

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER RANCHO MANOR HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 615 RANCHO LANE FLORISSANT, MO 63031	
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 - Few	<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 staff wore face masks appropriately, wore the appropriate personal protective equipment (PPE) in accordance with the facility's policy, ensure hand hygiene was performed appropriately, and failed to ensure staff cleaned and disinfected equipment when used with more than one resident in accordance with the facility's policy (Residents #1, #2, #3 and #4). The sample size was five. The census was 55. Review of CDC guidance, showed the following: -Healthcare Providers (HCP) should wear a mask at all times while they are in the facility. -Source Control: Use of a cloth face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. -Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. --Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP 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. Review of the facility's COVID-19 Prevention and Control policy, revised 4/24/20, showed the following: -If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to the manufacturers' recommendations using EPA registered disinfectants against COVID-19; -The facility will deploy PPE and encourage its use in accordance with CDC guidelines. Review of the facility's COVID-19 Outbreak Control policy, revised 4/30/20, showed the following: -A resident with known or suspected COVID-19, immediate infection prevention and control measure will be put in place; -Place resident on both contact and droplet precautions; -Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. 1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 5/12/20, showed the following: -Brief Interview for mental status (BIMS, a brief screener of cognition) score of 14 out of a possible 15 (cognitively intact); -[DIAGNOSES REDACTED]. Review of the resident's care plan, dated 4/3/20, showed the following: -Focus: The resident is at risk for COVID-19; -Goal: The resident will remain free from signs and symptoms of COVID-19; -Interventions included: All new admits (residents) are to be monitored for 14 days in designated area with the intent of symptom identification if any. Review of the resident's progress note, dated 6/3/20 at 7:31 P.M., showed the resident remained on COVID-19 isolation due to a readmit from the hospital, day three out of 14 days. Observation on 6/3/20 at 9:24 A.M., showed Certified Nurse Aide (CNA) A, wearing a disposable mask, entered the resident's isolation room. CNA A did not sanitize his/her hands, nor did he/she don gloves and a gown before walking into the resident's room. The resident lay on his/her bed. CNA A asked the resident a question and then left the room. CNA A did not wash or sanitize his/her hands and did not change his/her mask after leaving the resident's room. Further observation, showed a sign outside of the resident's room, showing the resident was on contact and droplet precautions. A station was set next to the resident's room with hand sanitizer attached to the top of the station and drawers filled with gloves and gowns. 2. Review of Resident #2's quarterly MDS, dated [DATE], showed the following: -Severely impaired cognition; -Total dependence requiring physical assistance of two staff members for bed mobility, dressing, personal hygiene, toilet use and transfers; -[DIAGNOSES REDACTED]. Observation on 6/3/20 at 9:47 A.M., showed CNA B wore a cloth mask, which was below his/her nose. He/she entered the resident's room. CNA B did not cleanse his/her hands before entering the resident's room. CNA B checked on the resident visually and then left the room. CNA B did not cleanse his/her hands after exiting the resident's room. 3. Review of Resident #3's quarterly MDS, dated [DATE], showed the following: -BIMS score of 14; -Total dependence requiring the physical assistance of two staff members for bed mobility and transfers; -[DIAGNOSES REDACTED]. Observation on 6/3/20 at 9:48 A.M., showed CNA B wore a cloth mask, which was below his/her nose. CNA B entered the resident's room and donned gloves without cleansing his/her hands. CNA B covered the resident with a blanket. CNA B then doffed his/her gloves and left the room. CNA B did not cleanse his/her hands after removing his/her gloves. 