

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265817	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER BLUE CIRCLE REHAB AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 2939 MAGAZINE STREET SAINT LOUIS, MO 63106	
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, the facility failed to ensure staff followed infection control policies and current standards of practice to prevent possible transmission 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, loss of smell and taste) pandemic, regarding use of personal protective equipment (PPE), the training of all agency staff on those policies, hand hygiene and consistent staff completion of daily COVID-19 screening, per facility policy (Residents #4, #5, #6, #7, #8, #9 and #10). The sample size was 10. The census was 58. Review of the facility's undated Coronavirus Disease 2019 (COVID-19) Pandemic Prevention and Response Plan, showed: Introduction: -The facility has developed the following emergency response guide and plan in response to the growing concern regarding the coronavirus disease pandemic. The principles of coordination, communication and cooperation are used throughout the execution of this plan to ensure successful preparedness for, response to, and recovery from COVID-19 pandemic. -This emergency response guide is a guideline to establish the decision-making and coordinating structures for response to a COVID-19 pandemic, to delineate the actions needed for procedural implementation disease surveillance and staff education and training; internal and external communications; employee health; acquisition and access to critical durable and consumable goods; strategies for critical staffing; and handling mortality issues; -The key to the development and implementation of a successful COVID-19 pandemic prevention and response plan is the communication and cooperation between facility administration, staff, and outside community, state, and federal agencies that deal with disaster planning, response, and recovery. Facility administration engagement of these agencies is critical during the planning stages for a comprehensive pandemic prevention and response plan; Signs and symptoms of COVID-19 infection include: Fever, tiredness, dry cough, shortness of breath, body aches, body pains, nasal congestion, runny nose, sore throat and diarrhea; -Symptoms may appear in as few as 2 days and last up to 14 days after exposure; -COVID-19 mainly spreads from person to person through people who are within close contact with one another (within 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. It is possible for a person to contract COVID-19 by touching surfaces or objects that are contaminated with [MEDICAL CONDITION] and then touching their own eyes, nose or mouth. This, however is not thought to be the main way [MEDICAL CONDITION] spreads; Policy: -The facility will maintain an active program directed towards the prevention and surveillance of COVID-19. The facility will implement a COVID-19 Pandemic Prevention and Response Plan. The program will include: A) Patient/resident/responsible party education at the time of admission; B) Staff education on hand washing/hand hygiene, cough hygiene and etiquette and prevention of the spread of infection; C) Staff education regarding the prevention and treatment of [REDACTED], with alcohol based hand sanitizer; C) Maintains spatial work area separation of 6 to 3 whenever possible; D) Frequently cleans/sanitizes surfaces that are touched frequently with approved disinfectants. Review of instructions for N95 mask (a particulate-filtering face piece respirator that filters at least 95% of airborne particles) Reuse - Instructions for Donning and Doffing, posted on the wall on the COVID-19 unit, showed: Initial donning of the N95 respirator and personal protective equipment: -Before entering the room: Perform hand hygiene; -Don gown; -Don the N95 respirator; -Consider use of a cleanable face shield over an N95 respirator to reduce surface contamination; Doffing the N95 respirator when a full-face shield barrier is used: -While in the patient's room, ONLY remove gloves then gown (avoid cross contamination) close to the doorway; -Perform hand hygiene; -Exit patient room; -Perform hand hygiene and don gloves; -Use a germicidal wipe to prepare a surface upon which the face shield will be placed; -Perform hand hygiene and remove face shield; -Disinfect the face shield before placing it on the prepared surface; -Doff gloves, perform hand hygiene, remove respirator (don't touch the front) and perform hand hygiene; -After completing all doffing steps: Store face shield for reuse, store N95 respirator (i.e., paper bag with handles with user's name and date); Prevention: Please protect yourself from ALL infectious diseases by using these precautions: -Stay home when you are sick; -Avoid contact with people who are sick; -Wash hands with water and soap (20 seconds or longer) before and after every interaction with