

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ROYAL OAK NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 4960 LACLEDE AVENUE SAINT LOUIS, MO 63108	
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 - Some</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 ensure staff were appropriately screened and disinfected the thermometer between screenings, failed to ensure staff wore facemasks appropriately, failed to ensure multiple use items were disinfected between resident usage and failed to ensure hand hygiene was performed in accordance with the Center for Disease Control (CDC) guidelines, for two of four residents sampled (Residents #1 and #3). The census was 88. 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. Review of the facility's facemask policy, dated September 2010, showed the following: -Purpose: Guide the use of facemask; -Objectives: -Prevent transmission of infectious agents through the air; -Protect the wearer from inhaling droplets; -Prevent transmission of some infections that are spread by direct contact with mucous membranes; -Prevent the splashing of blood or body fluids into the mouth or nose; -Miscellaneous: -Put the mask on before entering the room and after cleaning hands; -Be sure the facemask covers the nose and mouth while performing treatment of [REDACTED]. Masks become ineffective when moist; -Do not hang the facemask around your neck; -Before changing a mask, wash hands; -Do not remove the mask while performing treatment or services for the patient; -Use the mask only once, then discard it; -Handle mask only by the strings (ties); -Never touch the mask while it is in use; -Follow established handwashing techniques; -When to use a mask: -When providing treatment or services to a patient who has a communicable respiratory infection; -When providing treatment or services to a patient and the use of a mask is indicated; -When performing a task that may involve the splashing of blood or body fluids into the mouth or nose. Review of the facility's Cleaning and Disinfection of Resident Care Items and Equipment policy, dated July 2014, showed the following: -Policy Statement: Resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the Occupational Safety and Health Administrations (OSHA) bloodborne pathogens standard; -Critical items: Consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters, and intravenous catheters) are consider critical items and must be sterile; -Semi-Critical items: Consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy mask, tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate level disinfectants); -Non-Critical items: Are those that come in contact with intact skin but not mucus membranes; -Non-critical resident care items include bedpans, blood pressure cuffs, crutches and computers; -Most non-critical re-usable items can be decontaminated where they are used (as opposed to being transported to a central processing location); -Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes and durable medical equipment (DME); -Single use items: Are disposed of after a single use (e.g., thermometer probe covers); -Re-processed single use devices: Are those that have been previously used by a resident and then subjected to additional processing (manufacturing) for the purpose of an additional single use on another resident. Use of re-processed single-use devices is permitted if: -The device is re-processed by a Food and Drug Administration (FDA)-registered third party reprocessor; -There is documentation from the third party processor indicating that it has been cleared by the FDA to reprocess the device; -Critical and semi-critical items will be sterilized/disinfected in a central processing location and stored appropriately until use. Equipment will be processed and labeled with at least the following information; -The equipment is contaminated; -The address to which the equipment is to be shipped; -The address from which the equipment was removed, including the telephone number; -The name of the person labeling the equipment; -The date and time the label was affixed to the equipment; -DME must be cleaned and disinfected before use by another resident; -Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions; -Only equipment that is designated reusable shall be used by more than one resident; -Single use items will be discarded after a single use; -Intermediate and low level disinfectants for non-critical items include; -Ethyl or [MEDICATION NAME] alcohol; -Sodium [MEDICATION NAME] (5.25-6.15% diluted 1:500 (or per manufactures instructions) ; -[MEDICATION NAME] germicidal detergents; -[MEDICATION NAME] germicidal detergents; -Quaternary ammonium germicidal detergents (low disinfection only); -High level disinfectants/liquid chemical sterilants will not be