

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER CHESTNUT REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 10954 KENNERLY ROAD SAINT LOUIS, MO 63128	
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 and in accordance with Centers for Disease Control and Prevention (CDC) guidelines for 2019 Novel Coronavirus disease 2019 (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 facemasks upon entering the building and failed to keep the masks on throughout their shift. Masks were not available to staff upon entrance to the building, this resulted in staff having to walk down resident halls and past residents and resident rooms to obtain. The facility failed to ensure staff followed personal protective equipment (PPE) directions upon entering resident rooms (Resident #3 and #4). In addition, the facility failed to ensure residents were assessed for signs and symptoms of COVID-19 and temperatures (Resident #2 and #1) per facility policy and physician orders. The census was 87. Review of CDC.gov website, Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, showed: -Implement Source Control Measures: Health care providers should wear a facemask at all times while they are in the facility; -Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown: Health care providers should wear 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 when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Review of the facility's undated addendum to infection control policy and procedure, showed: -Masks are required while in the facility; -Admissions and readmission will be placed on a 14-day quarantine in a private room; -PPE will be utilized specifically for COVID-19 including N95 masks, face shields, gowns, and gloves. Review of the facility's undated Instructions for Medical/Surgical Mask Use and Reuse policy, showed the following: -A picture of a person wearing a facemask with the nose exposed, which said Wrong Way; -A picture of a person wearing a facemask covering the mouth and nose, which said Right Way. Review of the facility's employee testing surveillance for COVID-19, reviewed 7/1/20, showed: -Facility wide testing started on 6/24/20; -64 employees listed on the testing surveillance; -14 employees had not been tested for COVID-19 as of 7/1/20; -18 employees whom were tested for COVID-19 did not have results as of 7/1/20; -2 employees tested positive for COVID-19 on 6/29/20. 1. Observations on 7/1/20 at 9:00 A.M., 11:00 A.M., 1:00 P.M. and 2:00 P.M., showed the employee entrance by room [ROOM NUMBER]. No signs posted at the employee entrance that directed employees and agency staff to wear a mask upon entering the facility. No masks available at the employee entrance. Upon entering the building, staff were required to walk down a resident hall past eight resident rooms to the nurse's station, where they were to sign in and fill out the COVID-19 signs and symptoms screening sheet. No masks observed at the nurse's station. Review of the resident census, showed 12 residents resided in the eight rooms staff pass at the employee entrance. Observation and interview on 7/1/20 at 10:35 A.M., showed Registered Nurse (RN) C and Licensed Practical Nurse (LPN) D sat at the nurse's station on the 100 unit without a mask that covered their nose and mouth. RN C's mask hung on his/her left ear, off his/her face and exposed his/her nose and mouth. LPN D's mask hung on both ears, sat under his/her chin, and exposed his/her nose and mouth. The two staff members sat side by side at the nurse station and talked to each other. RN C and LPN D confirmed they were agency staff. Observation on 7/1/20 at 12:10 P.M., showed Dietary Cook A walked off the elevator onto the 100 hall, through the double doors and to the entrance of the kitchen without wearing a mask. He/she entered the kitchen and closed the door. During an interview on 7/1/20 at 12:30 P.M., the dietary manager said masks should be located at the employee entrance and the nurse's station. Dietary Cook A had informed him/her that he/she did not have a mask and did not see masks at the employee entrance. He/she would have expected dietary cook A to ask for a mask if he/she did not see one. During an interview on 7/1/20 at 12:40 P.M., the office manager said masks are available at all nurse's stations and if they cannot find them, they can ask a nurse or come into the admissions office. The office manager said masks are kept in his/her office, because he/she hands them out to visitors making deliveries. Review of the facility layout and resident census, showed Dietary Cook A had to walk past 33 occupied resident's rooms from the employee entrance to the elevator that led to the kitchen. Observation on 7/1/20 at 2:00 P.M., showed Dietary Cook B entered the facility through the employee entrance without a mask. He/she walked down the resident hall, past the occupied resident rooms and signed in at the nurse's station. He/she did not obtain a mask at the nurse's station and continued down another hall, past additional resident rooms, without a mask. Review of the facility's employee testing surveillance, reviewed 7/1/20, showed Dietary Cook B had not received a test for COVID-19. During an interview on 7/1/20 at 12:13 P.M., Laundry Aide F said all employees were required to wear a mask in all areas of the facility, including the employees only area. Masks should be available at the nurse's station and the front desk. During an interview on 7/1/20 at 11:12 A.M., the Director of Nursing (DON) said he expected staff to wear a mask upon entering the facility. He would expect masks to be available at the employee entrance and at the nurse's station. Masks are also available in the medication cart. The DON said the facility has a supply of surgical masks and N95 masks. If staff cannot find them, they are expected to ask a nurse. Staff are expected to keep their mask on while inside the facility and practice social distancing. The DON confirmed that there are agency staff at the facility, so they would not have received a test for COVID-19. 