STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265343	A. BUILDING _____ B. WING _____	08/03/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DELMAR GARDENS OF CREVE COEUR	850 COUNTRY MANOR LANE CREVE COEUR, MO 63141

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 establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections by failing to ensure staff followed acceptable transmission based precautions and sanitation practices for COVID-19. The facility failed to prevent negative COVID-19 residents from entering the COVID-19 unit without proper personal protective equipment (PPE) required for transmission based precautions (Resident #7), failed to sanitize resident shared equipment before or after resident use for one resident transferred with the use of a mechanical lift (Resident #6), and failed to ensure appropriate disposal of used PPE inside individual isolation resident rooms located on a non-COVID and COVID-19 positive unit (Residents #4 and #8) per Center for Disease Control (CDC) recommendations and facility policy. The resident sample was six. The facility census was 104. Review of the CDC's website, Responding to Coronavirus (COVID-19) in Nursing Homes, updated April 30, 2020, showed: -Determine the location of the COVID-19 care unit and create a staffing plan before residents or healthcare personnel (HCP) with COVID-19 are identified in the facility; -Ideally the unit should be physically separated from other rooms or units housing residents without confirmed COVID-19; -Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. Review of the CDC's website, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, showed: -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 and other pathogens, including [MEDICAL CONDITION]. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and HCP; -Regularly review CDC's Infection Control Guidance for Healthcare Professionals about COVID-19 for current information and ensure staff and residents are updated when this guidance changes; -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; -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; -Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas. Review of the facility's undated Droplet isolation policy, showed: -Purpose: It is the policy of this community to, when necessary; prevent the transmission of infections within the community through the use of Isolation Precautions. The 2007 Centers for Disease Control and Prevention (CDC) Guidelines for Isolation Precautions will be utilized in this community with some modifications; -Droplet Precautions: In addition to Standard Precautions, use Droplet Precautions for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident sneezing, coughing, or talking and drop from the air. This includes COVID-19; -Points to Remember: All PPE (disposable isolation gowns, mask, gloves, etc.) should be used once and discarded in either the trash or used linen receptacle before staff leave the room. 1. During an entrance interview on 7/30/20 at 9:15 A.M., the Director of Nursing (DON) said the infection preventionist was currently out of town and not available for interview. The 100 unit is used as the COVID-19 positive unit. The COVID-19 positive residents' rooms are located at the end of that hallway and the new admission residents are located at the top of the hallway. Staff use full PPE on the unit and the fire doors are closed on both ends of the hallway. All of the residents on the unit are to remain in their rooms. Each room has full PPE supplies for staff outside of the room. During an entrance interview on 7/30/20 at 9:40 A.M., the Administrator said new admission residents are placed on the top of the 100 unit. The COVID-19 positive residents are housed at the end of the 100 unit. There is no barrier between the new admit residents and the COVID-19 positive rooms. The same staff care for both types of residents. All residents on the 100 hallway have individual full PPE supplies outside of the resident rooms. Staff are expected to wear washable gowns for new admission residents and disposable gowns for known positive residents. New admission residents are tested on day five and then retested on day 10 post admission. If the resident is negative after the second test, they can be moved off of the 100 hallway if appropriate. 2. Review of Resident #7's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument completed by facility staff), dated 4/13/20, showed: -Moderately impaired cognition; -Independent, no help or staff oversight at any time required for locomotion on or off the unit; -Mobility devices: Walker. Review of the facility's resident census, showed Resident #7 resided on a non-COVID hall. Review of the facility's list of COVID-19 positive residents, showed three residents listed. Resident #7 was not listed as COVID-19 positive. Observation of the fire doors at the entrance to the 100 hall COVID-19 positive unit from the 200 hall, showed: -At 10:45 A.M., the fire doors closed and no isolation or PPE signage on the fire doors that lead to the 100 hall COVID-19 unit. Observation of the facility layout, showed a set of fire doors between the 100 hall COVID-19 unit and 200 hall. The exit to the smoking area located off of a foyer on the 100 hall COVID-19 unit side of the fire doors. No permanent or temporary barrier in place between the smoking area and 100 hall COVID-19 unit. The end of the 100 hall that housed the COVID-19 confirmed positive residents located closest to the fire doors near the smoking exit and 200 hall. The newly admitted residents on observation isolation located at the farther end of the 100 hall; -At 10:47 A.M., a resident ambulated from the smoking area, into the COVID-19 unit, through the closed fire doors, and towards the 200 hall. He/she used the magnetic lock at the top of the door and secured one of the fire doors between the 200 hall and the 100 COVID-19 positive unit, opened. The resident wore his/her facemask under his/her chin with his/her nose and mouth exposed. He/she then walked to his/her room on the 200 hall. Four staff members noted at the end of the 200 unit hallway and did not close the fire doors onto the 100 unit; -At 11:05 A.M., the DON closed the fire door that had been left open by the resident; -At 11:40 A.M., Resident #7 used a Merri-Walker (walker/chair combination that encourages a resident who would normally be placed in a wheelchair to get up and walk independently) and approached the closed fire doors, headed towards the 100 hall COVID-19 unit. He/she pushed open the fire doors and entered the COVID-19 positive unit. The fire door closed behind the resident. There continued to be no sign on the outside of the door to notify staff and/or residents that transmission based precautions and PPE were required on the unit. The resident wore no mask; -At 11:42 A.M., Registered Nurse (RN) D assisted the resident back through the fire doors onto the 200 unit. RN D said that only residents who live on the 100 unit should be on that unit. It is hard to keep the fire doors closed and control which residents are entering and exiting through the fire doors since the resident's smoking area is through the fire doors. The fire doors separate the end of the 200 hall and the beginning of the 100 hall COVID-19 unit. The end of the 100 hall is used to house COVID-19 positive residents. The COVID positive resident rooms are also closest to the fire doors leading to the 100 hall foyer, the smoking access area and the 200 hall; -At 11:45 A.M., four residents wore surgical masks, exited the outside smoking area, entered into the foyer of the 100 hall COVID-19 unit and

