

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265775	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY CARE CENTER OF LEMAY INC		STREET ADDRESS, CITY, STATE, ZIP 9353 SOUTH BROADWAY SAINT LOUIS, MO 63125	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**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 residents who were out of their rooms were encouraged to wear facemasks and practiced social distancing measures (remaining at least six feet apart from others) for one of one day of observation. The facility also failed to ensure staff completely filled out employee health screenings at the beginning of each shift to document the absence of COVID-19 symptoms for five of ten days reviewed. The census was 50. Review of CDC guidance, updated 6/25/20, 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; -Implement aggressive social distancing measures (remaining at least 6 feet apart from others): --Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. -Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. Sick leave policies should be flexible and non-punitive. Review of the facility's Action Plan- COVID 19 dated 3/19/20, showed the following: -A Proactive Approach to Keep Residents, Staff and Visitors Safe: -All community staff are screened prior to their shift for fever or respiratory symptoms along with completion of a health assessment; -Adjust food service operations; -Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets; -Meals for these residents should ideally be provided in their rooms with supervision; -Or the residents should remain at least six (6) feet or more from others if in a common area for meals and with as few other residents in the common areas as feasible during their mealtime; -If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing; -Attempt to separate tables as far apart as possible; at least six (6) feet if practicable; -Increase the number of meal services or offer meals in shifts to allow fewer residents in the common areas at one time; -Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size; -If necessary, arrange for meal sitting with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes; -Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or more than one person per table (assuming a standard four person table); -Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene each time when switching assistance between residents. 1. Observation on 5/27/20 between 10:00 A.M. and 1:00 P.M., showed the following: -Approximately 20 different residents were observed out of their rooms throughout the day at various times and intervals. These residents were seated in the hallways, seated near the nurse's station and navigated up and down the hallways and through other common areas. When residents were seated in the hallway, it only allowed approximately four feet of available space to walk, which did not provide enough space for social distancing of six feet at all times. None of the residents wore masks or cloth face coverings when outside their rooms and at no time, did any of the staff encourage or remind residents to stay six feet away from each other, encourage residents to wear masks when outside of their room or to wash their hands or use hand sanitizer; -At 11:00 A.M., Resident #1 was seated in a wheelchair and parked in the 300 hallway. Resident #2 walked by Resident #1 and stopped and talked to him/her. Resident #2 reached out and touched Resident #1 on his/her left shoulder, as he/she spoke to Resident #1. Neither resident had on a mask and Resident #2 stood approximately six inches from Resident #1 while they talked; -At 10:25 A.M., two residents sat in the dining room watching television. The residents were sitting at the same table and were approximately four feet apart. Neither resident had on a mask and there were no staff in the room to remind residents of social distancing. During an interview on 6/4/20 at 12:25 P.M., the Administrator and Director of Nursing (DON) said they were not aware residents were not [MEDICATION NAME] social distancing during the survey. They did not realize in some areas of the hall, where some residents were parked in their wheelchairs, there was only a 3-4 feet of space for other residents to pass by, so they were not able to practice social distancing when navigating certain areas of the hall. They were not aware residents were not encouraged to wear masks when they were outside of their rooms. The residents who were out in the hallway were there because they chose to be. They were not aware the expectation was for residents to stay in their rooms as much as possible, unless otherwise necessary. They were also not aware staff should be attempting to redirect residents back to their rooms. They have residents who need assistance or supervision with dining sit in the hallway during meals. They were not aware their policy says they would use the dining room for those residents, while maintaining social distancing by placing only one or two residents per table. She knew using the dining room was an option, but they did not do this mostly because of staffing limitations and staff were needed on the halls, but cannot be two places at once. 2. Review of the facility's blank employee screening tool/health assessment on 5/27/20, showed the following questions: -Section 1: Have you traveled by plane to a Level 3 high alert country or been on a cruise ship, in the last 14 days?; -Section 2: Have you had a fever of greater than 100.0 degrees Fahrenheit (F) or history of fever within the last 14 days?; -Section 3: Do you have the following symptoms? New cough, new shortness of breath, new sore throat, runny nose, nausea/vomiting/diarrhea, new fatigue or malaise, generalized muscle aches and/or pain, new headache, chills/sweats/shaking, new loss of taste or smell; -Section 4: Have you had any exposure to any individuals with a cold or flu-like symptoms within the last 14 days; -Section 5: Have you had exposure to any individuals with suspected or confirmed cases of COVID-19 within the last 14 days? Including working in other facilities or locations with recognized COVID-19 cases?; -Section 6: Education and/or materials provided. Review of the facility's completed employee screening tool/health assessment forms dated 5/21/20 through 5/26/20, showed the following: -On 5/21/20, two staff members left the first, second, fourth and fifth sections of the screening tool blank and did not record an answer to the questions in those sections. A third staff member recorded his/her temperature, but failed to record an answer for any of the other questions on the screening tool; -On 5/22/20, one staff member failed to record their temperature on the screening tool. A second staff member left the first, second, fourth and fifth sections of the screening tool blank and did not record an answer to the questions in those sections. A third staff member left the first, second and fourth sections of the screening tool blank and did not record an answer to the questions in those sections; -On 5/23/20, two staff members left the first, second, fourth and fifth sections of the screening tool blank and did not record an answer to the questions in those sections. A third staff member failed to record their temperature on the screening tool; -On 5/25/20, two staff members</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>left the first, second, fourth and fifth sections of the screening tool blank and did not record an answer to the questions in those sections; -On 5/26/20, five staff members left the first, second, fourth and fifth sections of the screening tool blank and did not record an answer to the questions in those sections. A sixth staff member recorded his/her temperature, but failed to record an answer for any of the other questions on the screening tool. During an interview on 6/4/20 at 12:20 P.M., the DON said staff members are screened for COVID-19 symptoms and have their temperature taken at the beginning of their shift. Staff are supposed to answer all the questions on the screening tool. When she has checked them, she did notice some staff missed filling out some sections and she addressed it with those staff. The DON said she reviews the screening forms daily, when she is at the facility. The DON or the charge nurse should check the screening tools daily to ensure completion.</p>		