

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175499</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIGHTON GARDENS OF PRAIRIE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility identified a census of 22. Based on observation, record review, and interviews the facility failed to follow guidelines set forth by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) to reduce the risk of transmission of COVID-19 (a potentially life threatening respiratory virus identified as a Federally Declared National Crisis/Pandemic). The facility failed to follow the employee screening process for symptoms of COVID-19 when a Certified Nurse Aid (CNA) recorded positive symptoms of COVID-19 on the screening form on 04/16/20 and 04/17/20, but was still allowed to provide direct care to residents on the Blueberry unit (which included resident rooms 160, 161, 162, 163, 164, 165 and 166) in the facility. The employee tested positive for COVID-19 on 04/19/20. The deficient practice placed the residents of the Blueberry unit in immediate jeopardy due to the increased risk for transmission of the potentially fatal COVID-19 virus. Resident (R) 1, R2, and R3 subsequently tested positive for COVID-19. The facility also failed to adequately clean and disinfect common areas to reduce the transmission of infection. Findings included: - Review of the Skilled Employee Screening (questions for staff related to the presence of symptoms of COVID-19) sheets provided by the facility revealed a form used by the facility to track assessment of employees as related to COVID-19. The form required the team member's (TM) name, the shift start time, and department. The forms asked the following questions: Are you feeling sick today? (Y/N) Do you have a fever? (Y/N) Do you have a cough? (Y/N) Do you have shortness of breath? (Y/N) Do you have any other symptoms? (Y/N) List other symptoms *Have you had contact with anyone who has a confirmed case of COVID-19? (Y/N) The bottom of the form listed the following *If a Team member answers yes to this question, immediately quarantine them in the Team Room and contact the ED (Executive Director), or the AED (Assistant Executive Director). Review of the Skilled Employee Screening sheets for April 16th and April 17th revealed Certified Nurse Aide (CNA) M documented Y (yes) to feeling sick, the presence of cough, shortness of breath and other symptoms. She also documented Y to having contact with someone who had a confirmed case of COVID-19. Review of the facility Daily Staffing (staffing sheets indicating each staff member's unit assignment) sheets for April 16th revealed CNA M worked on 04/16/20 on the Blueberry unit. Per review of the Daily Staffing sheet for 04/17/20, CNA M again worked on the Blueberry unit. Per review of the Daily Staffing sheets CNA M called into work on 04/18/20, 04/19/20, 04/20/20, 04/21/20 and 04/22/20. Review of CNA M's timesheet from 04/12/20 through 05/11/20 recorded CNA M worked eight hours on 04/16/20 from 05:57 AM to 02:01 PM. CNA M worked two and one-half hours on 04/17/20 from 05:57 AM to 08:24 AM. Review of the facility Team Tracker (facility tracking log for staff COVID-19 test results) for COVID-19 testing revealed CNA M tested for COVID-19 on 04/17/20 and the results came back as positive for COVID-19 on 04/22/20. Review of the facility COVID-19 Tracker Line Listing (facility COVID-19 tracking log for residents), as well as the electronic medical record (EMR), revealed the following: R1 in room [ROOM NUMBER] tested positive for COVID-19 on 05/02/20. R2 in room [ROOM NUMBER] tested positive for COVID-19 on 04/21/20. R3 in room [ROOM NUMBER] tested positive for COVID-19 on 04/19/20 Interview on 05/06/20 at 01:33 PM Administrative Staff A stated she expected the managers to review the employee screening sheets and make sure there were no concerns. She stated if a staff member answered yes to two of the symptoms, the staff member should not be allowed to work and should be sent home. Administrative Staff A stated she expected the Director of Nursing to review all the screening sheets. Interview on 05/06/20 at 02:35 PM Administrative Nurse D stated she did not know if anyone looked at the employee screening sheets. She said the staff come to work and answer the screening questions themselves. The staff assessed their own temperatures if the concierge or nurse was not there and then proceeded to their duty assignment. Interview on 05/11/20 at 12:23 PM CNA M stated when she came to work on 04/16/20 she filled out the Skilled Employee Screening sheet and answered yes to feeling sick, having a cough, shortness of breath and other symptoms. CNA M stated Licensed Nurse (LN) H checked her blood pressure and then she went to her assigned unit for work. CNA M said she still wasn't feeling good the following day when she came to work. Around 08:00 AM, the Assistant Director of Nursing (ADON) told CNA M to go home if her symptoms might be like COVID-19. CNA M then left work and went to the hospital to get tested for COVID-19. CNA M stated her