

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER MANOR GROVE, INCORPORATED		STREET ADDRESS, CITY, STATE, ZIP 711 SOUTH KIRKWOOD ROAD KIRKWOOD, MO 63122	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 assure one of two applicants for employment wore a face mask, assure staff wore appropriate masks in accordance with Center for Disease Control (CDC) guidelines, assure residents who were out of their rooms wore masks and failed to assure a gait belt was cleaned between two residents (Residents #1 and #2). These practices had the potential to affect all residents of the facility. The census was 92. Review of CDC guidance, updated 5/19/20, showed the following: Healthcare Providers (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if personal protective equipment (PPE) is required. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Visitors, if permitted into the facility, should wear a cloth face covering while in the facility. 1. Observation on 5/21/20 at 10:47 A.M., showed an applicant seated in the front lobby, without a mask on. The applicant walked down the administration hallway, and then back up to the lobby without a mask on. At 10:57 A.M., two applicants were seated in the lobby, approximately 3 feet apart. The second applicant wore a mask, while the first did not. At 11:14 A.M., the first applicant wore a mask. During an interview on 5/26/20 at 10:00 A.M., the Director of Nurses (DON) said people that come in for an interview or to fill out an application are immediately required to put on a mask. 2. Observation on 5/21/20 at 10:50 A.M. and 11:00 A.M. showed Housekeeper A, not wearing a mask as he/she mopped the floor of the residents' main dining room. At the same time, a kitchen aide wore a mask as he/she set the tables for lunch. During an interview on 5/21/20 at 11:01 A.M., Housekeeper A said he/she does not have to wear a mask unless he/she is around residents. Housekeeping staff work eight hour shifts during the day time. He/she used social distancing when working. He/she has done their own research and knows that wearing a mask will make him/her more sick and catch COVID 19 faster. 3. Observation on 5/21/20 at 11:09 A.M., showed Certified Medication Technician (CMT) F at the medication cart, in the medication room, wearing a face shield without a face mask. At 11:26 A.M., CMT F walked down the hallway, past Resident #1 and other residents. CMT F wore the face shield without a mask. During an interview on 5/26/20 at 10:00 A.M., the DON said if a staff member is wearing a face shield, they should also wear a mask. She was aware the CMT did not wear a mask with the face shield. 4. Observation on 5/21/20 at 11:30 A.M. showed Maintenance I walking down the first floor hallway and past residents. He/she did not wear a mask, and touched his/her nose. The administrator walked behind Maintenance I, and wore a cloth mask. Observation on 5/21/20 at 11:43 A.M., showed Nurse H wearing a mask, which was below his/her nose. The nurse went into the resident's room, room [ROOM NUMBER] and took the resident's temperature. The nurse then went into the dining room and took the temperature of another resident. At 11:47 A.M., the nurse came out of another resident's room after taking the resident's temperature and the mask was below his/her nose. At 11:50 A.M., he/she returned to the dining room to take another resident's temperature. The mask was below his/her nose. During an interview on 5/21/20 at 11:46 A.M., Nurse H said he/she was taking all of the residents' temperatures. He/she reached up and pulled the mask over his/her nose. During an interview on 5/21/20 at 11:16 A.M., Housekeeper G said staff wear either the cloth masks or medical masks. They switch out the cloth masks after 2 hours. During an interview on 5/21/20 at 11:21 A.M., Housekeeper H said staff wear either kind of mask. The cloth masks provide 50% protection and are washed after wearing for 2 hours. The medical masks provide 99% protection. 5. Review of Resident #1's physician progress notes [REDACTED]. Review of Resident #2's physician progress notes [REDACTED]. Observation on 5/21/20 at 11:26 A.M., showed Therapy Staff J assisted Resident #1 in the hallway with walking. Resident #1 wore a gait belt around his/her waist and was guided by Therapy Staff J, who was following with a wheelchair immediately behind the resident. Therapy Staff J then assisted the resident back to his/her room and into a chair. He/she removed the gait belt from the resident's waist, folded it and placed it in his/her pocket, applied hand sanitizing gel to his/her hands and exited the room. Therapy Staff J then went down the hall into Resident #2's room. Therapy Staff J removed the same gait belt from his/her pocket and placed it around the resident's waist. Therapy Staff J walked with both residents in the hallway, while neither resident wore a mask. During an interview on 5/26/20 at 10:00 A.M., the DON said staff are expected to disinfect gait belts between residents' usage. 