

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265600</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LUTHERAN CONVALESCENT HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>723 SOUTH LACLEDE STATION RD WEBSTER GROVES, MO 63119</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review; and in accordance with Centers for Disease Control and Prevention (CDC) guidelines for 2019 Novel Coronavirus Disease (COVID-19), the facility failed to protect all residents in the facility by not following acceptable infection control practices for COVID-19. The facility failed to ensure staff wore personal protective equipment (PPE) as indicated for one resident on transmission based precautions upon entering the resident's room (Resident #1). Staff failed to properly dispose of used PPE out of reach of one resident with dementia, failed to offer a mask to a resident in common areas and denied a resident a mask when requested (Resident #4). In addition, nursing and housekeeping staff failed to consistently wear a mask and performed proper hand hygiene when in common areas and around residents (Residents #6 and #7) and dietary staff failed to wear a mask during food preparation. The sample was 8. The census was 181 with 113 residents in certified beds. Review of a list of residents provided by the facility on 7/17/20, showed a total of 32 residents had been diagnosed as having COVID-19. Review of the facility census, showed on 7/16/20, seven residents had active cases of COVID-19. During an interview on 7/16/20 at 9:10 A.M., the administrator said the most recent facility COVID-19 case was on 7/6/20. The facility tests all residents weekly and results have been taken about a week to get back. Review of the CDC.gov website, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, showed: -Given their congregate nature and resident population served (e.g., 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. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP); -This guidance has been updated and reorganized according to core IPC practices that should remain in place even as nursing homes resume normal practices, plus additional strategies depending on the stages described in the Centers for Medicare and Medicaid Services (CMS) Reopening Guidance or at the direction of state and local officials. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available; -Implement Source Control Measures: -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 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; -Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. Review of the CDC.gov website, Responding to Coronavirus (COVID-19) in Nursing Homes, updated April 30, 2020, showed: -This guidance is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes; -Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19; -All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Review of the facility's Management of Pandemic policy, revised 3/10/20, showed: -The facility will follow the recommendations of the CDC, the state and regional health departments and Center for Clinical Excellence team in order to most effectively manage an actual or potential outbreak of infection for employees and residents; -CDC website will be monitored on a regular basis by the director of clinical compliance and others in order to remain abreast of the current status of any pandemic and recommendations related to preventing, diagnosis, treatment and other necessary precautions. Review of the facility's Isolation Precautions policy, revised 3/10/20, showed: -Standard precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status. Transmission-based precautions shall be used when caring for a resident who is documented or suspected to have a communicable disease or infection that can be transmitted to others; -All necessary equipment and supplies will be maintained near the resident's room; -A sign will be posted on the resident's door explaining the type of isolation. Nursing will update the resident's care plan; -Droplet Precautions: -In addition to standard precautions, implement droplet precautions for an individual infected with or suspected to be infected with microorganism transported by droplets that can be generated by the individual coughing, sneezing and talking or by performance of procedures such as suctioning; -Examples of infections requiring droplet precautions, include, but are not limited to: Coronavirus; -Mask and eye protection: in addition to standard precautions, put on a mask and eye protection when entering the room; -If transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets. 1. Review of Resident #1's electronic medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED], M., admitted from acute hospital. Services Provided: Isolation management. Presence of active infection: Yes active infection. Isolation, droplet. Infection status: Biliary obstruction. Oriented to place, person, time and event; -An order dated 7/11/20, isolation precautions (specify in notes); -An order dated 7/12/20, monitor for COVID-19 symptoms three times a day; -A care plan dated 7/15/20, showed: -Problem: Poor appetite; -Goal: Adequate food/fluid intake; -Interventions included to eat all meals in room related to isolation due to COVID; -A progress note dated 7/16/20 at 10:35 P.M., collect stool