

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146122</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST PAUL'S SENIOR COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1021 WEST E STREET BELLEVILLE, IL 62220</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</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 perform hand hygiene and utilize appropriate personal protective equipment (PPE) to prevent the spread of infections such as COVID-19 for 5 of 9 residents (R1, R2, R3, R4, R5) reviewed for infection control in the sample of 9. Findings include: 1. On 5/21/20 at 12:10 PM, V6, Certified Nursing Assistant (CNA), took a meal tray into R1's room. R1 was on droplet isolation precautions to prevent the spread of COVID-19 due to a recent hospital stay. V6 did not wear gloves or a gown when entering the room. Upon leaving the room, V6 did not perform hand hygiene and then donned a pair of gloves. 2. On 5/21/20 at 12:14 PM, V6 took a meal tray into R2's &amp; R3's room. Both R2 &amp; R3 were on droplet isolation precautions to prevent the spread of COVID-19. V6 did not wear a gown and entered and exited the room approximately 4 times without performing hand hygiene, changing gloves or donning a gown. V6 was observed touching several items within the room. 3. On 5/21/20 at 12:20 PM, V6 took a meal tray into R4's room. R4 was on droplet isolation precautions to prevent the spread of COVID-19 due to a recent hospital stay. V6 did not don a gown upon entering the room. V6 was observed touching several items within the room. Upon leaving the room, V6 removed her gloves, but did not perform hand hygiene upon exiting the room. 4. On 5/21/20 at 12:25 PM, V6 took a meal tray into R5's room. R5 was on droplet isolation precautions to prevent the spread of COVID-19 due to active symptoms of COVID 19. V6 did not don a gown prior to entering the room. V6 was observed touching several items within the room. Upon exiting the room, V6 removed her gloves, but did not perform hand hygiene upon exiting the room. On 5/21/20 at 12:27 PM, V6 stated, No reason why I wouldn't wear a gown if I wore one in each room, it would be the same since I'm not touching anything. I was changing my gloves, but I wasn't touching anything. On 5/21/20 at 12:35 PM, V2, Regional Nurse, stated she would expect staff to sanitize their hands and change gloves between rooms and wear the appropriate PPE.</p> <p>On 5/21/2020 at 10:10 AM, V6 walked into room R2's and R3's located on the designated COVID-19 unit wearing mask, face shield, and gloves, but no gown. A sign was posted on the outside of the door indicating resident requires droplet precautions. When asked what PPE should be worn to enter the room? V6 stated, These are not positive patients, they are just down here until they can be moved, so we only have to wear a mask, eye shield, and gloves when we go in to these rooms. On 5/21/2020 at 11:05 AM, when asked what PPE to wear when entering R2's and R3's room marked for droplet precautions, V11, Licensed Practical Nurse (LPN), stated, The only PPE indicated for the residents with the yellow coded rooms are gloves, masks, and eye shields because they are not COVID positive. They are only in quarantine for 14 days until they can be moved. The nurse pointed to R1's-R5's rooms. On 5/21/2020 at 12:05 PM, V4, Assistant Director of Nursing (ADON), stated, I would expect the staff to wear gowns into the yellow rooms as well. Based on the Center for Disease Control (CDC) [MEDICAL CONDITION] 2019 (COVID-19) guidelines for Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated May 18, 2020, section 2. Adhere to Standard and Transmission-Based Precautions Health Care Provider (HCP) (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 .</p> <p>On 5/21/20 at 12:05 PM V6, CNA, prepared drinks for R1, R2, R3, R4, and R5 by putting aluminum foil covers over styrofoam cups of water and lemonade. V6 was not wearing gloves while preparing the drinks. V16, Cook, stated V6 should be wearing gloves while preparing drinks. V6 stated, Oh, I see what you're saying and I should be wearing gloves. V6 then proceeded to hand out the same prepared drinks to the residents in their rooms along with their meal trays. On 5/21/20 at 12:35 PM, V2, Regional Nurse, stated anyone performing meal prep, whether it be food or drinks, should be wearing gloves. The Facility's Emergency Preparedness Plan; All Hazards Plan, dated March 2020, includes an update dated 5/8/20 titled, Action Plan-COVID--19, which documents, For residents with suspected COVID-19 Positive (Sudden onset of fever &gt; 100 degrees F (Fahrenheit) and /or respiratory symptoms: move to transitional area; immediately place on droplet precautions; and isolation set up with gowns, face masks with shield or goggles, gloves and door signage. The Facility's Infection Prevention and Control Manual Transmission Based Precautions, dated 2019, documents, Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. On 5/22/20 via an email at 1:59 PM, V2, Administrator, stated, We do not have a specific policy for food prep. In the general Infection control policy it does mention food storage and service. That is all we have. A requested copy of the policy was not received.</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.