2. Review of Resident #3's medical record, showed: -admitted [DATE]; -[DIAGNOSES REDACTED]. During an interview on 7/13/20 at 12:10 P.M., the DON said Resident #3 was recently readmitted from the hospital and was on droplet precautions for the 14 day observation time. Review of Resident #4's medical record, showed admitted [DATE]. Observation on 7/1/20 at 9:42 A.M., showed LPN E used hand sanitizer and entered Resident #3's room. A droplet precaution sign hung on the door that read: clean hands before entering room and when leaving room, surgical mask (no cloth mask) covering nose and mouth, and gloves. At approximately 9:44 A.M., he/she used hand sanitizer and exited the room. He/she only wore a mask. No eye protection, gown or gloves worn. He/she returned to his/her cart in the hallway. At 9:47 A.M., LPN E used hand sanitizer and entered Resident #4's room. A droplet precaution sign hung on the door that read: clean hands before entering room and when leaving room, surgical mask (no cloth mask) covering nose and mouth, and gloves. He/she only wore a mask. No eye protection, gown or gloves worn. During an interview on 7/1/20 at 11:12 A.M., the DON said he would expect staff to check the sign outside the door to know what type of PPE to wear in the room. If the sign said to wear gloves in the room, he would expect staff to wear them. The addendum to infection control policy is all the facility has that is specific to COVID-19. On 7/13/20 at 12:10 P.M., the DON said new admitted /readmitted residents are placed on droplet precautions due to being a new admission. 3. During an interview on 7/9/20 at 2:30 P.M., the DON said assessing for signs and symptoms of COVID-19 is completed every shift by nursing. Temperatures are taken every shift as well. It is part of the surveillance, so a physician's orders [REDACTED].#2's medical record, showed admitted on [DATE]. Review of the facility testing surveillance, showed the resident was tested for COVID-19 on 6/25/20. He/she tested positive. Review of the resident's physician's orders [REDACTED].M., 4:00 A.M., 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M. Review of the resident's care plan, updated 6/30/20, showed: -Focus: Isolation due to positive COVID-19 test; -Goal: Resident will remain on isolation until test shows negative; -Interventions: Blank. Review of the facility's daily assessments for signs and symptoms of COVID-19, dated 6/18/20 through</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>6/30/20, showed: -On 6/19/20 at 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/20/20: -At 3:00 P.M. to 11:00 P.M., assessment sheet not provided; -At 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/21/20 at 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/22/20 at 11:00 P.M. to 7:00 A.M., no documentation for signs and symptoms; -On 6/23/20 at 11:00 P.M. to 7:00 A.M., no documentation for signs and symptoms; -On 6/24/20: -At 11:00 P.M. to 7:00 A.M., no documentation for signs and symptoms; -At 3:00 P.M. to 11:00 P.M., assessment sheet not provided; -On 6/27/20: -At 3:00 P.M., no documentation for signs and symptoms; -At 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -Further review of the daily assessments for signs and symptoms of COVID-19, showed no documentation of the resident's temperature taken every four hours. Review of Resident #1's quarterly MDS, dated [DATE], showed: -Cognitively intact; -Extensive assistance with bed mobility, dressing, toilet use and personal hygiene; -[DIAGNOSES REDACTED]. Review of the resident's medical record, showed: -Re-admitted on [DATE]; -Placed on quarantine/isolation status from 6/20/20 to 7/4/20; -Review of the facility testing surveillance, showed the resident was tested for COVID-19 on 6/24/20. He/she tested negative. Review of the facility's daily assessments for signs and symptoms of COVID-19, dated 6/18/20 through 6/30/20, showed: -On 6/20/20 at 3:00 P.M. to 11:00 P.M., assessment sheet not provided; -On 6/21/20: -At 3:00 P.M. to 11:00 P.M., no documentation of signs and symptoms; -At 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/22/20 at 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/23/20 at 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/24/20: -At 7:00 A.M. to 3:00 P.M., no documentation of signs and symptoms; -At 3:00 P.M. to 11:00 P.M., assessment sheet not provided; -At 11:00 P.M. to 7:00 A.M., assessment sheet not provided; -On 6/25/20 at 7:00 A.M. to 3:00 P.M., no documentation of signs and symptoms; -On 6/27/20 at 11:00 P.M. to 7:00 A.M., assessment sheet not provided. During an interview on 7/9/20 at 2:30 P.M., the DON said he was not aware that Resident #2 had orders for staff to obtain his/her temperature every four hours. The DON expected staff to follow physician's orders [REDACTED]. He expected all residents to be listed on the assessment sheet and for nursing to ensure that all re-admits and new admits were added timely.</p>		