sample, check for [MEDICAL CONDITION] ([MEDICAL CONDITION]), a bacterium that causes diarrhea. Continues on antibiotics due to biliary obstruction, collection of stool to check for [MEDICAL CONDITION] remains pending. Observation on Reach East hall, used as the quarantine area for newly admitted residents that have a COVID-19 status unknown, on 7/16/20 at 9:39 A.M., showed Certified Nursing Assistant (CNA) A entered the resident's room. He/she only wore a mask, and no gown, eye protection or gloves; and emptied the resident's trash and linen bags. CNA A exited the room, held the soiled linen and trash bags directly against his/her clothing and held the bags with his/her bare hands. He/she did not perform hand hygiene before entering or after exiting the room. He/she carried the bags down the hall, past the nurses station, resident television area and dining area; and entered the soiled linen room by touching the door handle with his/her soiled hands. He/she exited the soiled linen room and entered the trash chute room by touching the door handle with his/her soiled hands. He/she exited the trash chute room, adjusted his/her pants and then entered the laundry area to wash his/her hands. Observation of the resident's room, showed the closest supply of PPE located several rooms down, approximately 48 feet from the resident's room. No gloves, gowns or eye protection available outside the resident's room. Two signs hung on the resident's room door. The first read: Stop, droplet precaution. To prevent the spread of infection, anyone entering this room must: Hand hygiene, surgical mask, glove, and gown. The second sign read: Stop, droplet precautions. Everyone must clean their hands, including</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1) before entering and when leaving the room. Make sure the eyes, nose and mouth are fully covered before room entry. The sign showed a picture of a person wearing a mask and face shield or a picture of a person wearing goggles and a mask. During an interview on 7/16/20 at 10:42 A.M., CNA A said when providing care to residents on droplet precautions, gloves, gown, mask and face shield are required. Handwashing is completed. Staff are to follow the directions provided on the signs posted outside the resident rooms. There is sufficient PPE provided by the facility to do his/her job. CNA A identified the resident as a resident on droplet precautions. During an interview on 7/20/20 at 12:19 P.M., with the Director of Nursing (DON) and Assistant DON D, they said the resident's floor was transitioned into the observation area on 6/9/20. Residents who are newly admitted or have been out to the hospital or to procedures are placed on this floor for their 14 day quarantine. Resident #1 was on droplet precautions because he/she was in his/her 14 day window after admission. If a resident has a droplet precaution sign posted, staff should don the PPE as indicated on the sign. Soiled trash and linen should be bagged and removed from the room. It is not preferable for staff to hold the bag against their clothing. 2. Review of Resident #4's electronic medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED]. In psychosocial well-being; -Interventions: Educate about COVID-19 symptoms and precautions; -Problem: Impaired cognition; -Goal: Participate in decision making with activities of daily living; -Interventions: Give verbal reminders as needed; -Problem: Altered thought process, at risk for self-care deficit and at risk for injury; -Goal: Monitor for safety; -Interventions: At risk for fall and elopement, initiated appropriate interventions. Observation on Reach East hall, used as the quarantine area for newly admitted residents that have a COVID-19 status unknown, on 7/16/20 at approximately 10:00 A.M., showed CNA A assisted the resident to walk into the television area and sit in a recliner. The resident wore no mask. At 10:04 A.M., CNA A approached the resident. The resident sat with a mask over his/her face. CNA A removed the mask and threw it in the trash can that sat next to the recliner. CNA A said the resident got the mask from the trash can. He/she told the resident he/she could not wear a mask he/she got out of the trash. CNA A failed to move the trash can, full to the top with PPE, from the resident's reach. The resident asked CNA A for a mask and CNA A told the resident he/she did not need a mask. CNA A walked away from the resident. Observation on 7/16/20 at 10:55 A.M., showed Licensed Practical Nurse (LPN) B assisted the resident to walk to his/her room. The resident asked LPN B for a mask. LPN B said no, you don't need one. During an interview on 7/20/20 at 12:19 P.M., with the DON and Assistant DON D, they said the resident is being transitioned off of the observation unit and no longer required transmission based precautions. When removing PPE, staff should dispose of the PPE inside the resident's room. It is then taken to the trash chute. If a resident has taken a mask from the trash, staff should make sure the trash can is removed from the area the resident could reach it. All residents should be offered a mask when they leave their room, but they have the right to refuse it. If a resident asks for a mask, one should be provided. 