

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265719</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKWOOD ESTATES NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5303 BERMUDA DRIVE NORMANDY, MO 63121</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review the facility failed to maintain proper infection control practice based on facility policy and acceptable standards of practice for the COVID-19 (a new disease caused by a novel (new) coronavirus) pandemic when staff failed to wear a mask at all times while in the facility that covered both their nose and mouth and failed to wear the correct personal protective equipment (PPE) per the facility policy when entering the designated COVID-19 positive unit. The sample was three. The census was 57. Review of the facility's COVID-19 positive resident data, showed: -First positive COVID-19 case identified 4/23/20; -Seven current positive COVID-19 cases. Review of the facility's Isolation - Categories of Transmission-Based Precautions policy, revised April 2020, showed: -Transmission-based precautions will be used whenever measures more stringent than standard precautions are needed to prevent or control the spread of infection; -Based on the Centers for Disease Control and Prevention (CDC) definitions, three types of transmission-based precautions (airborne, droplet and contact) have been established; -Contact Precautions: In addition to standard precautions, implement contact precautions for residents known or suspected to be infectious with microorganisms that can be transmitted by direct contact with the resident or indirect contact with the environmental surfaces or resident-care items in the resident's environment. The decision on whether precautions are necessary will be evaluated on a case by case basis; -Examples of infections requiring contact precautions include, but are not limited to COVID; -In addition to wearing gloves as outlined under standard precautions, wear gloves when entering the room; while caring for a resident, change gloves after having contact with infective material; remove gloves before leaving the room and perform hand hygiene; -Wear a disposable gown upon entering the contact precautions room or cubicle; after removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces; -Signs: The facility will implement a system to alert staff to the type of precaution the resident requires. This facility utilizes the following system for identification of contact precautions for staff and visitors: CDC contact isolation signage. The facility will also ensure that the resident's care plan and care specialist communication system indicates the type of precautions implemented for the resident; -Droplet precautions: In addition to standard precautions, implement droplet precaution for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking or by the performance of a procedure such as suctioning; -Examples of infections requiring droplet precautions include, but are not limited to COVID; -In addition to standard precautions, put on a mask when entering the room or cubicle; -Limit movement of the resident from room to essential purposes only; if transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets; if the resident can tolerate a mask and control respiratory secretions, some activities outside the room may be acceptable; -Signs: The facility will implement a system to alert staff and visitors to the type of precautions the resident requires. The facility utilizes the following system for identification of droplet precautions: CDC droplet precautions signage. The facility will also ensure that the resident's care plan and care specialist communication system indicates the type of precautions implemented for the resident. Review of the facility's Personal Protective Equipment, Using Protective Eyewear policy, revised April 2020, showed: -Masks and eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn together whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be expected; -Personal eyeglasses should not be considered as adequate protective eyewear; -Protective eyewear must have adequate side and top coverage and must fit the employee properly; -Face shields or goggles used in a COVID wing may be worn continuously or removed and placed in a plastic bag for reuse during the shift. Review of the facility's Monitoring Compliance with Infection Control policy, revised September 2017, showed: -The Infection Preventionist or designee shall monitor the effectiveness of the facility's infection prevention and control work practices and protective equipment. This includes but is not necessarily limited to: -Surveillance of the workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used; -Effective use of disposable gloves and other PPE to prevent spread of infection. Review of CDC.gov, showed: -Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities: -Ensure all healthcare professionals wear a facemask or cloth face covering for source control while in the facility; -How to put on face masks: -Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin. 1. During an interview on 7/17/20 at 10:27 A.M., the Administrator said facility hallways are categorized by colors, the green zone is for residents cleared of COVID-19 and/or not suspected of having the disease. The yellow zone is for residents on observation for symptoms of COVID-19; who were exposed and are on close observation and new admits on observation for COVID-19. The red zone is for residents positive for COVID-19. When staff enter the 400 hall Red Zone, there is a designated clean area, a room to the left of the double doors, where staff put on the required PPE prior to entering through a plastic barrier, into the designated COVID positive unit. 2. Observation of the red zone 400 Hall, on 7/17/20 at 11:45 A.M., showed a sign located on the double door entrance, which read, Droplet precautions, gowns, gloves, mask, eye shield or face covering required. The sign provided a photo representation of the correct PPE and placement. Nurse C stood at the medication cart, his/her face shield positioned horizontally over his/her forehead, and did not cover his/her face as indicated by the photograph representation of the proper PPE at the entrance of the red zone. 3. Observation and interview on 7/17/20 at approximately 11:54 A.M., showed CNA A exited a staff only room and walked onto the 500 unit, Green zone, with his/her mask on his/her chin, not covering his/her mouth or nose. CNA A walked past approximately four residents and two staff while he/she wore his/her mask on his/her chin. He/She said staff were required to wear their masks at all times throughout the facility. 4. During an interview on 7/17/20 at 12:30 P.M., CNA B said before entering the 400 unit, red zone, staff were to put on a mask, face shield, gloves and gown. When not on the 400 unit, staff were to wear a mask at all times. The mask should be worn above the nose and below the chin. 5. During an interview on 7/17/20 at 12:41 P.M., the Administrator said once staff enter the double doors and go past the plastic barrier, they are required to put on full PPE. The plastic barrier provides a neutral zone where staff can enter the designated room and put on the required PPE prior to going through the plastic barrier and entering the red zone. If the plastic barrier is removed, the entire unit is considered the red zone and N95 masks are to be worn, a face shield or covering, gloves and a gown are required. The gowns should be placed on from the front and the ties are tied in the back. There should be no gaps.</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.