

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER U-CITY FOREST MANOR		STREET ADDRESS, CITY, STATE, ZIP 1301 PARTRIDGE AVENUE SAINT LOUIS, MO 63130	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility staff failed to follow the facility's policy and current standards of practice 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 prevent possible transmission of COVID-19. Facility staff failed to wear personal protective equipment (PPE) at all time while in the facility. Facility staff failed to ensure employee and vendor screening logs were filled-in completely. In addition, facility staff completed their own screening logs without management follow-up to ensure employees were symptom-free. The census was 99. 1. Review of the facility's Coronavirus (COVID-19) Action Plan policy, dated 4/6/20, showed: -Follow all CDC protocols; -The policy did not address use of PPE by staff members, residents and/or visitors. Review of CDC guidance, updated 5/19/20, showed the following: -Healthcare Providers (HCP) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. -Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. 2. Observation on 5/21/20 at 10:58 A.M., showed the social services director (SSD), Assistant Director of Nursing (ADON), Director of Nursing (DON) and administrator did not wear a mask of any kind in the facility. During an interview on 5/21/20 at 11:03 A.M. the administrator and DON said staff were not required to wear a mask at all times while in the facility. It was at each staff member's discretion, because the facility had not had a positive COVID-19 case. Staff were only required to wear a mask when providing direct resident care. There was no policy regarding wearing a face mask related to COVID-19. 3. Review of Resident #1's medical record, showed: -admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Observation on 5/21/20 at 11:32 A.M., showed Certified Medication Technician (CMT) B with a cloth face mask around his/her neck. He/she placed the mask over his/her nose and mouth while performing an accucheck for the resident, in his/her room. After the completion of the accucheck, CMT B removed the face mask and left it hanging around his/her neck, while in the hallway. During an interview on 5/21/20 at 11:41 A.M., CMT B said staff were not required to wear a face mask at all times while in the facility. Staff were only required to use a face mask during direct resident care. Residents were required to wear face masks when outside their rooms but most did not. Residents all had face masks in their rooms. The facility had a lot of face masks available for use. During an interview on 5/21/20 at 11:50 A.M., the resident said staff did not wear a face mask in the halls or at the nurse's station. The only time he/she saw staff with a face mask on was when they went into a resident's room. He/she was provided with a face mask but never wore it if he/she left his/her room. 4. Observation on 5/21/20 at 11:08 A.M., showed: -Licensed Practical Nurse (LPN) A at the nurse's station, with no face mask in use. -Certified Nursing Assistant (CNA) E and CNA G on the resident room halls with no face mask in use. -CMT B on the resident room hall with a cloth face mask hanging around his/her neck. -CMT C walked down the hall with a face mask in use. CMT C said he/she wore a face mask due to preference, but was not required to wear one unless he/she was in a resident room, providing direct resident care. During an interview on 5/21/20 at 11:10 A.M., LPN A said staff were not required to wear a mask at all times while in the facility, just during direct resident care. The facility had plenty of PPE in stock and it was available to staff. All residents had been provided with cloth face masks, but they didn't always wear them outside their rooms. During an interview on 5/21/20 at 1:33 P.M., CNA H said staff were not required to wear a face mask while in the halls, only when providing direct resident care. Residents were supposed to wear a face mask whenever they leave their room, but they never do and they can't force them to wear one. They have no cases of COVID-19 in the facility so it was ok. 5. Review of Resident #2's medical record, showed: -He/she was admitted to the facility on [DATE]; -[DIAGNOSES REDACTED], the right dominant side; -Alert and oriented. During an interview on 5/21/20 at 11:18 A.M., the resident said staff did not wear a mask unless they were in a resident room providing care. Observation on 5/21/20 at 12:48 P.M., showed the resident spoke with CNA H in the common area. Neither the resident nor CNA H wore a face mask. CNA H and the resident were within 6 feet of each other. 