STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265833	A. BUILDING _____ B. WING _____	10/22/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANOR GROVE, INCORPORATED	**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	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 interview and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the transmission of communicable diseases and infections, that included, standard and transmission-based precautions to be followed to prevent spread of infections, when and how isolation should be used for three of fivesampled residents (Resident #1, #2, #3), and also failed to establish, review and update their program, as necessary with updated information from the Center for Disease Control and Prevention (CDC), when eight residents and nine staff members became infected with COVID-19. The census was 92. Review of the CDC's Testing of Staff and Residents in Response to an Outbreak, dated 7/17/20 showed the following: -People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. -An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home onset COVID-19 infection in a resident; -In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further [MEDICAL CONDITION] transmission; -HCP with signs or symptoms of COVID-19 should be prioritized for [DIAGNOSES REDACTED]-CoV-2 testing. Because HCP often have extensive and close contact to vulnerable populations, even mild signs or symptoms (e.g., sore throat) of possible COVID-19 should prompt consideration for testing. Review of the CDC's Testing of Residents or HCP, dated 8/21/20 showed the following: -If an [MEDICATION NAME] test is positive, no confirmatory test is necessary. Residents should be placed in Transmission-Based Precautions or HCP should be excluded from work. -If an [MEDICATION NAME] test is presumptive negative, perform RT-PCR immediately (e.g., within 48 hours). -Symptomatic residents and HCP should be kept in transmission-based precautions or excluded from work until RT-PCR results return. -If a confirmatory RT-PCR (polymerase chain reaction) test is performed within 48 hours, individuals should be assumed infectious until the confirmatory test results are completed. For instance, if a symptomatic resident tests presumptive negative on [MEDICATION NAME] test and a RT-PCR is performed, the resident should remain in Transmission-Based Precautions until the RT-PCR test results. -Testing of asymptomatic residents or HCP in nursing homes as part of an outbreak response. 1. Review of resident #1's face sheet, showed the following: -admission date of [DATE]; -[DIAGNOSES REDACTED].), obesity, abnormalities of gait and mobility, repeated falls, depression and mild cognitive impairment. Review of the resident's nurse notes, showed the following: -9/30/20 at 8:37 P.M., refused room tray. Has been wandering in hallway talking with other residents; -10/01/20 at 10:32 A.M., Responsible party made aware that COVID-19 swab performed today with negative results. Review of the resident's test results, showed a rapid test performed by the facility, dated 10/1/20, with results of negative for COVID-19. Further review of the resident's nurse notes showed the following: -10/02/20 at 10:49 P.M., resident refused dinner, was in activity room. Still in activity room at this time, have asked several times if resident is ready for bed, resident stated no he/she does every night and is doing it tonight; -10/5/20 at 3:45 P.M., New order for sit to stand (mechanical lift) for transfers due to difficulty assisting resident with transfers; -10/6/20 at 4:04 A.M., Resident went to bed at approximately 11:30 P.M. Resident had no behavioral issues throughout the night. Sleeping well at this time, respirations even and unlabored, no distress Lung sounds clear; -10/06/20 at 11:18 A.M., 3rd Quarterly Progress note. Resident continues to reside on lee wing and continues to reside with another resident in which there appears to be once again (also with prior roommates) not getting along with roommate in general. Resident continues to appear to be alert and oriented to person and place and also continues to appear to be able to make some of his/her needs known except is now incontinent of bladder frequently. During this past quarter resident has had multiple negative COVID tests, recorded multiple negative behaviors that also appear to be delusional in nature with changes in psych meds. Also noted and refusal to see or speak with psychiatrist at times. Glasses missing frequently now (going to bed with them on and falling behind bed). Activity Staff assisting resident to try and locate them when missing, several elopement attempts with redirection now wearing wander guard (electronic monitoring device) and packing up his/her things to leave. Continues to be able to propel self in wheel chair, staying up late in activity room and refusing staff assistance in going to bed, refusing meals, accusing roommate of sleeping with men in room, feeding imaginary critters in his/her door, attempts to try and keep roommate out of his/her room. change in lifting due to decrease in leg strength. is no longer a sit to stand now is a Hoyer lift (mechanical lift), refusing activities of daily living (ADL) at times including meds. Resident continues to eat his/her meals in the dining room per COVID precautions. During this past quarter resident has participated in the following, activities . why is there dot dot dot? September resident has received 11 handouts and participated in 51 activities outside of his/her room. All activities are provided with COVID precautions in place (all residents participating outside of room activities must wear masks (unless contraindicated or unable to maintain due to cognitive or care plan) and maintain six feet or more of social distancing as well as hand washing before coming and afterword. Activity staff will continue to encourage attendance in activities; -10/7/20 at 6:19 A.M., Resident refused to get out of bed and refused care at this time. Further review of the resident's test results, showed a PCR laboratory test collection at 10/7/20 at 9:54 A.M, received by the lab on 10/8/20 and resulted on 10/9/20 at 9:54 P.