

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265717</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRAND MANOR NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3645 COOK AVE SAINT LOUIS, MO 63113</b>	
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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to protect all residents in the facility by not following acceptable infection control practice recommendations for COVID-19 from the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS). These failures had the likelihood to expose all residents in the facility to COVID-19, resulting in serious harm or death. The facility failed to screen all staff for signs and symptoms of COVID-19, prevent staff who reported as sick with symptoms of COVID-19 from providing care to residents beginning [DATE], and allowed staff to care for residents on the same day they were tested positive for COVID-19. The facility further failed to screen surveyors for symptoms of COVID-19 on [DATE]. The facility failed to ensure COVID-19 positive residents remained in their rooms or wore protective facial coverings, failed to ensure staff wore personal protective equipment (PPE) appropriately in an attempt to prevent the spread of [MEDICAL CONDITION]. The facility failed to ensure all staff changed PPE and performed hand hygiene when exiting resident rooms and prior to entering another resident room. As a result of the identified non-compliance, the Administrator was notified on [DATE] at 5:20pm of the Immediate Jeopardy (IJ) related to the facility's failure to follow the CDC guidance and recommendations and CMS Regulatory Requirements for COVID-19. The IJ was found to have started on [DATE] with the failures to appropriately screen staff for signs and symptoms of COVID-19 and prevent staff who were ill and/or COVID-19 positive from caring for the residents. Findings include: During an initial observation at the staff and visitor screening entrance of the facility on [DATE] at approximately 8:45am, Guest Services (GS1) obtained temperatures from visitors who entered the facility, but did not screen the two Surveyor visitors for symptoms of a respiratory infection, such as cough or sore throat and did not screen for international travel within 14 days or potential contact with known or suspected COVID-19. During an interview on [DATE] at 9:00am, the Administrator reported the facility housed COVID-19 positive and negative residents together on both the second and third floors and indicated COVID-19 positive residents were not kept on a separate unit. The Administrator provided Resident COVID 19 Positive Test a document that indicated on [DATE], the number of residents who tested positive for COVID-19 was 55 and nine of those residents died. The Administrator indicated two staff were confirmed as positive for COVID-19, however a number of other staff had reported symptoms of COVID-19 and were ordered to be tested by their private physician and the results of those tests were not known. The local St. Louis Health Department and staff physicians provided guidance as to when staff were able to return back to work within the facility. The facility's Employee Screening Tool and Temperature Log (tools used to screen and log staff and visitors for symptoms and fever associated with COVID-19) were provided by the Administrator on [DATE]. On [DATE], review of the facility's screening tools from [DATE]-[DATE] indicated the following: -, [DATE], [DATE] and [DATE]: staff/visitor's temperatures were taken, but no screenings for signs or symptoms of COVID-19 were documented. -, [DATE] at 12:10am: a visitor refused to have a temperature taken and staff documented no temperature or screenings for signs or symptoms of COVID-19 were completed. -, [DATE]: 22 staff/visitor temperatures were taken, but no other screening for COVID-19 was documented. -, [DATE], [DATE]: Laundry (Ldy1), no screenings documented for signs or symptoms of COVID-19 and on [DATE] also no temperature documented. -, [DATE]: Maintenance (M1), no screening documented for signs or symptoms of COVID-19. -, [DATE]: Nurse Aide (NA3), no temperature or screening documented for signs and symptoms of COVID-19. -, [DATE]: NA4, no temperature or screening documented for signs and symptoms of COVID-19. -, [DATE]: NA5, no temperature or screening documented for signs and symptoms of COVID-19. -, [DATE]: Licensed Practical Nurse (LPN3), no temperature or screening documented for signs and symptoms of COVID-19. -, [DATE]: NA6, no screening documented for signs and symptoms of COVID-19. -, [DATE]: NA1, no screening documented for signs and symptoms of COVID-19. -, [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE]: Certified Medication Aide (CMA2), no documentation of being screened. The facility provided a staff list entitled Grand Manor Staff COVID 19 Positive Test which indicated CMA2 expired in the hospital on [DATE]. Review of the Time Detail Report for CMA2 indicated she worked [DATE], then used sick time on [DATE] and on [DATE] and [DATE] used vacation time, then worked [DATE], [DATE], [DATE], [DATE], [DATE], [DATE] (for three hours) and used 4.5 hours of vacation time, worked [DATE], then on [DATE] she used sick time and did not work. On [DATE] she worked 5.25 hours, then did not work again. -, [DATE]: CMA1, no temperature documented. -, [DATE]: Ldy2, no temperature or screening for signs or symptoms of COVID-19. -, [DATE]: LPN3, no