4. Observation on 6/3/20 at 9:57 A.M., showed Laundry Aide E walking down the hall, pushing a laundry bin. Laundry Aide E wore a cloth mask, which was below his/her nose. 5. Review of Resident #4's quarterly MDS, dated [DATE], showed the following: -BIMS score of 15 (cognitively intact); -Independent with all activities of daily living; -Impairment on one side of his/her upper body; -[DIAGNOSES REDACTED]. Observation on 6/3/20 at 9:59 A.M., showed Certified Medication Technician (CMT) C rolled a blood pressure monitor wheeled floor stand, which included fingertip pulse oximeter (device which measures heart rate and oxygen levels in the red blood cells) and a thermometer, into the resident's room. Both the resident and CMT C wore a disposable mask. CMT C washed his/her hands, donned gloves, picked up the thermometer from its cradle, which was attached to the floor stand and put a disposable cap on the tip of the thermometer. CMT C inserted the tip of thermometer into the resident's ear and took his/her temperature. CMT C then used his/her gloved fingertips to remove the disposable cap from the tip of the thermometer, threw it in the trash and placed the thermometer on to its cradle. CMT C did not clean and/or disinfect the thermometer before or after use on the resident. CMT C removed the pulse oximeter from the basket attached to the floor stand and placed it on the resident's finger. CMT C then removed a blood pressure cuff from the basket and secured it onto the resident's arm, over the resident's clothes. CMT C removed the blood pressure cuff from the resident's arm and replaced it into the basket. CMT C then took an orange blood pressure cuff from the basket and secured it onto the resident's arm, over the resident's clothes. After obtaining the resident's blood pressure reading and pulse oximeter reading, CMT C removed both the blood pressure cuff and the pulse oximeter and placed both items into the basket on the floor stand. CMT C did not cleanse or disinfect the pulse oximeter or the two blood pressure cuffs before or after use on the resident. CMT C rolled the blood pressure monitor floor stand out of the resident's room and left it next to his/her medication cart. CMT C did not cleanse or disinfect the equipment on the floor stand. Observation on 6/3/20 at 10:19 A.M., showed CMT C rolled the same blood pressure monitor wheeled floor stand, previously used on Resident #4, into Resident #2's room. CMT C did not cleanse or disinfect the equipment before wheeling it into the resident's room. CMT C picked up the thermometer from its cradle, attached a disposable cap to the tip of the thermometer and inserted it into the resident's ear. CMT C then removed the thermometer from the resident's ear, discarded the disposable cap, and placed the thermometer back into its cradle. CMT C did not cleanse and disinfect the thermometer before or after using it on the resident. CMT C removed the orange blood pressure cuff from the basket, secured it around the resident's arm, over the resident's clothes. After obtaining the resident's blood pressure reading, CMT C removed the cuff from the resident's arm and placed it into the basket on the floor stand. CMT C did not cleanse or disinfect the blood pressure cuff before or after use on the resident. 6. Observation on 6/3/20 at 11:19 A.M., showed Dietary Staff G standing over the stove in the kitchen, stirring food in a pot. Dietary Staff G wore a cloth mask, which was below his/her chin.</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 - Few	<p>(continued... from page 1)</p> <p>During an interview on 6/3/20 at 11:55 A.M., the Infection Preventionist said the the facility supplied the staff with disposable masks, cloth masks, KN95 and N95 masks to use on their shifts. During an interview on 6/3/20 at 12:22 P.M., the Administrator said the following: -Staff are expected to wear masks when in resident rooms; -Staff are expected to wear masks that cover both their mouth and nose at all times for infection control; -Staff are expected to change their masks if they become soiled or moist, and at the start of every eight hour shift; -Staff are expected to wear the appropriate PPE for droplet precautions when entering a resident's isolation room; -Staff are expected to change their mask or remove and discard the disposable mask over their KN95 or N95 mask after exiting an isolation room; -Staff are expected to wash or sanitize their hands before and after entering a room, before and after providing direct care and when donning and doffing gloves; -Staff are expected to clean and disinfect multiple use medical equipment, such as a blood pressure cuff or thermometer, before using it on another resident; -The facility does not have a shortage of PPE or Environmental Protection Agency (EPA) registered disinfectants against COVID-19. During an interview on 6/4/20 at 11:10 A.M., the Administrator said the following: -readmitted residents and residents who leave the facility for [MEDICAL TREATMENT] or a physician's appointment are kept on the isolation hall for at least 14 days; -It is not known if the residents on the isolation hall are infected with COVID-19; -Staff are expected to follow droplet precautions when entering a resident's room on the isolation hall until their COVID-19 status is determined; -Residents on the isolation hall are closely monitored for signs and symptoms of COVID-19.</p>		