did not have on a facemask. CMT B assisted the resident back to their room. CMT B exited the room, went to the wooden night stand, put on a new gown and exited the COVID-19 unit without removing his/her PPE. CNA C exited the COVID-19 unit without removing his/her PPE; -At 3:55 P.M., the trash bin located in the hall, used to discard PPE in, was no longer available. During an interview on 8/7/20 at 4:00 P.M., the DON said removal of PPE should be done inside the COVID-19 unit (except for the N95 mask and the goggles or face shield) and staff should not leave the COVID-19 unit without removing their PPE. The administrator said the facility will re-educate the staff on donning and doffing PPE.