STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265341	A. BUILDING _____ B. WING _____	06/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PILLARS OF NORTH COUNTY HEALTH & REHAB CENTER, THE	13700 OLD HALLS FERRY ROAD FLORISSANT, MO 63033

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 consistently implement it's infection control program with appropriate hand hygiene before and after contact with two of three sampled residents (Residents #1 and #3), failed to provide thorough monitoring and assessment of one of three sampled residents (Residents #1) 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, loss of smell and taste) pandemic, in order to provide a safe and sanitary environment for all residents, failed to sanitize equipment, and failed to consistently screen all staff for COVID-19 symptoms prior to them caring for residents. The census was 61. Review of the Centers for Disease Control (CDC) guidance, updated 5/19/20, showed the following: -Educate healthcare personnel (HCP) about any new policies or procedures; -Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document the absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace; -Actively monitor all residents upon admission and at least daily for fever (temperature 100.0 degrees Fahrenheit (F) and symptoms consisted with COVID-19. If residents have fever or symptoms consistent with COVID-19, implement transmission-based precautions; -Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0 degrees F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Review of the facility's policy, entitled COVID-19 Control Measures for Long Term Care Interim Guidance (subject to change) March 20, 2020, showed any resident identified with symptoms of fever and lower respiratory illness (cough, shortness of breath, sore throat) should be immediately placed in both contact and droplet transmission-based precautions. The isolation should be implemented by the healthcare member who discovered the symptoms, pending a physician's orders [REDACTED]. Review of the facility's policy, entitled Infection Prevention and Control Program Policies and Procedures: General Statement revised August 2018, showed direction for staff to practice good hand hygiene as a requirement of standard precautions. Staff were to wash or sanitize their hands before and after each care contact, for which hand hygiene was indicated by acceptable professional practice, utilizing designated time frames and products. Hands should be washed with soap and water when visibly soiled, or if they come in contact with blood or other body fluids, before or after eating or handling food, and times specified by other applicable regulations. All personnel must maintain a high degree of personal cleanliness and must practice good hand hygiene before and after contact with individuals in their care, before and after using the restroom, and when otherwise indicated in the daily execution of their duties. Review of the facility's policy entitled COVID-19 Preparedness revised 5/11/20, showed direction for staff to implement immediate infection prevention and control measures for a resident with known or suspected COVID-19. Residents suspected or confirmed with COVID-19 who remain in the facility upon advice of local/state public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms. For suspected cases of COVID-19, staff were to contact the state or local health departments for directions and testing. Further review of the facility's policy entitled COVID-19 Preparedness, showed no direction regarding the procedure to be followed when a resident suspected or confirmed with COVID-19 experienced a change in condition or exhibited additional signs and symptoms. 1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/24/20, showed the following: -Severe cognitive impairment; -[DIAGNOSES REDACTED]. mobility. Observation on 6/3/20 at 2:06 P.M., showed Certified Medication Technician (CMT) A sanitized his/her hands, administered medication and water to the resident, exited the room and began entering the med pass into the database on the keyboard without washing or sanitizing his/her hands. 2. Review of Resident #3's admission MDS, dated [DATE], showed the following: -Moderate cognitive impairment; -[DIAGNOSES REDACTED]. Observation on 6/3/20 at 2:26 P.M., showed Certified Nurse Aide (CNA) B used a hall kiosk one door down from the resident's room. A sign over the kiosk showed Please clean this kiosk after each use. The cleaning solution is at the nurse's station. Please spray the solution on the cloth. Do not spray the solution directly on the screen. The resident began coughing. CNA B went in to check on the resident, exited the room without sanitizing his/her hands and resumed his/her use of the kiosk. At 2:37 P.M., CNA B walked away from the kiosk without sanitizing the screen, took a blanket in to the resident, spread it out on the resident's bed, exited the room without sanitizing his/her hands and did not return to sanitize the kiosk screen. 