6. Observation and interview on 5/21/20 at 11:34 A.M. showed Dietary Aide C passing hall trays from a cart to residents in their rooms. Dietary Aide C entered room [ROOM NUMBER]. He/she was not wearing a mask. The resident was in the room, and he/she spoke with the resident about drink preferences. He/she then went to the nurse's station, applied a surgical face mask and gloves and returned to the food cart. He/she, with gloved hands, knocked on the door to room [ROOM NUMBER], opened the door and entered the room. He/she spoke with the resident, brought the bed side table to the resident, exited the room, opened the cart door, pulled out a food tray, removed the plastic film from the top of a glass of iced tea, placed the glass on the resident's tray and went back into room [ROOM NUMBER]. He/she placed the tray on the bed side table and exited the room. The dietary aide did not remove his/her gloves nor clean his/her hands and returned to push the cart to the next room. Dietary Aide C knocked on the door of room [ROOM NUMBER] with the same gloved hands, opened the door and entered the room. He/she spoke with the resident and brought the bed side table to the resident, exited the room, opened the cart door, pulled out a food tray, removed the plastic film from the top of a glass of iced tea, took the iced tea with his/her gloved hand, placing his/her fingers on the rim of the glass and carried the glass with the tray into the resident's room. With the same gloved hands, the dietary aide repeated the same actions for rooms [ROOM NUMBERS], without cleaning his/her hands or changing gloves between exiting and entering each resident's room. During an interview, the dietary aide said he/she worked three days a week prepping food for the kitchen in the morning and passing hall trays to all Medicare residents. He/she removed his/her gloves when he/she was done passing all of the hall trays. At that time, he/she would wash his/her hands and remove his/her mask. During an interview on 5/22/20 at 2:16 P.M., the dietary manager said dietary staff pass hall trays to residents on the Medicare hall. This is the way the facility has always done it. On the long term care halls, dietary only delivers the trays to the floor and the nursing staff pass out the trays to the residents. Residents on the Medicare hall always eat in their room. She expected dietary staff to wear a mask, wash hands and apply gloves when entering a resident's room and to remove gloves and clean hands when exiting each resident's room. Staff should not wear the same gloves when going from one resident's room to the next. 7. During an interview on 5/21/20 at 11:10 A.M., Certified Nurse Aide (CNA) B said the facility has plenty of personal protective equipment (PPE), mask, gloves, gowns and face shields. Staff are instructed to change masks every two hours or right away if it becomes soiled. Staff is screened daily prior to each shift, and if staff have a fever, they are sent home. CNAs take the residents' vitals each shift. If a resident has a temperature of 103</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>degrees, they notify the nurse. 8. During an interview on 5/26/20 at 10:00 A.M., the DON said the facility does not currently have a problem with the supply of PPE. Housekeeping staff are not required to wear a mask if they are not around residents. When staff are in direct contact assisting a resident, they should wear a mask. Staff are instructed to wear a mask if they are within six feet of a resident. Staff walking down the hall are not required to wear masks. If a resident was in their doorway of their room, a staff member would not be required to wear a mask walking by in the hallway. 9. Review of the facility's when to use a face mask and how to use it policy, dated 12/20/18, showed the following: - Purpose: to prevent the spread of disease by using a face mask and giving information on the proper use of a face mask; -What is a face mask used for: Facemasks help limit the spread of germs. When someone talks, coughs, or sneezes they may release tiny drops into the air that can infect others. If someone is ill, a face mask can reduce the number of germs that the wearer releases and can protect other people from becoming sick, a face mask also protects the wearer's nose and mouth from splashes or sprays of body fluids; -When should a face mask be worn: Consider wearing a face mask when you are sick with a cough or sneezing illness (with or without fever) and you expect to be around other people. The face mask will help protect them from catching your illness. 10. Review of the facility's restricted visits during the COVID-19 outbreak policy, revised 3/30/20, showed the following: -Purpose: to restrict visitors during the COVID 19 outbreak in order to reduce the introduction of this virus into the building and therefore reduce the risk of infection to the residents; -Applicants: we will continue to take applicants and interview for needed positions. If an applicant enters, ask the questions set forth by the CDC guidelines and have their temperature taken. If temperature is less than 100, they must wear a mask when entering the facility. 11. Review of the facility's transmission based precautions used when caring for residents with respiratory infections policy, dated 3/19/20 showed the following: -Purpose: to prevent the spread of illness once a respiratory infection has been identified. All nursing staff are to use universal precautions when working with residents; -Residents that have an upper respiratory infection and must leave their room for any reason are to wear a mask if tolerated; -Once the resident is fever free and can manage their cough, meaning they have the ability to cover their cough, may leave their room without a mask; -If a resident is unable to manage their cough, staff should try to manage the resident from their rooms and the caregivers should wear PPE when in close contact and giving care to the resident.</p>		