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected. Further review of the resident's nurse notes showed the following: -10/7/20 at 11:18 A.M., COVID swab obtained; -10/7/20 at 1:00 P.M., This writer went over to wake resident and encourage to finish lunch resident was very lethargic and was not responding verbal or physical stimuli. applied the sternum rub resident was aroused assisted him/her back to his/her room. Vital signs were within normal limit of baseline. Upon assessment resident was noted to have had medication changes. Physician was called and made aware and new orders was received, son was also called and made aware, Nurse Practitioner was called and message left about the above and ask could dosage be modified or times changes, awaiting call back on coming nurse was made aware for follow up; -10/7/20 at 2:35 P.M., Resident assisted with ADLs up in Wheelchair propelling self, no complaints, no signs or symptoms of distress. Appeared back to self, resident refusing to allow staff to assist him/her. Resident refused lunch, vital signs are within normal limits (VS WNL), family given update, doctor to see resident this evening, will inform on coming nurse for follow up. Further record review showed resident #1 was discharged to hospital on [DATE]. On 10/7, where did she eat? Was she in the dining room or in her room? 2. Review of resident #2's face sheet, showed the following: -admission date of [DATE]; -[DIAGNOSES REDACTED]. Review of the resident's nurse notes, showed 10/13/20 at 1:02 P.M., COVID swab obtained via nasal swab, resident tolerated well. Review of the resident's test results, showed the following: -PCR laboratory test collect at 10/13/20 at 2:23 P.M, received by the lab on 10/14/20 and resulted on 10/16/20 at 5:06 P.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected; -Rapid test performed by the facility, dated 10/16/20 and untimed, with results of positive for COVID 19. -10/16/20 at 8:51 P.M., received lab COVID test results of positive, retesting using rapid test, tested positive, Physician made aware, no new orders; -10/16/20 at 9:21 P.M., while at dinner resident refused to eat, kept head down, runny nose, after several attempts to feed resident stated I don't feel good. Nursing supervisor made aware. Further review of the resident's nurse notes, showed: -10/17/20 at 3:08 A.m., resident noted to be resting at this time, no acute signs or symptoms of COVID noted, will continue to monitor; -10/17/20 at 7:30 A.M., resident dressed 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** - Few	(continued... from page 1) transferred to room [ROOM NUMBER] to be put on quarantine for COVID-19. 3. Review of resident #3's face sheet showed the following: -admission date of [DATE]; -[DIAGNOSES REDACTED]. Review of the resident's test results, showed PCR laboratory test collect at 10/13/20 at 11:45 A.M, received by the lab on 10/14/20 and resulted on 10/16/20 at 2:37 P.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected. Review of the resident #3's nurse notes show the following: -10/13/20 at 1:07 P.M., COVID swab obtained via nasal swab, resident tolerated well; -10/13/20 at 2:52 P.M., Physician made aware of rash to lower extremities cleared up, orders changed; -10/14/20 at 8:44 P.M., Behavior- resident has been pleasant tonight. No confusion noted at this time. Further review of the resident's test results, showed rapid test performed by the facility, dated 10/16/20 and untimed, with results of positive for COVID 19. Further review of the resident's nurse notes showed the following: -10/16/20 at 9:44 P.M, received lab PCR COVID test results of positive, obtained swab for rapid testing with a positive result. Physician made aware with new orders for vital signs and perimeters and to encourage fluids. Call placed to family no answer; -10/17/20 at 2:49 A.M., resident is currently resting with c-pap machine on. No acute respiratory distress or signs and symptoms related to COVID-19 noted while sleeping; -10/17/20 at 2:48 P.M., family returned call, informed of COVID-19 positive test results; 10/18/20 at 9:50 A.M., patient on COVID-19 unit, unable to complete task on lee wing for patient, patient's room number has not been changed in matrix (facility computer system). Review of the CDC's Criteria for Return to Work for Healthcare Personnel with [DIAGNOSES REDACTED]-CoV-2 Infection (Interim Guidance) dated 8/10/20 showed the following: -[MEDICATION NAME] tests should not be utilized to determine the duration of Transmission-Based Precautions nor when HCP can return to work. Test-based strategies are not generally recommended to determine duration of transmission-based precautions, nor to determine when HCP may return to work. If used, test-based strategies should rely only on RT-PCR; -HCP with mild to moderate illness who are not severely immunocompromised need at least 10 days have passed since symptoms first appeared and at least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved; -HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive [MEDICAL CONDITION] diagnostic test; -HCP with severe to critical illness or who are severely immunocompromised, At least 10 days and up to 20 days have passed since symptoms first appeared and at least 24 hours have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved. Consider consultation with infection control experts; -HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive [MEDICAL CONDITION] diagnostic test. Review of Housekeeper D's test results showed the following: -PCR laboratory test collect at 9/28/20 at 8:40 A.M, received by the lab on 9/29/20, and resulted on 9/30/20 at 7:41 A.