STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265751	A. BUILDING _____ B. WING _____	06/01/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RIVERVIEW, THE	**5500 SOUTH BROADWAY SAINT LOUIS, MO 63111**

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	**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 follow acceptable infection control standards of practice from the Centers for Disease Control and Prevention (CDC) and the Center for Medicare and Medicaid Services (CMS) for 2019 Novel Coronavirus Disease (COVID-19). The facility failed to document temperature checks for one resident (Resident #3) who was on quarantine for COVID-19 monitoring, failed to ensure their COVID-19 preparedness and response procedures included documented daily assessment and monitoring of resident respiratory symptoms for five out of five sampled residents (Resident #3, #5, #4, #2, and #1), and failed to follow-up on incomplete employee and visitor wellness health checks and/or follow-up on staff who marked yes for signs and symptoms of COVID-19 or that they had come into contact with someone who had signs and symptoms of cold/flu. The sample size was 5. The census was 82. Review of the facility's undated COVID-19 Preparedness and Response Guidelines, showed: -Preventing the introduction of respiratory germs into the healthcare setting includes, but is not limited to the following: -Self-wellness checks for employees and visitors, if they present signs or symptoms of illness, send them home until they are cleared by a physician to return; -Prior to admission, identify if potential resident is displaying symptoms of any respiratory infection to determine if placement is appropriate; -Thoroughly screen any potential admissions for travel history, contact with anyone with confirmed COVID-19, and for symptoms of COVID-19 such as fever or acute respiratory illness; -Staff contingency plans will factor the following current guidelines for employees being away from work to limit the spread of respiratory illness and lower the impact of COVID-19 in the workplace; -Monitor residents and employees for fever and respiratory symptoms; -Monitor temperature daily; -Restrict residents with fever or acute respiratory symptoms to their room, if they must leave the room for a medically necessary reason, have them wear a face mask; -Further review of the policy, showed no process for documentation of daily resident respiratory symptoms. The policy did not identify who is responsible to review employee and visitor wellness checks to ensure they are completely filled out and the process to follow-up on staff/visitor yes responses to questions about symptoms and potential exposure. 1. Review of Resident #3's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/27/20, showed: -Cognitively intact; -Mild depression; -Total dependence for bed mobility, transfers, locomotion on and off the unit, dressing and personal hygiene; -Frequently incontinent of bowel and bladder; -[DIAGNOSES REDACTED]. Review of the resident's electronic physician order [REDACTED]. Review of the resident's progress notes, showed: -On 4/30/20, resident was sent to the hospital for abnormal labs; -On 5/4/20, resident returned home from the hospital; -On 5/5/20, the resident's family notified the resident was placed on a 14 day quarantine due to returning from the hospital; -On 5/13/20 at 6:38 P.M., new order received to send resident to the hospital for psychiatric evaluation; -On 5/14/20 at 7:06 A.M., resident left to go to the hospital by ambulance; -On 5/15/20 at 4:19 P.M., resident returned to facility by ambulance, respirations regular and unlabored; -On 5/15/20 at 5:25 P.M., vitals: temperature 98.1 degrees Fahrenheit (F), respiration: 14, oxygen saturation (percent of oxygen in the blood): 98%. respiratory: lungs clear throughout bilaterally (both sides). No difficulty breathing. No cough noted; -Utilizing oxygen: Marked no; -Currently on antibiotics: Marked no; -On 5/16/20 at 5:26 P.M., resident noted in bed with quarantine effective. No complaints of pain, able to make needs known to staff. Lung sounds clear non-labored, temperature 98.3. Review of the resident's temperature log, showed: -On 5/16/20 at 5:26 P.M., the resident's temperature was 98.3 degrees F; -On 5/26/20 at 11:13 P.M., the resident's temperature was 98.1 degrees F; -No temperatures documented on the treatment administration record (TAR) or in the electronic medical record from 5/16/20 until 5/26/20. Further review of the resident's medical record, showed no documentation of a daily respiratory assessment. Observation on 5/26/20 at 10:30 A.M., showed outside Resident #3's room, was a three drawer cabinet in the hall. A sign on the wall read: Quarantine - please use caution when entering this room, thank you. The same sign located on the resident's door. Hand sanitizer located on the wall on the other side of the door frame. The door to the room open. In the room, in view of the open door, sat two red containers. One of the containers had a red bag and the other container had a yellow bag. At 1:05 P.M., a staff member talked to the resident from the hall, then the staff member put on gloves and a gown to enter the resident's room. The staff member already had a mask on. Before leaving the room, the staff member removed his/her Personal Protective Equipment (PPE) and placed the items in the red container with the red bag and performed hand hygiene. During an interview on 5/28/20 at 1:45 P.M., the Director of Nursing (DON) said the resident went to the hospital on [DATE] and the order for the temperature check was discontinued. When the resident returned to the facility, the order for the temperature checks was not put in the ePOS. The DON would expect all residents who are on quarantine to have a respiratory assessment and their temperatures checked twice daily and documented. 