temperature documented. -, [DATE], [DATE]: NA8, no screenings were documented, no temperature documented. The Time Detail Report showed on [DATE], she worked 11:00pm-7:15am and on [DATE], she worked 11:00pm-7:45am. The facility provided a letter from NA8's physician that indicated on [DATE], NA8 was seen in the clinic and had signs and symptoms of COVID-19 and had been recently exposed to the infection. -, [DATE], [DATE], [DATE]: NA7, no screening documented for signs and symptoms of COVID-19 and on [DATE] also no temperature documented. The facility provided a letter from NA7's physician that indicated on [DATE] NA7 was evaluated for symptoms that represented COVID-19. NA7 was advised to self-isolate at home until seven days had passed since the symptoms first appeared. NA7's Time Detail Report indicated she cared for residents the day prior to the evaluation for symptoms by her physician and worked on the seventh day following the evaluation and the facility did not screen her for symptoms of COVID-19 or for a temperature. -, [DATE], [DATE]: CMA3, no screening or temperatures were documented. The Time Detail Report indicated on [DATE] and [DATE], CMA3 worked from 6:30am-2:45pm. The facility provided a letter from a physician at the Infectious Diseases Division of a local emergency department that indicated CMA3 was evaluated in the emergency roiaognom on [DATE] (the same day she cared for residents in the facility) and this letter stated CMA3 was evaluated in the (hospital ER) on [DATE]. She tested positive for COVID-19 and was advised not to return to work for at least the next fourteen days. This quarantine time-period begins on [DATE]. -HSPK5: [DATE], [DATE], [DATE], [DATE], no screening for signs or symptoms of COVID-19, [DATE], [DATE], [DATE], no temperature or screening for signs or symptoms of COVID-19. The facility provided a [DIAGNOSES REDACTED]-COV2 presumptive positive test result for COVID-19 collected on [DATE] with a reporting result date of [DATE], indicating that HSKP5 worked while positive for COVID-19. During an interview on [DATE] at 11:11am, NA8 reported she tested positive for COVID-19 on [DATE]. She stated she went to work on [DATE] and had her temperature taken when she entered the building, but was not asked any questions related to feeling sick. She stated, He was the receptionist who took my temperature, but he didn't ask no questions. She said she felt sick, body aches, no taste, no smell but said she did not have a fever so she went ahead and worked and cared for residents. I was working sick when I told my charge nurse, but she said if I left work I would have to have a doctor's statement in order to come back. There was only me and the nurse and nobody showed up to work so I stayed. I stayed and worked that night, then called my doctor the next day and went and got tested. She indicated her COVID-19 test result was positive. She further indicated she feared for her health because the facility did not supply her with goggles or a N95 mask, but instead was making their own masks with paper towels and rubber bands. She stated, my co-worker passed away, (CMA2), she had [MEDICAL CONDITION]. They weren't letting anybody stay home sick. This could have been prevented she stated. Review of the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease2019 (COVID-19) in Healthcare Settings, dated [DATE], showed the following: -Screen all</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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>healthcare professionals (HCP) at the beginning of their shift for fever and symptoms consistent with COVID-19. -Actively take their temperature and document 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. -Fever is either measured temperature &gt;100.0 degrees Fahrenheit or subjective fever. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. During a tour of the facility on [DATE], the following observations and interviews were made on the second and third floor, resident areas, at the following times: -9:15am, the Administrator wore a surgical mask, but did not wear eye protection, gown or gloves while on the second floor. -9:15am, LPN1 on the second floor near the nursing station, wore a surgical mask instead of a N95 mask, face shield, but did not wear a gown or gloves. LPN1 indicated the facility provided PPE to nursing staff about two months ago. She left her N95 mask in her car because she has problems breathing and prefers to only wear a surgical mask. -9:15am, HSKP2 and HSKP3 mopped the hall on the second floor and wore goggles and masks, but did not wear gowns or gloves. -9:15am, NA1 on the second floor near resident rooms, wore a surgical mask, gown and face shield, but did not wear a N95 mask or gloves. NA1 said she did not wear the N95 mask because it was hot and fogged up her glasses. She further stated she had worked with both positive and negative COVID-19 residents and did not wear the N95 mask and she treated all residents as if they were COVID-19 positive. She said the facility had COVID-19 positive residents that she cared for prior to the facility having issued the N95 masks to staff. -at approximately 9:15am and 2:00pm, R08 a positive COVID-19 resident was in the hall on the second floor, and roamed near the nursing station, stood in front of and leaned on the nursing station and was not wearing a mask or facial covering. LPN1 did not attempt to direct R08 to wear a facial cover. -9:30am, HSKP1 