each resident and as necessary; -Dry hands with a clean paper towel; -Use hand sanitizer when soap and water are not available; -Practice good hygiene habits. Review of the facility's undated Droplet Precautions (prevent the spread of germs that cause respiratory viruses that are spread when an infected person talks, coughs, or sneezes), placed on room doors on the COVID-19 unit, showed: Droplet precautions, everyone must: -Clean their hands, including before entering and when leaving the room; -Make sure eyes, nose and mouth are fully covered before room entry or remove face protection before room exit. Review of the facility's undated hand washing policy, showed: -Use soap with a firm rubbing circular motion for 20-25 seconds. Hand washing is one of the most effective infection control measures. The goal is to remove micro-organisms that might be transmitted to patients and/or transmitted to you, the employee; Wash hands: Before and after contact with a patient; after contact with contaminated equipment; at the start and end of delivering nursing care; before leaving for coffee or meals; before handling any sterile equipment; -Hand washing facilities are readily accessible and are to be used as directed per standard precautions; -Employees will wash hands and/or other body areas as appropriate immediately (or as soon as possible) after removal of gloves or other protective equipment or after contact. Review of the facility's undated laundry/linen policy, showed: Purpose: To provide guidelines for the proper handling, washing, and storage of linen/laundry; Procedure: In the care areas; -Handle all soiled linen/laundry as though it is potentially infectious; -Do not allow linen to touch the floor and do not place linen on the floor at any time; -Wear protective gloves and any other appropriate personal protective gear when handling contaminated laundry; -Consider all laundry contaminated and therefore handle as per standard precautions; -Wash hands after contact with soiled linen/laundry. 1. During an interview on 6/12/20 at 9:00 A.M., the administrator said her first day at the facility was 3/17/20. The Director of Nursing (DON) quit on 6/8/20 and the Clinical Liaison (Corporate Nurse) was the acting DON until next Monday when a new DON was scheduled to begin. Currently, the facility has 14 residents who are positive for COVID-19. All 14 of those residents are on the 300 Hall, which is their designated COVID-19 unit. All of those residents are on droplet precautions. They had two staff, that tested positive for COVID-19, but both have since recovered and one still works at the facility. All staff are required to use the front lobby door to enter and exit. All staff are required to have their temperatures taken and complete a COVID-19 questionnaire at the front lobby door prior to beginning their shift. The facility has an adequate supply of PPE (gloves, N95 mask/respirators, surgical masks, protective gowns and face shields or goggles). All staff on the COVID-19 unit are required to wear N95 respirator masks while in the hall. While in resident rooms, they are all required to wear the N95 respirator, face shields or goggles, disposable gowns and gloves. The facility employs agency staff in addition to their own staff. Certified Nursing Assistants (CNAs) assigned to the COVID-19 unit are facility staff. Some agency nurses are assigned to the COVID-19 unit. Staff working units other than the COVID-19 unit are required to wear surgical masks or N95 respirators at all times. Observation on 6/12/20 at 10:20 A.M., showed a set of closed fire doors marking the entrance into the COVID-19 unit. A droplet precaution sign was posted on the fire doors and showed that staff should: Clean their hands before entering rooms and before leaving rooms. Make sure their eyes, nose and</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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The nurse was administering medications to residents in their rooms. The nurse said today was his/her first day working at the facility in quite awhile and his/her first day working on the COVID-19 unit. He/she received a verbal report that morning. He/she was told to wear a gown and an N95 respirator before entering the COVID-19 unit. He/she does not wear a face shield or goggles in the resident rooms, because he/she has his/her glasses. Other than the verbal report, he/she had not received an in-service by the facility regarding COVID-19 or infection control precautions. He/she had not been told to wear a face shield or goggles over his/her glasses and did not know where the face shields or goggles were kept. During an interview on 6/12/20 at 1:45 P.M., the administrator said the DON is responsible to ensure all facility and agency staff received COVID-19 and infection control inservices. Observation on 6/12/20 at 10:35 A.M., showed CNA B (facility staff) wore an N95 respirator and disposable gown in the hall. During an interview, the CNA said he/she