

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER WOODLAND MANOR NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 WOODLAND COURT ARNOLD, MO 63010	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain proper infection control practices based on facility policy and acceptable standards of practice for the 2019 Novel Coronavirus Disease (COVID-19) pandemic when staff reused masks that had been taken outside the facility and improperly cleaned and when the facility failed to provide a structure barrier to separate positive and negative COVID-19 residents in a facility with an active outbreak of 37 positive residents and 18 positive staff members. These deficient practices had the potential to affect the residents in the facility. Ten residents were reviewed during the on-site investigation. The facility's census was 138. 1. Record review of the facility's policy, titled COVID-19 Team Member Personal Protective Equipment (PPE; equipment such as gown, gloves, facemask, shoe covers, and head cover)- Facemask Policy & Procedure, dated 3/27/20, showed: - This policy will remain in effect until the earlier of the date the policy is updated or the date the Coronavirus crisis agency guidelines have been removed or recalled; - At the end of each shift, each team member shall place his or her mask in a paper bag with his or her name written on it, which will be stored at the community for use on the next shift; - Replace the mask immediately if it is damaged, soiled, or difficult to breathe through. Record review of the Center of Disease Control and Prevention (CDC) Webpage Healthcare Workers PPE Frequently Asked Questions updated July 22, 2020 showed the following: - An N95 filtering facepiece respirators (FFR) is a type of respirator which removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles. N95 FFRs are capable of filtering out all types of particles, including bacteria [MEDICAL CONDITION]; - Limited re-use of N95 respirators when caring for patients with COVID-19 might also become necessary. However, it is unknown what the potential contribution of contact transmission is for [DIAGNOSES REDACTED]-CoV-2, and caution should be used; - Re-use should be implemented according to CDC guidance. Re-use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics; - During times of crisis, [MEDICATION NAME] limited re-use while also implementing extended use can be considered. Ideally, N95 respirators should not be re-used by healthcare provider (HCP) who care for patients with COVID-19 then care for other patients with [MEDICATION NAME], [DIAGNOSES REDACTED], and [MEDICAL CONDITION], and vice versa; - Respirators grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients should be discarded. HCP can consider using a face shield or facemask over the respirator to reduce/prevent contamination of the N95 respirator. HCP re-using an N95 respirators should use a clean pair of gloves when donning or adjusting a previously worn N95 respirator. It is important to discard gloves and perform hand hygiene after the N95 respirator is donned or adjusted; - One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for [DIAGNOSES REDACTED]-CoV2 ([MEDICAL CONDITION] that caused COVID-19).3 HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in CDC's re-use recommendations; - If supplies are even more constrained and five respirators are not available for each worker who needs them, FFR decontamination may be necessary. Record review of the CDC Webpage Healthcare Workers Decontamination and Reuse updated April 30, 2020 showed the following: - While disposable FFRs, like N95s, are not approved for routine decontamination as conventional standards of care, FFR decontamination and reuse may be needed during times of shortage to ensure continued availability; - Based on the limited research available, as of April 2020, ultraviolet germicidal [MEDICAL CONDITION], vaporous hydrogen peroxide, and moist heat have shown the most promise as potential methods to decontaminate FFRs; - An effective FFR decontamination method should reduce the pathogen burden, maintain the function of the FFR, and present no residual chemical hazard. Record review of the National Institute for Occupational Safety and Health (NIOSH) Webpage last reviewed March 27, 2020, Pandemic Planning and Recommended Guidance for Extended Use and Limited Reuse of N95 FFR in Healthcare Settings showed the following: - Healthcare facilities should provide staff clearly written procedures to: Follow the manufacturer's user instructions, including conducting a user seal check. Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures. Discard any respirator that is obviously damaged or becomes hard to breathe through. Pack or store respirators between uses so that they do not become damaged or deformed.; - A key consideration for safe extended use is that the respirator must maintain its fit and function. 2. During an interview on 7/23/20 at 11:15 A.M., the Administrator and Director of Nursing (DON) said the facility has requested more masks, but they have a pretty good stockpile right now. The facility is in the process of putting up a plastic barrier for the short hall rooms 401-410 to isolate COVID-19 positive residents from the negative residents on the adjoining hall in rooms 411-430. 3. Observation on 7/23/20 at 11:35 A.M., showed no evidence of a plastic barrier being constructed on the COVID-19 hall (rooms 401-410). Staff moved between the COVID-19 hall with positive residents and the adjoining hall (rooms 411-430) with negative residents, wearing the same PPE. 4. Observation on 7/23/20 at 11:45 A.M. showed Certified Nurse Aide (CNA) A and CNA B both wore discolored N95 masks (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The edges of the respirator are designed to form a seal around the nose and mouth). During an interview on 7/23/20 at 11:45 A.M., CNA A and CNA B said they have been wearing the same N95 mask for at least three weeks. They were told to wash them at home and when they ask for another one, they have been told they don't have any more to give them. 5. Observation on 7/23/20 at 12:00 P.M., showed the following: - Dietary Aide (DA) C wore a soiled light brown N95 mask; - DA D wore an N95 mask which was frayed at the seam with a hole in it. During an interview on 7/23/20 at 12:00 P.M., DA C and DA D said dietary staff deliver all the residents' meals. They are not given new masks and are told to wash them at home. When they ask for a new one, they are told there are not any. They were told if they have a mask, they are not supposed to ask for another one. 6. Observation on 7/23/20 at 12:05 P.M., showed Licensed Practical Nurse (LPN) E wore a soiled N95 mask with a stapled band. During an interview on 7/23/20 at 12:05 P.M., LPN E said he/she had been wearing the same mask for over three weeks and takes it home to wash. The LPN said the strap broke and when he/she asked for a new one, was told they do not have any, so the LPN stapled the strap back onto the mask. 7. Observation on 7/23/20 at 12:07 P.M., showed CNA F wore a clean N95 mask which was free of damage. During an interview on 7/23/20 at 12:07 P.M., CNA F said he/she got a new N95 mask today because he/she accidentally left the old mask in the car at the mechanic's shop. CNA F said he/she had the previous mask for at least three weeks and washed it in the dishwasher. 8. Observation on 7/23/20 at 12:10 P.M., showed CNA G wore an N95 mask which was frayed along the seam. During an interview on 7/23/20 at 12:10 P.M., CNA G said he/she has had his/her mask for a month and has been washing it at home. CNA G was told they do not have any more masks and the new ones are for residents. 9. During an interview on 7/23/20 at 12:20 P.M., Housekeeper H said he/she has had the same mask for a week and was told he/she could wash it, but was afraid to do that. 10. During an interview on 7/23/20 at 12:50 P.M., LPN I said he/she has been wearing his/her mask since 7/21/20. LPN I washes it with bleach at home</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>in a plastic recloseable bag like he/she was told to do. LPN I was able to get a new mask on 7/21/20, because the strap broke on his/her previous mask. LPN I wears the same PPE while caring for each resident on the COVID-19 unit and takes it off in the last resident's room. 11. Observation on 7/23/20 at 1:00 P.M., showed Housekeeper H and other housekeeping staff moved from the COVID-19 unit (rooms 401-410) hallway to the nurse's station, down the elevator to the additional COVID-19 unit, then to the hallway of rooms 411-430. The PPE was not removed as they left the COVID unit. The units are not identified or sealed off. 12. During an interview on 7/23/20 at 1:15 P.M., the Administrator said staff are supposed to wash the masks themselves. The facility does not have a way to clean them and staff ask the Administrator if they need a new one. The Administrator said he/she heard of a decontamination system, but did not know a lot about it. The Administrator was unsure if their masks qualified for the decontamination system.</p>		