3. Review of Resident #1's progress notes, showed the following: -3/4/20 at 8:45 A.M., staff notified the charge nurse the resident was coughing. Upon assessment, lung sounds were clear. The charge nurse asked him/her if he/she felt congested or was having difficulty breathing. The resident responded, nope I'm ok; -3/24/20 at 7:28 A.M., the charge nurse documented that at 3:50 A.M., the resident's temperature was 99.1 degrees Fahrenheit (normal range: 97.8-99.1 degrees F). The nurse re-checked the temperature and documented 100.4 degrees F with an oxygen saturation of 91% (normal range: 95%-100%). Lung sounds were clear to auscultation, bilateral (no wheezing or crackles heard in either lung). His/her respirations were even and unlabored, no distress was observed. Staff notified the resident's physician and received new orders for Tylenol 500 milligrams (mg) as needed (PRN) every 6 hours. The charge nurse administered the Tylenol. At 7:30 A.M., the nurse rechecked the resident's temperature, documented 101.2 degrees F, and notified the oncoming nurse. Further review of the resident's vital signs, dated 3/24/20 at 10:08 P.M., showed respirations of 22 per minute (normal range: 12 to 18 breaths per minute). At 10:09 P.M., the resident's oxygen saturation was 98%. His/her temperature was 99.1 degrees F. Further review of the resident's medical record, showed no documentation of any vital signs after 10:09 P.M., isolation of the resident per the facility's COVID 19 Control Measures for Long Term Care Interim Guidance, assessment or increased monitoring for COVID-19 symptoms, contact with the local or state health department for directions or having the resident tested for COVID-19 in March. During an interview on 6/9/20 at 11:23 A.M., the Director of Nurses (DON) said the resident's symptoms of fever and oxygen saturation of 91% could be considered COVID-19 symptoms. Whenever a resident had a fever, their vital signs were to be taken every four hours. Review of an e-mail from the Administrator, dated 6/12/20 at 9:35 P.M., showed the resident received a COVID test on 6/9/20 with negative results. 4. Review of the facility's completed April 2020, employee monitoring tools (COVID-19), showed 22 tools with no documented temperatures. Three out of 22 tools, showed the staff members were in direct, sustained contact with someone suspected or diagnosed with [REDACTED]. Review of the facility's May 2020, employee monitoring tools (COVID-19), showed no documented temperatures for an outside lab technician and treatment provider who visited the facility. Review of the Administrator's undated average daily department staff list, dated June 2020, showed: -Nursing: six CNAs/CMTs, three nurses, the DON and the assistant director of nursing (ADON); -Dietary: two dietary aides, one cook, one manager; -Housekeeping: one laundry professional, three housekeepers, one manager; -One maintenance professional; -One activities professional; -One human resources professional; -One marketing professional; -One administrator; -One business office manager. Review of the facility's June employee monitoring tools

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) (COVID-19), showed: -6/1/20, three out of the thirteen had completed tools for nursing staff; -6/2/20, five out of the thirteen had completed tools for nursing staff; -6/3/20, neither of the two completed tools were nursing staff. During an interview on 6/10/20 at 1:36 P.M., Nurse C said he/she had no idea why there were no employee monitoring tools filled out on him/her for a couple of the days he/she worked in June. Sometimes, no one was at the check-in desk, but he/she filled out the monitoring tool and left it on a stack of others. When no one was at the check-in desk, Nurse C had to catch staff, take their temperatures and fill out a symptom monitoring form for them, while also performing his/her duties as charge nurse. The person currently responsible for taking employee temperatures and filling out the monitoring form, normally let Nurse C know before going on breaks, so that Nurse C could fill in for him/her. During an interview on 6/4/20 at 4:33 P.M., CNA D said there were no employee monitoring tools filled out on him/her for a couple of days in June because he/she tended to forget that he/she was supposed to have it done. The person taking temperatures and filling out the tools that day had to go and find him/her in the facility and put the temperature bracelet on him/her. During an interview on 6/4/20 at 3:57 P.M., CMT A said there were no employee monitoring tools filled out on him/her for three days worked in June because he/she was not aware the sheets had to be filled out each time he/she worked. During interviews on 6/3/20 at 1:54 P.M. and 6/11/20 at 3:53 P.M., the Administrator said employees were required to be screened upon arrival at the facility, for exposure to COVID-19 and symptoms of infection, to prevent the spread of [MEDICAL CONDITION]. A staff person was posted at the entrance behind a table, in order to ensure that no one entered the facility before being screened and getting their temperature taken. The staff person filling out the employee monitoring tool and taking temperatures was supposed to record everything on the tool. Staff also wore bracelets with the temperature written on it. The only reasons the Administrator could think of for some staff not having had monitoring tools filled out on them, were that the assigned staff might have stepped away from his/her post at times or failed to fill one out. The signs over the facility kiosks directing staff to disinfect the screen after each use were intended to prevent the transmission of bacteria. During medication pass, staff were expected to sanitize their hands, after administering medications to each resident, prior to touching the laptop mounted on the medication cart, for the same reason.