had attended facility inservices for COVID-19 and infection control given by the former DON. He/she had been told to wear an N95 respirator and a disposable gown while in the hallway and add a face shield or goggles prior to entering a resident's room. After providing care to a resident in their room, he/she removes the gloves in the resident room, washes his/her hands and removes the gown in the hall. Observation on 6/15/20 at 5:50 A.M., on the COVID-19 unit, showed three red barrels lined with red bags at the beginning of the hall on the COVID-19 unit. All three barrels were overfilled with yellow and clear bags that contained soiled linens and trash. The lids of all three barrels could not be closed due to the overflow of bags and sat on top of the overflow of bags. Two uncovered linen carts containing various clean items (sheets, blankets, incontinence briefs, towels, washcloths, etc.) were located in the halls without a cover or barrier. One three drawer chest had a pair of eye goggles laying on top and another had an N95 respirator laying on top. Neither the goggles or N95 respirator were stored in a bag or container. Both three drawer chests were located in the hall on the opposite side of the red barrels. 2. Observations on 6/15/20, of CNA D (facility staff), on the COVID-19 unit, showed: -From 6:05 A.M. until 6:16 A.M., the CNA wore a disposable gown, goggles and an N95 respirator. Without using alcohol gel or washing his/her hands, he/she donned a pair of gloves in the hall and entered Resident #4's room to provide incontinence care. Without removing his/her gloves, washing his/her hands and donning new gloves, the CNA washed the resident's genitalia and buttocks and placed the soiled linens into a yellow bag on the floor. Without removing his/her gloves after providing care, the CNA handled the resident's new incontinence brief, a package of disposable wipes and a pillow. Without removing his/her gloves and washing his/her hands, the CNA carried the yellow bag of soiled linens into the hall and stuffed them into one of the red barrels. The CNA returned to the room, and peeled off his/her gloves, revealing a second pair of gloves underneath. The CNA then asked Nurse E to help him/her pull the resident up in bed. The nurse, wearing a disposable gown and goggles, entered the room, washed his/her hands and donned a pair of gloves. After pulling the resident up in bed, both the nurse and the CNA removed their gloves and washed their hands. The paper towel dispenser was empty and neither the nurse nor the CNA were able to dry their hands. The nurse said he/she was going to get some paper towels for the dispenser. Without removing their gowns, or disinfecting their goggles, they left the room; -At 6:17 A.M., the CNA wore his/her N95 respirator and the same disposable gown and goggles, donned a pair of gloves in the hall and entered Resident #5's room. Without removing his/her gloves, washing his/her hands and donning a new pair of gloves, the CNA removed the resident's wet incontinence brief, placed it on the floor and washed the resident's genitalia and buttocks. Without changing his/her soiled gloves, the CNA handled the resident's bed crank, then picked up the wet incontinence brief from the floor and placed it in a yellow bag. Without removing his/her gloves and washing his/her hands, the CNA took the yellow bag to one of the over flowing red barrels in the hall. He/she removed his/her gloves in the hall, applied alcohol gel to his/her hands, donned a new pair of gloves and returned to the resident's room to provide care to the resident's roommate, Resident #6. Without removing his/her gloves, washing his/her hands and donning a new pair of gloves, he/she opened a yellow bag and laid it on the floor. He/she then cleaned the resident's genitalia and buttocks. The resident was soiled from a bowel movement. After cleaning the feces, the CNA did not remove his/her gloves, wash his/her hands or don a new pair of gloves. Wearing the same soiled gloves, he/she applied barrier cream (keeps urine from irritating the skin) to his/her gloved hand and applied it to the resident's genitalia and inner thighs. While wearing the soiled gloves, the CNA handled the resident's bed crank, sheet, clean incontinence pad and bed table. He/she bagged the soiled linens and without removing his/her gloves and washing his/her hands, carried the bagged linens to the overflowing red barrels and laid the bag on top of the overflowing barrel. He/she removed the gloves in the hall, revealing a second pair of gloves underneath. He/she grabbed the barrel lid, which was not sealed on the barrel, lifted it up and discarded the first pair of gloves, then grabbed a new sheet from the uncovered linen cart and took the sheet back to Resident #6's room and covered the resident. Without removing the gloves, and washing his/her hands, he/she left the room and opened a drawer on one of the three drawer chests in the hallway. He/she then removed the