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected; -Rapid test performed by the facility, dated 9/30/20 and untimed, with results of negative for COVID-19; -Rapid test performed by the facility, dated 10/3/20 and untimed, with results of negative for COVID-19; -PCR laboratory test collect at 9/28/20 at 8:40 A.M, received by the lab on 10/13/20 and resulted on 10/15/20 at 1:21 A.M., showed Coronavirus [DIAGNOSES REDACTED] COVID not detected. During an interview on 10/22/20 at 1:29 P.M., the Infection control specialist (ICS) said she believed Housekeeper D returned to work on 10/3 or 10/4/20. He/she did not have any symptoms and had two negative rapid testing completed. Review of administrative support assistant B (ASA) test results show the following: -PCR laboratory test collect at 10/12/20 at 7:45 A.M, received by the lab on 10/13/20 and resulted on 10/15/20 at 1:21 A.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected; -Rapid test performed by the facility, dated 10/13/20 and untimed, with results of positive for COVID-19. During an interview on 10/21/20 at 1:00 P.M., ASA B's said he/she works Monday through Friday from 8:00 A.M. till 4:30 P.M. He/she developed a stuffy nose and sore throat without a fever on 10/12/20 and assumed it was allergies [REDACTED].M. and soon after received a call from his/her spouse who was just notified he/she was positive for COVID-19. ASA B called the supervisor and was informed to exit building and wait in his/her car to be tested by the director of nursing (DON). A rapid test was completed and resulted as positive for COVID-19. ASA B returned home to quarantine and as of 10/21/20 had not returned to work. Review of Payroll Assistant C's test results show the following: -PCR laboratory test collect at 10/13/20 at 2:45 A.M, received by the lab on 10/14/20 and resulted on 10/16/20 at 6:16 P.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected; -Rapid test performed by the facility, dated 10/16/20 and untimed, with results of positive for COVID-19. During an interview on 10/21/20 at 1:11 P.M., Payroll Assistant C said, she is still feeling very tired. He/she's daughter tested positive for COVID-19 on 10/12/20 and so he/she was also tested by rapid results at the facility on 10/12/20. He/she experienced no fever with feelings of congestion and thought that to be related to allergies [REDACTED]. He/she drove to the facility and was tested again in the parking lot on 10/14/20 and 10/16/20 with results of positive. He/she is now aware that congestion can be a symptom of COVID-19 and that a fever is not needed to be infected. He/she had not returned to work as of 10/21/20. Review of PTA C's test results showed the following: -PCR laboratory test collect at 10/13/20 at 2:30 A.M, received by the lab on 10/13/20 and resulted on 10/16/20 at 6:16 A.M., with results of Coronavirus [DIAGNOSES REDACTED] COVID detected; -Rapid test performed by the facility, dated 10/16/20 and untimed, with results of negative for COVID-19; -Rapid test performed by the facility, dated 10/19/20 and untimed, with results of negative for COVID-19. During an interview on 10/21/20 at 2:57 P.M., Physical therapy assistant C (PTA) said he/she returned to work on 10/19/20 after testing negative twice with rapid testing. He/she never had symptoms of COVID-19. During an interview on 10/21/20 at 11:33 A.M., Nurse E said he/she tested positive for COVID-19 by rapid testing completed by the facility on 10/19/20. All staff must go to the facility on Saturdays or Sundays for rapid routine COVID-19 testing. The tests are done in the parking lot in our cars. He/she works on the lee unit. On Thursday 10/15/20 he/she was not feeling well at the end of his/her shift. He/she did (on 10/7/20) take care of resident #1 that tested positive for COVID-19, but at the time the test results were not back yet. During an interview on 10/19/20 at 11:20 A.M., the DON said on 10/12/20 every resident on the lee unit was tested . The unit and the unit dining room was disinfected and remained open. The dining room was closed on 10/19/19 prior to dinner time. The facility stopped taking new admits on 10/19/20. It would have been better if he/she closed the dining room sooner. During an interview on 10/21/20 at 12:03 P.M. and 3:37 P.M., the facility's contracted laboratory client service manager A said once resulted, all PCR Coronavirus [DIAGNOSES REDACTED] COVID test results are available 24 hours a day seven days a week on the online client portal. It is the facility's responsibility to log on and obtain results. It takes six to eight hours to run Coronavirus [DIAGNOSES REDACTED] COVID tests for results. Usually results are available 24 hours after the specimen is received. All specimens are sent overnight express to the lab. On 10/16/20 there was an internal delay on testing and results were not available promptly. During an