6. Review of the Employee Temperature Logs for May 2020, showed the following sections to be completed: -Employee name; -Arrival time; -Body aches/cough; -Temperature; -Staff who checked temperature. Review of the Employee Temperature Logs, dated 5/6/20, showed: -3 out of 7 entries were not signed by the staff who checked the temperature; -2 out of 7 entries were signed by the employee as checking their own temperature. Review of the Employee Temperature Logs dated 5/7/20, showed: -11 out of 44 entries were not signed by the staff who checked the temperature; -4 out of 44 entries were signed by the employee as checking their own temperature. Plus one entry that was signed self; -3 out of 44 entries were left blank for time of arrival; -1 out of 44 entries were left blank for body aches/cough; -1 out of 44 entries was left blank for temperature. Review of the Employee Temperature Logs, dated 5/8/20, showed: -9 out of 49 entries were not signed by the staff who checked the temperature; -6 out of 49 entries were signed by the employee as checking their own temperature; -1 out of 49 entries was left blank for temperature. Review of the Employee Temperature Logs, dated 5/10/20, showed: -2 out of 5 entries were not signed by the staff who checked the temperature; -3 out of 5 entries were signed by the employee as checking their own temperature; -1 out of 5 entries was left blank for temperature. Review of the Employee Temperature Logs, dated 5/15/20, showed: -17 out of 27 entries were not signed by the staff who checked the temperature; -2 out of 27 entries were signed by the employee as checking their own temperature. Review of the Employee Temperature Logs, dated 5/16/20, showed: -13 employee screenings signed by Staff member L with the last 6 marked through and Staff member M's signature added. Review of the Employee Temperature Logs, dated 5/18/20, showed: -4 out of 26 entries were not signed by the staff who checked the temperature; -5 out of 26 entries were signed by the employee as checking their own temperature. Review of the Employee Temperature Logs, dated 5/19/20, showed: -3 out of 46 entries were left blank for temperature; -Page three had six employees screened, but 10 spaces for staff who checked signature were signed by the same staff member. Review of the Employee Temperature Logs, dated 5/18/20, showed: -8 out of 58 entries were not signed by the staff who checked the temperature; -4 out of 58 entries were signed by the employee as checking their own temperature; -1 out of 58 entries was signed by the employee as checking his/her own temperature, then marked out and Staff member M's signature was added; -1 out of 58 entries were left blank for body aches/cough. Review of the Employee Temperature Logs, dated 5/21/20, showed: -3 out of 11 entries were left blank for temperature; -6 employees were screened, but 11 spaces for staff who checked signature were signed. The last 8 spaces, including the blank employee name spaces were signed by Staff member L. During an interview on 5/21/20 at 11:03 A.M. the administrator said staff were required to sign in and get their temperature checked prior to clocking in at the beginning of each shift. There was usually an assigned person to monitor employee temperatures before each shift. If there was not an assigned person, the nurse on duty was responsible for checking temperatures before the employee was allowed on the floor. She expected the log to be completely filled in for each staff member, and signed by the person monitoring the temperature. During an interview on 5/27/20 at 11:26 A.M. the</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 - Some	<p>(continued... from page 1)</p> <p>DON said staff were required to sign in and get their temperature checked prior to clocking in at the beginning of each shift. There was usually an assigned person to monitor employee temperatures before each shift. If there is not assigned person, the nurse on duty was responsible for checking temperatures before the employee was allowed on the floor. He expected the log to be completely filled in for each staff member, and signed by the person monitoring the temperature. Staff were not allowed to check their own temperature or fill out the monitor log for themselves. The assigned monitor or nurse on duty should always check all staff prior to working on the floor to ensure they are symptom-free. Staff should never pre-sign the log. The log should be filled out for each employee at the time of the screening. He monitored the log periodically to ensure all staff in the building had been screened. Review of the facility's Coronavirus (COVID-19) Action Plan policy, dated 4/6/20, showed: -Facility management are to ask all nursing home employees if anyone of the staff members are at risk of being sick or carrying illness. The department managers are to ask these questions: -Have you, or anyone in your family, been in contact with a person that has tested positive for COVID-19? - Have you, or anyone in your family, been in contact with a person that is in the process of being tested for COVID-19? - Have you, or anyone in your immediate family, traveled outside the USA within the last two weeks? -Are you having trouble breathing, have a dry cough, or have flu-like symptoms? -Follow all CDC protocol.</p>		