gloves and used alcohol gel to clean his/her hands. He/she donned a new pair of gloves, returned to Resident #5, picked up a cup, went back to the hall and obtained ice and took it back into the resident's room, sat the cup of ice on the resident's bed table then left the room without removing his/her gloves or gown and washing his/her hands. He/she did not disinfect his/her goggles; -At 6:30 A.M., the CNA wore his/her N95 respirator and the same disposable gown and goggles. He/she cleaned his/her hands with alcohol gel, donned a new pair of gloves and entered Resident #7's room. He/she handled the resident's blanket, then without removing his/her gloves, washing his/her hands or removing his/her disposable gown, he/she walked into the hall and obtained a washcloth from the clean linen cart and returned to the resident's room without removing his/her gloves and washing his/her hands and donning a new pair of gloves. He/she turned around and exited the room and went back into Resident #5 and #6's room to answer a call light. He/she continued to wear the same gloves and disposable gown. He/she exited that room and returned to the hall without removing his/her gown, gloves and washing his/her hands. He/she removed his/her gloves in the hall, donned a new pair of gloves and returned to Resident #7's room. Without removing his/her gloves, washing his/her hands and donning new gloves, the CNA removed the resident's incontinence brief, cleaned and changed the resident and assisted the resident to turn and reposition in the bed. He/she bagged the linens in a yellow bag and exited the room without removing his/her gown, gloves, washing his/her hands or disinfecting his/her goggles. He/she took the bagged soiled linens and laid them on the floor next to the red barrels. He/she removed his/her gloves, applied alcohol gel to his/her hands and donned a new pair of gloves; -At 6:40 A.M., the CNA entered room [ROOM NUMBER] and shut the door of that resident's room. He/she exited that room at 6:53 A.M., wearing a disposable gown, gloves, goggles and the N95 respirator and carried a small clear bag of soiled linens and laid them on the floor next to the red barrels. He/she removed his/her gloves and cleaned his/her hands with alcohol gel; -At 7:03 A.M., the CNA wore his/her N95 respirator, disposable gown and goggles. He/she donned a new pair of gloves and entered Resident #8's room without removing his/her gloves and washing his/her hands, he/she straightened the resident's sheets, then left the room without removing his/her disposable gown, removing his/her gloves, washing his/her hands or disinfecting his/her goggles; -At 7:07 A.M., the CNA used alcohol gel to clean his/her hands and donned a new pair of gloves in the hall. He/she tied one of the three red bags contained in the barrels, removed his/her gloves, used alcohol gel to clean his/her hands, donned a new pair of gloves and entered Resident #10's room wearing the N95 respirator, goggles and disposable gown. Without removing his/her gloves, washing his/her hands and donning new gloves, the CNA pulled the curtain around the resident's bed and said to the resident, Mind if I change you real quick? A couple of minutes later, the CNA exited the room without removing his/her gloves and washing his/her hands and obtained an incontinence pad and brief from the uncovered clean linen cart. He/she returned to the room without removing the gloves and washing his/her hands and stepped behind the curtain. He/she exited the resident's room without removing his/her gown, gloves and washing his/her hands and carried a yellow bag into the hall and sat it on the floor next to a red barrel; -At 7:15 A.M., the CNA picked the yellow bag up from the floor and put it into one of the red bags contained inside a red barrel. He/she then tied the last two red bags, removed all three from the barrels and put them on the floor. Still wearing his/her disposable gown, goggles, N95 respirator and gloves, he/she grabbed two of the three red bags stuffed with soiled linens. Nurse E, wearing an N95 respirator, disposable gown, gloves and a face shield grabbed the third red bag of soiled linens. Together, both the nurse and CNA dragged the red bags on the floor through the plastic zippered barrier, out of the fire doors to a soiled</p>		