on the second floor, wore a surgical mask, but did not wear a N95 mask, gown, eye protection or gloves. -9:43am, LPN2 on the second floor, exited a resident room and wore a surgical mask, face shield, her gown was open in the front and exposed her uniform and she did not wear gloves. LPN2 stated she had been in a positive COVID-19 resident room and had administered a medication. She further indicated she had a N95 mask and would change into that mask. LPN2 walked behind the nursing desk and removed the surgical mask then donned a N95 mask. -9:43am, HSKP1 on the second floor, entered R01's room who tested positive for COVID-19, HSKP1 wore a surgical mask instead of a N95 mask and wore a gown, face shield and gloves. HSKP1 removed a bag of trash from a trash can and did not sanitize or remove her gloves prior to touching items on R01's bedside table. She then exited the room and obtained a cloth from the housekeeping cart and went back into the same room and did not remove or change any personal protective equipment (PPE) or sanitize her gloves. HSKP1 went to R02, a negative COVID-19 tested resident and began wiping R02's bedside table. HSKP1 did not change PPE or sanitize her hands prior to going back to R01's side of the room and she wiped R01's bedside table using the same cloth. -10:00am, HSKP2 and HSKP3 mopped the hall on the third floor and wore goggles and masks, but did not wear gowns or gloves. -10:30am, GS1 reported she screened all staff who entered the facility for a day shift. She also handed out surgical type masks and eye protection to staff. -1:30pm, LPN1 on the second floor, entered the room of R03, a negative COVID-19 resident who was coughing. LPN1 wore a surgical mask instead of a N95 mask and wore a gown, face shield and gloves. She, while approximately one foot away from R03, bent down and provided care to R03 who sat in a wheelchair. After checking R03's blood sugar, LPN1 stood next to R03, approximately in the middle of the room and removed her PPE gown, then carried it over toward the door and placed it in the trash. LPN1 then walked over and washed her hands in R03's sink that was located in the middle of the room, put on clean gloves and then exited the room. -1:34pm, NA2 on the second floor, exited the room of R04 and did not perform hand hygiene or don gloves prior to entering the room of R05. NA2 then exited R05's room and did not perform hand hygiene. NA2 said gloves were not required to be worn and sanitizer was not needed. -1:50pm, CMA1 on the third floor, entered R06's room and administered medications to R06, then exited the room and pushed the medication cart down the hall. CMA1 did not wear gloves and did not perform hand hygiene after working with R06. -1:54pm, HSKP4 on the third floor, wore a surgical mask and a gown that appeared soiled and pilled while he cleaned R07's room, bathroom and removed the trash. HSKP4 did not wear a N95 mask or eye protection. HSKP4 reported he did not know if the facility had N95 masks, he did not have one to wear and preferred not to wear eye protection. He cleaned both positive and negative COVID-19 resident rooms wearing the same protective equipment and did not change or alter his PPE between resident rooms. -2:00pm, R09 ambulated up and down the halls on the third floor and in front of the nursing station and was not wearing a facial covering. Nursing staff in the area did not attempt to direct R09 to wear a facial covering. -4:00pm, the Director of Nursing (DON) reported the second and third floors contained both positive and negative COVID-19 tested residents. All staff who worked in the common areas outside of resident rooms were expected to wear eye protection, gowns and either a surgical mask or N95 mask, but not gloves. In resident rooms, staff needed to wear all PPE and prior to exiting a resident room staff needed to remove the gown, gloves and perform hand hygiene prior to exiting the room. -4:37pm, the Nurse Consultant reviewed some of the staff screening sheets and indicated staff did not document they completed the proper screening for staff to ensure symptoms of COVID-19 were screened prior to allowing staff to work. The Grand Manor Room Roster dated [DATE], provided by the Administrator who indicated a + or Neg next to the resident's names indicated R08 was positive for COVID-19 and R09 was negative for COVID-19. The CDC guidance, dated [DATE], entitled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings indicated the following: HCP (Healthcare Professionals) (see Section 5 for measures for non-HCP visitors) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. The CDC Coronavirus/2019 guidance entitled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes directs the following guidance: Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them. The facility provided a policy entitled STRATEGIES TO PREVENT THE SPREAD OF COVID-19 IN THE FACILITY CDC MEMO DATED [DATE] RECEIVED [DATE] which directed staff to restrict residents with a fever or acute respiratory symptom to their room. If they must leave their room for a medical appointment, they are to wear a facemask and gloves. If coughing with droplets, wear disposable eye protection. Handwashing was to be completed for 20 seconds before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment. The policy did not indicate what types of PPE facility staff needed to wear in the different areas of the facility or when working with residents.</p>		