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** - Some	(continued... from page 1) exited through the closed fire doors onto the 200 unit. 3. Review of Resident #6's quarterly MDS, dated [DATE], showed: -Cognitively intact; -Total assist of two staff required for transfers; -[DIAGNOSES REDACTED]. Observation on 7/30/20 at 10:08 A.M., showed Certified Nurse Aide (CNA) A and CNA B obtained the Hoyer lift (mechanical lift) from the hallway, brought it into the resident's room and transferred the resident into his/ her Broda chair (full support reclining chair). CNA A continued to assist the resident in his/her Broda chair and CNA B pushed the Hoyer lift out the resident's room and into the 300 hallway. CNA B placed the Hoyer lift against the wall. CNAs A and B left the Hoyer lift in place and did not clean the Hoyer lift before or after use with the resident's transfer. At 10:18 A.M., CNA A exited the room with a plastic bag that contained dirty linen. He/she walked down the 300 unit hallway and around the corner. Approximately three minutes later, he/she returned to the 300 hall, walked past the recently used Hoyer lift, and exited the unit. The Hoyer lift was not cleaned or sanitized after use, prior to leaving it on the 300 hall, and remained available for use for other residents on the 300 hall. During an interview on 7/30/20 at 10:15 A.M., Licensed Practical Nurse (LPN) C said all multiuse equipment should be disinfected before and after each resident use. If staff do not appropriately disinfect equipment, infections could spread between staff and or residents. 4. Review of Resident #4's medical record, showed: -[DIAGNOSES REDACTED].M., showed negative COVID-19 results; -The resident resided on a non-COVID-19 hall. Observation of the resident's room on 7/30/20 at 10:00 A.M., showed the following: -A sign on the door frame, Stop do not enter, see the charge nurse before entering; -Two purple signs, Contact droplet precautions; -A sign, wash hands, gloves, gown, mask, face shield or goggles; -An over the bed table contained a large plastic bag with several yellow washable isolation gowns, a box of disposable gloves, and a spray bottle of hand sanitizer; -Located in the hallway, outside of the resident's room and placed under the over-the-bed table, a trash can with used PPE left uncovered. During an interview on 7/30/20 at 10:05 A.M., CNAs A and B said neither knew if the trash can should be in the hallway or in the room. During an interview on 7/30/20 at 10:15 A.M., LPN C said he/she did not know if the isolation trash should be in the hallway. 5. Observation of Resident #8's room on 7/30/20 at 10:22 A.M., showed the following: -The door ajar to the hallway and the resident asleep in bed; -Taped to the exterior door frame: -A sign, Do not enter, see the nurse; -Two signs, Contact droplet precautions. Wash hands, glove, mask, gown, face shield/goggles; -A sign, CDC steps to apply PPE; -An over the bed table located outside the room in the hallway contained a large plastic bag of washable yellow gowns. A small plastic trash can under the over bed table contained several pairs of used gloves. A metal trash can sat in the hall next to the over bed table with a sign that read PPE only, please no trash. During an interview on 7/30/20 at 10:25 A.M., LPN D said the resident was on isolation for shingles. Isolation signs should match what the appropriate isolation is used for that resident. Shingles is usually contact isolation and not droplet isolation. Ideally, used PPE should be disposed of in the resident's room before exiting the room, used PPE trash should not be exposed to the facility hallways. Other staff members are responsible to set up resident rooms for isolation precautions and supply the PPE and trash canisters. 6. Observation of the 100 hall COVID-19 unit on 7/30/20 at 11:52 A.M., showed: -room [ROOM NUMBER]: -A sign, Droplet precautions on the door; -Outside the room in the hallway, an over the bed table contained gowns, gloves, hand sanitizer and face shields; -A small open plastic trash can sat in the hall, over full of used PPE. A pair of used gloves lay on the hallway floor next to the full trash can; -room [ROOM NUMBER]: -A sign, Droplet precautions on the door; -The door ajar to the hallway. The resident leaned his/her head on his/her over bed table in the room and coughed twice; -Outside the room in the hallway, an over the bed table contained gowns, gloves, hand sanitizer and face shields; -Under the over bed table in the hallway, a small open topped plastic trash can contained used gloves; -room [ROOM NUMBER]: -A sign, Droplet precaution on the door; -Outside the room in the hallway, an over the bed table contained gowns, gloves, hand sanitizer and face shields; -Under the over bed table in the hallway, a small open topped plastic trash can contained used PPE. Sections of a disposable gown hung over the side of the trash can and lay on the hallway floor; -room [ROOM NUMBER]: -A sign, Droplet precaution on the door; -Outside the room in the hallway, an over the bed table contained gowns, gloves, hand sanitizer and face shields; -Under the over bed table in the hallway, a small open topped plastic trash can contained used PPE. During an interview on 7/30/20 at 1:30 P.M., the Administrator and the Corporate Nurse said staff should disinfect all multiuse equipment before and after each resident use. Staff should always know why a resident is on any kind of isolation. The fire doors onto the COVID positive unit should remain closed, it is difficult to keep them closed and other facility residents do use the smoking area off the end of 100 unit to have their smoke breaks. The positive residents are kept at the end of the 100 unit, which is the closest rooms to the fire doors by the smoking area. Used isolation PPE should be disposed of outside the resident rooms and if the trash cans are full, staff should empty the trash cans. Used isolation PPE should never be on the hallway floors.