used for disinfection of non-critical items. Review of the facility's Coronavirus Disease (COVID-19) prevention and control policy, dated March 2020, showed the following: -Policy statement: Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during the current outbreak of Coronavirus disease (COVID-19); -The response to the current outbreak of Coronavirus disease is based on the most current recommendations from health policy officials, state agencies and the federal government; -Infection prevention and control measures are based on established guidelines governing all communicable diseases; -Current CDC guidelines will be followed for infection prevention and control of residents' diagnosed with [REDACTED]. These situations are being determined on a case-by-case basis and include careful screening of the visitor for fever or respiratory symptoms. 1. Observation on 6/19/2020 at 6:22 A.M., showed the following: -The front door unlocked; -A sign that read: Please STOP here for screening before entering; -No front desk staff available; -No facemask available; -A table with blank COVID-19 screening tools for employees and visitors; -A handheld laser thermometer; -No supplies to clean the thermometer. Review of the COVID-19 visitor-screening tool, lying on a table next to the front desk, showed the following: -Space designated for a name; -Space designated for date; -Space designated for time; -Question #1, have you washed your hands or used alcohol based hand rub upon entry; -Question #2, Temperature? Less than (>) 100.4?; -Question #3, Do you have symptoms of a new or worsening cough, fever, sore throat, new onset of shortness of breath; -If yes, to any restrict them from entering the building; -If no, proceed to question #4; -Question #4, Entry allowed, wash your hands or use alcohol based hand rub (ABHR) throughout their time in the building; -Do not shake hands with, touch or hug individuals during their visit; -Visitors permitted for [MEDICATION NAME] care situations; -Must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility; -The screening tool did not include a designated area to document facility staff reviewed and/or approved of the visitor. Observation on 6/19/2020 at 6:33 A.M., showed the following: -Three employees entered the facility and cleaned their hands with ABHR; -All the employees took their own temperatures and filled out paperwork; -One employee did not wear a mask;</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 - Some</p>	<p>(continued... from page 1)</p> <p>-None of the employees cleaned the thermometer in-between use; -All three employees exited the front desk area and went into the stairwell. Observation on 6/19/2020 at 6:38 A.M., showed the following: -Six additional employees entered the facility through the front door; -Restorative Aide (RA) A brought a package of masks to the desk and provided a mask to employees who did not have one; -None of the employees maintained a six-foot distance while waiting to take their own temperatures and fill out employee screening forms; -No staff cleaned the thermometer in-between use; -Certified Nursing Assistant (CNA) B wore a mask around his/her neck and did not pull it up to cover his/her mouth or nose when he/she left the lobby area. 2. Review of Resident #1's medical record, showed the following: -Face sheet, showed an admission date of [DATE]; -Admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/1/20, showed the following: -Brief interview for mental status (BIMS, a brief screener of cognition) score of 15 out of a possible 15 (cognitively intact); -[DIAGNOSES REDACTED], for a blood sugar finger stick (BSFS) monitoring test four times QID. Observation on 6/19/2020 at 8:13 A.M., showed the following: -Registered Nurse (RN) F went into the resident's room to obtain a BSFS; -RN F placed the resident's glucometer (machine used to test blood sugar), bottle of test strips and lancet directly on the resident's bed without a clean barrier; -RN F washed his/her hands with soap and water and donned a clean pair of gloves; -RN F cleaned the resident's finger with a cotton ball and alcohol, lanced his/her finger, but was unable to obtain enough blood to get a reading; -RN F then placed the glucometer and bottle of test strips on the sink without a clean barrier, removed his/her gloves and left the room; -RN F returned to the room, washed his/her hands, donned a clean pair of gloves and again placed the resident's glucometer and test strips directly on the resident's bed; -RN F was able to obtain a blood glucose reading; -RN F gathered the supplies and placed them on the sink again, without a barrier or cleaning the surface of the sink; -RN F removed his/her gloves, washed his/her hands, gathered the equipment with his/her bare hands and left the room; -RN F took the equipment back to the medication cart and placed everything on top of the cart without cleaning the surface of the medication cart or applying a clean barrier; -RN F cleaned the glucometer with a bleach-based wipe and placed the glucometer in the medication cart; -RN F put the bottle of test strips back into the cart without cleaning the bottle. During an interview on 6/19/2020 at 8:30 A.M., RN F said each resident has his/her own glucometer. The bottle of strips is shared between residents. He/she did not think it was a problem to place the equipment on the resident's bed or on surfaces that have not been cleaned, or place a clean barrier between the equipment and the surface on which it is placed. 