

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER BENTWOOD NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1501 CHARBONIER ROAD FLORISSANT, MO 63031	
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 - Few</p>	<p>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 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 hand hygiene was performed appropriately by staff (Residents #1 and #5) and failed to ensure appropriate linen handling and appropriate facemask usage. The resident sample size was four. The census was 76. 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. -HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. -HCP should perform hand hygiene by using alcohol based hand sanitizer (ABHS) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS. -Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. Review of the facility's policy, revised 2009, entitled, Contact Precautions included the following: -Purpose: It is the intent of this facility to use contact precautions in addition to Standard Precautions for residents known or suspected to have serious illnesses easily transmitted by direct resident contact or by contact with items in the resident's environment; -Gloves and Hand Hygiene: -Hand hygiene should be completed prior to donning gloves; -Gloves should be worn when entering the room and while providing care for the resident; -Gloves should be changed after having contact with infective material (e.g., fecal material and wound drainage); -Gloves should be removed before leaving the resident's room and hand hygiene should be performed immediately; -After glove removal and hand hygiene, hands should not touch potentially contaminated environmental surfaces or items. Review of the facility's undated policy, entitled, Standard Precautions included the following: -Purpose: It is the intent of this facility that, 1) all resident blood, body fluids, excretions and secretions other than sweat will be considered potentially infectious; 2) Standard precautions are considered for all residents; -Masks and eyewear (or faceshields) should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids; -Linen- soiled linen should be handled as little as possible. Gloves should be worn to handle linen wet with blood or body fluids; -Waste- waste should be bagged in impervious bags. 1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/6/20, showed the following: -Brief interview for mental status (BIMS, a brief screener of cognition) score of 0 out of a possible 15 (severely impaired cognitive skills); -Required setup help for eating; -[DIAGNOSES REDACTED]. Observation on 6/10/20 at 9:22 A.M., showed Certified Nurse Assistant (CNA) A entered the resident's room. The resident was in his/her bed with a breakfast tray on top of the bedside table in front of him/her. CNA A opened a breakfast container for the resident and set it down on the resident's tray. CNA A exited the room. CNA A did not sanitize his/her hands before entering the resident's room or when he/she exited the resident's room. CNA A walked down the hall to the linen cart. He/She pulled the cover back from the linen cart, rifled through the clean linens on the cart and then pulled the cover back over the linen cart. CNA A walked down the hall to a linen closet, opened the closet door, gathered clean linen in his/her hands and walked back to the resident's room. He/she entered the resident's room, placed the clean linens on a chair and exited the room. CNA A did not sanitize his/her hands before entering the resident's room or after exiting the resident's room. 2. Review of Resident #5's quarterly MDS, dated [DATE], showed the following: -BIMS score of 15 (cognitively intact); -Received [MEDICAL TREATMENT]; -Required pressure reduction device for bed; -[DIAGNOSES REDACTED]. Review of the resident's care plan, revised on 5/6/20, showed the following: -Focus: At risk of contracting COVID-19 due to nursing facility/community living. The resident is at risk of fatal complications of this infection due to advanced age and compromised immune system; -Goal: Remain free of complications related to COVID-19; -Interventions included: Follow Centers for Disease Control (CDC) guidelines and recommendations for COVID-19 related to nursing centers. Observation on 6/10/20 at 10:19 A.M., showed Maintenance Staff C entered the resident's room located on the transition hall. He/she did not sanitize his/her hands before entering the resident's room. Maintenance Staff C wore a mask. Maintenance Staff C pressed down on the resident's uncovered pressure reducing mattress. He/she then walked over to the resident, stood approximately one foot away from the resident and had a conversation with him/her. Maintenance Staff C exited the resident's room and then exited the transition hall through the fire doors. Maintenance Staff C did not sanitize his/her hands after leaving the resident's room. Maintenance Staff C did not sanitize his/her hands or change his/her mask after leaving the transition hall. 3. Observation on 6/3/20 at 11:03 A.M., showed CNA E exited the transition hall through the double doors. CNA E carried a trash bag. CNA E wore a disposable mask. CNA E walked down the hall, past a nurses' station and residents' rooms. CNA E threw the trash away in a dirty linen room. CNA E did not sanitize his/her hands after throwing the trash away. CNA E walked down the 200 hall, past residents' rooms. CNA E did not change his/her mask after exiting the transition hall. During an interview on 6/3/20 at 11:05 A.M., CNA E said the following: -He/she only wore a N95 mask when providing care for a known COVID-19 positive resident; -CNA E wore his/her disposable mask the entire shift, throwing the mask away at the end of the shift; -The facility provided CNA E with a new disposable mask before the start of every shift. During an interview on 6/10/20 at 11:13 A.M., the Administrator, the Infection Preventionist and the Regional Consultant Nurse said the following: -The facility was drowning in PPE; the facility had an abundance of disposable procedure masks and N95 masks available for staff; -It was not appropriate for staff to wear a disposable mask for more than one shift as the mask could be contaminated with germs and cross contamination could occur; -Staff were expected to change their masks after exiting the Transition Unit due to infection control; -Staff were expected to sanitize their hands before and after entering a resident's room, after touching a resident's clothing, table tops, mattresses, etc. due to infection control; -Staff were expected to change their gloves when going from a dirty to clean task due to infection control.</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.