interview on 10/22/20 at 1:29 P.M., the Infection control specialist (ICS) said there currently is seven residents positive for COVID-19 in the building, three in the hospital and eight staff members out sick with COVID-19. The facility surveillance by screening all staff and visitors by taking temperatures, asking about international travel, if they have a cough, cold, fever or sore throat and if they have had any direct contact with a person positive for COVID-19. An employee can work with respiratory symptoms; it could be allergies [REDACTED]. She expects all respiratory symptoms to be reported and staff to be tested to then be tested prior to starting work. A person does not need to have a fever to be positive for COVID-19. She expects staff to stay home if they are not feeling well or have a fever. If an employee is at work and does not feel well they should report to a charge nurse and be sent home. If a staff member is positive for COVID-19 by PCR testing they are to stay home and quarantine for 14 days. Employees can return to work after 14 days and two negative test results. She agrees with the facility policies. She believes returning to work is done by a case to case review and quarantined anywhere from 10-14 days. If an employee has no symptoms, tests positive for COVID-19 by PCR testing and then has two negative rapid test, they can return to work. If a resident has signs and symptoms present, the doctor would be called and asked if the resident should be tested for COVID-19. If rapid test results show negative for COVID-19 then the facility would continue to monitor the resident and wait 3 days before retesting. When a test results comes back positive that is when a resident is put on isolation. Rapid testing can give a false positive. PCR testing is more reliable. When she mails out the PCR testing to the labs it can take up to 4 days for results. The facility has two COVID-19 units now because our COVID-19 unit only has 5 rooms, when we had more than 5 resident's test positive used what we had available. We are limited on private rooms. Review of the facility's COVID-19 exposure policy dated 4/16/20 and in use at time of the survey showed the following: -Purpose: To assure the safest environment in facility after a resident or employee has been exposed to COVID-19. All employees are essential workers and therefore are needed to work at the facility even if exposed to COVID-19 during this Coronavirus pandemic; -If an employee has been exposed to COVID-19 outside of the facility they are to report it to their manager immediately; -Manager will then screen the employee using the Employee screening for the [MEDICAL CONDITION] form; -If an employee is not running a fever and is not SOB the employee can work but

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 2) must wear a mask for 14 days and monitor themselves for a temperature at least three times a day (upon arrival to work, mid-day and before going home. (A temperature is 100 degree or higher orally) If symptoms do occur, contact your manager immediately for next steps. Employee can work with respiratory symptoms as long as they are wearing a mask; -If the employee is running a fever they are to stay home. If the fever persists or the other symptoms appear, contact your doctor for next steps; -If an employee has been diagnosed with [REDACTED]. been notified that they have been in contact with a resident diagnosed with [REDACTED]. next steps; -If you have a fever of 100 or higher you must leave the building immediately, if you have a cough or congestion without a fever you can still work, lust make sure you are wearing your mask. Review of the facility's Employee Screening for Coronavirus policy dated 3/6/20 and in use at time of the survey showed the following: -Purpose: To prevent the spread of Coronavirus in the building by screening staff for signs of infection, making sure they have not been in contact with others who were exposed to [MEDICAL CONDITION] and questioning if they have been out of the country; -Staff are educated on the symptoms of the [MEDICAL CONDITION]; -Staff are to stay home if they are sick; -Staff are to immediately put on a mask and notify their supervisor if they become sick while at work; -If the employee is sick at work the supervisor is to ask the employee where they have worked, who they were in contact with at the facility, ask if they have been in contact with anyone with the Coronavirus and ask if they have been out of the country; -When the facility is made aware of an employee who is sick, the supervisor is to complete the Employee Screening for the Coronavirus form. After completing the form, it is to be reviewed by the QA nurse or DON for next steps; -Employees who have respiratory symptoms may not return to work until they have been fever free for 24 hours, do not feel sick, and have measures taken if they had been in contact with someone with the [MEDICAL CONDITION] or have been out of the country; -Any Employee who is not running a fever but may have complaints of a sore throat or mild cough, must wear a mask when in the facility. Further review of the facility's policies showed they failed to follow CDC guidelines, address asymptomatic employees and residents, isolate residents with symptoms waiting for PCR test results, identify all possible symptoms of COVID-19 and address PCR verses rapid testing for [MEDICAL CONDITION]. This is a summary of what would go in the entity statement, not a source of evidence. Did the employees who came to work, thinking they had allergies [REDACTED].?