3. Observation on 7/16/20 at approximately 10:00 A.M., on Ball Park Village hall, showed Certified Medication Technician (CMT) J stood outside of a resident's room at a medication cart. He/she wore his/her mask below his/her nose. He/she looked up at the surveyor and used his/her bare hands to adjust the mask so it covered the nose completely. He/she continued to prepare medications without sanitizing his/her hands and brought them to a resident. 4. Observation on 7/16/20 at 10:27 A.M., showed Housekeeper Associate F in the dining area. He/she cleaned without a mask that covered his/her nose and mouth. Two residents sat in the dining room at the time. Another staff member instructed Housekeeper Associate F to wear a mask and said staff. Housekeeper Associate F stopped cleaning at this time and walk past the State Surveyor and said let me get a mask. Housekeeper Associate F exited the dining area and returned with a mask that covered his/her nose and mouth. During an interview on 7/16/20 at 9:30 A.M., the housekeeping supervisor said housekeeping staff wear a mask in all places in the facility and wear PPE as indicated for residents on isolation. During an interview on 7/1/20 at 10:37 A.M., Housekeeping Associate F said all employees are required to wear a mask at all times in all areas of the facility. They have access to face masks daily. 5. Review of Resident #6's medical record, showed [DIAGNOSES REDACTED]. Review of Resident #7's medical record, showed [DIAGNOSES REDACTED]. Observations and interview on 7/1/20, showed: -At 10:39 A.M., CNA G walked down Ballpark Village hall with his/her mask under his/her chin. CNA G's mask hung on both ears, sat under his/her chin, and exposed his/her nose and mouth. As CNA G walked down the hallway, he/she place a food item in his/her mouth. Before he/she made it to the exit doors, he/she pulled the mask up on his/her face then, without sanitizing his/her hands, used his/her hands to push the door open and walked off the unit into the stair well; -At 10:45 A.M., CNA G returned to the unit with his/her mask under his/her chin. As he/she walked down the hallway, he/she place a food item in his/her mouth. CNA G's mask hung on both ears, sat under his/her chin, and exposed his/her nose and mouth. He/she walk down the hallway past three residents. CNA G entered and exited a closet without first sanitizing his/her hands. CNA G then approach a resident that stood in his/her doorway and talked with the resident. The resident wore no mask and CNA G stood within two feet of the resident. CNA G's mask was positioned under his/her nose; -At 11:05 A.M., CNA G stood behind the kitchenette in the dining area and talked to another staff person. His/her mask positioned under his/her nose. CNA's G mask fit loosely and moved up and down, repeatedly covering and uncovering his/her nose, as he/she talked; -At 11:37 A.M., CNA G sat at a portable computer in the hallway outside Resident #6 and #7's room. The room door open and the residents sat next to their beds. CNA G's mask positioned under his/her chin and exposed his/her nose and mouth. CNA G took a sip of his/her drink from a cup. At 11:39 A.M., CNA G remained in the hallway outside of Resident #6 and #7's room with his/her mask under his/her chin. During an interview on 7/16/20 at 10:58 A.M., CNA G said staff are required to wear a mask. The facility provides masks to the staff. Staff do not really have access to them. They can't just go and get them. They can go and ask for a one. A mask must be on upon entry into the building and must be worn the entire shift. The facility requires this. CNA G said he/she worked at the facility on an as needed basis and was not full or part time. 6. Observation on 7/16/20, on Ballpark Village hall, showed: -At 12:14 P.M. and 12:17 P.M., Dietary Aide I stood in the kitchenette area behind the steam table, and prepared meal trays with his/her mask under his/her nose; -At 12:28 P.M., Dietary Aide I stood in the kitchenette area behind the steam table. His/her mask hung on both ears, sat under his/her chin, and exposed his/her nose and mouth. Dietary Aide I talked and laughed with other staff members as he/she prepared meal trays. Dietary Aide I looked up at the State Surveyor, walked over to the left side of the coffee maker and then returned to the steam table with his/her mask on his/her face, but positioned under his/her nose with the nose exposed. He/she put on gloves and resumed making meal trays. During an interview on 7/16/20 at 10:22 A.M., Dining Service Associate C said dietary staff are required to wear their masks in the kitchen and kitchenettes. During an interview on 7/16/20 at approximately 12:45 P.M., the dietary supervisor said masks should be worn at all times. The mask should cover the nose and mouth. 7. During an interview on 7/16/20 at 9:10 A.M., with the administrator and DON, they said staff are required to wear a mask at all times. On Reach East, new admissions are housed for 14 days on quarantine. They are placed on droplet precautions. In this area, staff are to wear a mask in the halls and should wear a mask, gown and face shield in resident rooms. The facility currently has no PPE needs. 8. During an interview on 7/20/20 at 12:19 P.M., with the DON and Assistant DON D, they said staff should wear masks at all times. This includes nursing staff, housekeeping and dietary staff. Masks should cover the mouth and nose.</p>		