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One yellow bag full of soiled linen was noted on the floor in the hall outside room [ROOM NUMBER]. Observation on 6/15/20 at 9:45 A.M., showed CNA G (facility staff) passed ice water on the COVID-19 unit to residents in their rooms. The CNA wore a surgical mask, face shield, disposable gown and gloves. The CNA entered and exited resident rooms with ice water without removing his/her gloves and washing his/her hands before or after delivering the ice water. The CNA was not changing his/her disposable gown between rooms. Observation on 6/15/20 at 9:50 A.M., showed CNA H (facility staff) entered the COVID-19 unit wearing a disposable gown. He/she was not wearing an N95 respirator or gloves. He/she obtained a thermometer from the top of a medication cart and disinfected it. The CNA removed his/her gown in the hall, unzipped the plastic barrier and left the COVID-19 unit with the thermometer and rolled up gown. During an interview on 6/15/20 at 12:00 P.M., the administrator said the facility began inservicing staff regarding their policies for COVID-19 on 3/16/20. They incorporated other existing policies such as hand washing and infection control practices as well. All staff, including agency staff, should be inserviced. The DON is responsible for ensuring all staff are inserviced. Of the 51 agency staff that have worked at the facility since the in-services began, they provided proof that 10 had received the inservices. She did not know why the former DON had not inserviced the remainder agency staff. The COVID-19 unit opened on 4/29/20, with their first confirmed cases. All nurses and CNAs are to wear an N95 respirator on the COVID-19 unit at all times. CNAs were educated not to wear their disposable gowns in the hall. When providing personal care to a resident, all PPE should be put on in the hall prior to entering the resident's room, except for gloves. Once inside the room, they should wash their hands and then apply a pair of disposable gloves. If a CNA is cleaning a resident, the gloves should be removed and a new pair should be applied prior to touching anything else in the room. They should never clean a resident's buttocks and use the same gloves to apply barrier cream to the genitalia and inner thighs or touch anything else before changing the gloves. Once they are finished, the linens should be bagged, the gown and gloves should be removed and they should wash their hands prior to leaving the room to discard the linens. After discarding the linens, they should use alcohol hand sanitizer or wash their hands again. They should also disinfect their face shields and/or goggles each time they leave a resident's room. Face shields and goggles should be worn over reading/prescription glasses. If they are returning to the same room, or going into another resident's room, the process should be repeated. Nurses should follow the same procedures. Goggles, face shields, N95 respirators and/or surgical masks should be stored in a container, such as a paper bag, when not in use. Clean linen carts should always be covered. Soiled linen should never be laid on the floor if it's not contained in a bag. The red barrels should never be filled to the point where the lids cannot be closed. The red barrels should be kept at least a few feet apart from the drawers or anything designated as clean to prevent cross contamination. The space between the fire doors and the plastic barrier is where staff should remove their gowns prior to leaving the COVID-19 unit. The gown should be rolled up and discarded in the container just outside the fire doors. 3. Review of the facility's undated policy on COVID-19 Staff Management, showed: -Actively monitor and record signs and symptoms of fever or respiratory illness of all staff at the beginning of each shift; -Log temperature and any symptoms; -Provide clear instructions, including posting them in writing for ill staff regarding when to stay home and how to seek health care and or COVID-19 testing. Review of the facility's COVID-19 Staff Screening form, dated 5/15/20 - 5/16/20, showed: -Protocol: If staff/visitor have a cough, shortness of breath (SOB), body aches or fever of 100 they are not to see residents and or report to work; -Staff/visitors are to document: Date, temperature, whether they have a cough/SOB, body aches, whether they have traveled and had contact with COVID-19 patient; -Twelve staff failed to document temperature and/or answer screening questions. Review of the facility's Daily Floor Staffing Sheet, dated 6/12/20 at 9:30 A.M., showed 14 staff were scheduled to work the day shift. Review of the facility's COVID-19 Staff Screening form dated 6/12/20, showed five of the 14 staff scheduled to work the day shift failed to document temperatures and answer screening questions. During an interview on 6/15/20 at 7:33 A.M., CNA F said he/she worked the day shift on 6/12/20. He/she said it is the facility's policy for all staff to check their temperature and answer questions regarding COVID-19. He/she failed to check his/her temperature that morning because he/she was late for work and thought he/she should go to the floor and start his/her assignment. During an interview on 6/12/20 at 2:00 P.M., the administrator said it is the facility's policy for all staff to check their temperature and answer the screening questions prior to starting their shift. During the day shift, Human Resources (HR) is responsible for checking the staff and the charge nurse on evenings and nights screen the staff for their shifts. The staff are expected to check their temperatures if the HR or the nurse are unavailable.</p>		