2. Review of Resident #5's quarterly MDS, dated [DATE], showed: -Cognitively intact; -[DIAGNOSES REDACTED]. Review of the resident's medical record, showed: -An order dated 5/18/20, for [MEDICATION NAME] HCI (antibiotic) capsule 250 milligram (mg), one capsule by mouth, one time a day for Clostridioides difficile ([MEDICAL CONDITION], bacteria that causes loose stools); -No orders for isolation precaution or a [DIAGNOSES REDACTED]. Observations of the resident on 5/27/20 at 10:36 A.M. and 1:00 P.M., showed an isolation precaution sign outside the resident's room, what PPE should be worn, and a cart that contained the PPE. 3. Review of Resident #4's quarterly MDS, dated [DATE], showed: -Severe cognitive impairment; -Required total assistance with dressing and personal hygiene; -Frequently incontinent of bowel and bladder; -[DIAGNOSES REDACTED]. Review of the resident's medical record, showed from 4/7/20 to 5/26/20 at 2:00 P.M., no documentation of a daily respiratory assessment to monitor for symptoms of COVID-19. 4. Review of Resident #2's quarterly MDS, dated [DATE], showed: -Severe cognitive impairment; -Required total assistance with dressing and personal hygiene; -Occasionally incontinent of bowel and bladder; -[DIAGNOSES REDACTED]. Review of the resident's medical record showed from 5/14/20 to 5/26/20 at 2:00 P.M., no documentation of a daily respiratory assessment to monitor for symptoms of COVID-19. 5. Review of Resident #1's quarterly MDS, dated [DATE], showed: -Cognitively intact; -[DIAGNOSES REDACTED]. Review of the resident's physicians order sheet, showed an order dated 9/24/19: Send pre-[MEDICAL TREATMENT] and post [MEDICAL TREATMENT] report with resident every Monday, Wednesday and Friday. Review of the resident's medical record, showed no documentation of daily respiratory assessments to monitor for COVID-19 or pre/post [MEDICAL TREATMENT] respiratory assessments. During an interview on 5/26/20 at 2:05 P.M. and 5/28/20 at 1:45 P.M., the DON said residents who go out for [MEDICAL TREATMENT] have a respiratory assessment pre and post [MEDICAL TREATMENT] days. This assessment is documented in the electronic medical record. If the resident has signs and symptoms such as cough or shortness of breath, the resident would go on isolation for 14 days. 6. Review of the facility's wellness self-check, dated 5/21/20 through 5/26/20, showed: -On 5/21/20: -Staff C: Cough (blank); -Staff D: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, yes. (No follow-up documented); -On 5/22/20: -Staff A: Cough (blank), shortness of breath (blank); -Staff B: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, (blank); -Staff E: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, yes. (No follow-up documented); -Staff J: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, (blank). Have you traveled outside of your state or your local area in the last 14

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** - Some	(continued... from page 1) days, (blank); -Staff K: Shortness of breath (blank); -Staff L: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, yes. (No follow-up documented); -Staff N: Shortness of breath, (blank); -On 5/23/20: -Staff F: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, (blank). Have you traveled outside of your state or your local area in the last 14 days, (blank); -Staff G: Cough (blank); -Laboratory Staff H: Have you been in direct contact with someone in the last 14 days who had flu/cold like symptoms, yes. (No follow-up documented); -On 5/24/20: -Staff I: Shortness of breath, (blank); -On 5/25/20: -Staff O: Shortness of breath, (blank); -On 5/26/20: -Staff C: Temperature (blank); -Staff D: Have you traveled outside of your state or your local area in the last 14 days, both yes and no checked. (No follow-up documented); -Staff N: Shortness of breath, (blank). During an interview on 5/26/20 at 2:05 P.M. and 5/28/20 at 1:45 P.M., the DON said she would expect all residents have their temperatures taken twice a day, as their wellness check. Residents should have an order for [REDACTED]. The COVID-19 protocol consists of the wellness check, which is checking the resident's temperature twice daily and completing a respiratory assessment. Staff routinely ask residents how they are feeling, if they are short of breath, if they have pain, nausea, or coughing. If a resident had any symptoms, the staff member would notify the nursing department. She would expect staff to document daily respiratory assessments and address this process in the policy. Staff and visitors complete a wellness check upon entering the facility. She would expect the form to be completed. The DON is responsible for reviewing the wellness checks to ensure they are completed. If an employee or visitor answers yes to a question, she would expect staff to ensure that follow up documentation is done. She would expect the policy to address that she is responsible for reviewing the wellness checks, all questions need to be answered, and follow up documented if anyone answered yes.