3. Observation and interview on 6/19/2020 at 8:03 A.M., showed housekeeper (HK) D, mopping the floor in room [ROOM NUMBER]. He/she wore a facemask, covering only his/her mouth, leaving his/her nose exposed. He/she said a facemask should be worn at all times and should cover the mouth and nose. Observation and interview on 6/19/2020 at 8:34 A.M. on the third floor, showed CNA C and CNA H, at the nurse's station. Neither staff wore a facemask covering their mouth and nose. Both staff said the third floor, center hall, was the COVID-19, isolation unit up until three days prior. All staff are required to wear a facemask while on duty in patient care areas. The facemask should cover the mouth and nose completely. Observation and interview on 6/19/2020 at 8:42 A.M., on the third floor, showed dietary aide (DA) I pushing a food cart. He/she wore a facemask covering his/her mouth and nose. He/she did not have on gloves. CNA H asked him/her a question. DA I stopped and used his/her ungloved hand to pull down his/her facemask to expose his/her mouth and spoke to CNA H. He/she then used his/her un-gloved hand to pull his/her mask up, to cover his/her mouth and nose. He/she continued to propel the food cart down the hall. DA I said staff are required to wear a mask at all times while in patient care areas. He/she should not have pulled his/her mask down while talking. He/she should have cleaned his/her hands with an ABHR after he/she touched his/her facemask. 4. Review of Resident #3's medical record, showed the following: -Face sheet, showed an admission date of [DATE]; -Quarterly MDS, dated [DATE], showed the following: -BIMS score of 15; -[DIAGNOSES REDACTED]. Observation and interview on 6/19/2020 at 8:56 A.M., showed the following: -CNA J exited another resident's room holding a thermometer and a pulse oximetry machine (used to measure oxygen levels in the blood by placing a clip on to a bare fingertip); -Without cleaning the equipment, he/she went into Resident #3's room and placed the equipment on the resident's over-bed table, without cleaning the table or placing a clean barrier between the equipment and the table; -CNA J then washed his/her hands with soap and water at the sink; -The room did not have any paper towels; -CNA J walked out of the resident's room and went across the hall to another resident's room and dried his/her hands; -CNA J re-entered Resident #3's room and applied clean gloves; -CNA J, without washing the resident's hands or asking the resident to wash his/her hands or cleaning the equipment, placed the pulse oximeter on the resident's finger and obtained a reading; -CNA J then took the resident's temperature; -CNA J then removed his/her gloves, gathered up the equipment, and without washing his/her hands, exited the resident's room; -CNA J walked to the nurse's station and placed the equipment on the nurse's station without wiping the area or placing a clean barrier between the equipment and the surface of the nurse's station; -CNA J obtained two cotton balls and a bottle of hand sanitizer to clean the equipment; -CNA J said the facility does not have any alcohol wipes, so he/she uses cotton balls soaked with alcohol to clean the equipment, the equipment should be cleaned between each and every resident, paper towels should be available in each room and staff should place equipment on a clean barrier or clean surface. During interviews on 6/19/2020 at 10:22 A.M., and on 6/24/2020 at 10:30 A.M., the administrator said the following: -Staff are expected to wear masks when in residents' rooms; -Staff are expected to wear masks that cover both their mouths and noses at all times for infection control; -Staff are expected to wash or sanitize their hands before and after entering a room, before and after providing direct care and when donning and doffing gloves; -Staff are expected to clean and disinfect multiple use medical equipment, such as a blood pressure cuffs or thermometers, before using it on another resident; -Staff are stealing masks left at the front desk; -The facility does not have a shortage of PPE.</p>		