results for COVID-19 came back as positive on 04/22/20. Interview on 05/11/20 at 03:20 PM Administrative Nurse D stated CNA M did not tell anyone she was not feeling well on 04/16/20 so Administrative Nurse D was not aware of the situation. Administrative Nurse D stated the ADON or Administrator should review the screening sheets. She further stated when a staff member answered yes to the presence of COVID-19 symptoms, they should have been prevented from working and sent home. She also said if a staff member had a temperature, they should also be sent home. Interview on 05/11/20 at 03:30 PM Administrative Staff A stated she thought CNA M was sent home on 04/16/20. She expected someone to follow up with the yes questions on the screening questions form. She reported when a staff member tested positive, they should be off work for 10 days and symptom free for 72 hours before they returned to work. Review of the facility policy COVID-19 Mitigation and Response Plan dated 03/18/20 and revised 05/04/20 documented team members must monitor themselves for fever and symptoms of COVID-19, call their supervisor, and not report to work if they are feeling sick. Team members cannot be asked to take their own temperatures. At the beginning of every shift team members will have their temperature taken and will be asked if they experienced symptoms of COVID-19. When a team member developed symptoms of COVID-19 a face mask should immediately be placed on them and they were to be sent home. The facility failed to ensure staff presenting with signs and symptoms of COVID-19 did not work in the facility. This deficient practice increased the risk for transmission and/or development of COVID-19 which placed all the residents on the Blueberry unit in Immediate Jeopardy. The Immediate Jeopardy was removed when the facility performed the following: The Facility scheduled a Director, Coordinator, or Concierge team member to serve as a Designated COVID-19 Screener 24 hours per day, 7 days per week, beginning on 5/11/20 at 7PM. All skilled nursing (SN) team members are only authorized to use one door for entrance and exit purposes. Designated Screeners will be posted at the authorized SN entrance during shift change and no SN team members will be able to begin their shift without being screened and meeting the screening requirements. Team members who work 2 shifts in a row, will be screened at the beginning of each shift. Team members who do not meet the requirements will be provided a mask, sent home, and advised to contact their health care professional effective immediately. The Administrator or leader designee will review the screening forms each shift beginning on the evening shift on 5/11/20 to confirm appropriate functioning of the screening process and that no team member who does not meet the criteria worked in any capacity The Administrator or leader designee will sign and date each individual screening form to validate the team member meets the criteria beginning on the evening shift on 5/11/20. The deficient practice remained at a scope and severity of an E. - On 05/06/20 at approximately 11:23 AM, Housekeeping Staff (HS) U was observed spraying liquid from a spray bottle onto the handrail, door frames and door handles on the hallway designated for COVID-19 positive residents. HS U sprayed the liquid on the surface and then immediately wiped the surface with a dry towel. Upon question, HS U identified the liquid as Virex disinfectant spray. She stated Virex was supposed to have a wet time (amount of time needed for a surface to remain wet in order for the disinfectant to effectively kill organism, bacteria, virus etc.) of five minutes. HS U reported she usually spray an area down, then returns to wipe it. On 05/06/20 at approximately 11:26 AM, HS U was observed spraying the handrail</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 - Some</b>	<p>(continued... from page 1)</p> <p>and door handles of the back half of the COVID-19 hallway, including the double doors leading off the unit as well as the room designated for staff breaks, with the Virex. She sprayed all surfaces, then returned and wiped those surfaces dry less than two minutes later for a wet time of less than one to two minutes. In an interview with Housekeeping Supervisor V on 05/06/20 at 01:36 PM, she stated housekeeping staff cleaned the common areas twice daily. She further stated that in the areas with COVID-19 positive residents, staff cleaned four times daily. Housekeeping Supervisor V stated high touch areas, which included hallways, handrails, walls, door handles and keypads, were cleaned every two hours. She reported staff used Virex to disinfect. Per Housekeeping Supervisor V, the Virex spray required a seven minute wet time. In an electronic communication (email) on 05/08/20 at 01:52 PM, Administrative Staff A provided a Safety Data Sheet (SDS) titled VIREX II 256 for the disinfectant used by the facility. Review of the Specification Sheet for VIREX II 256, from the facility's supplier, recorded the following instructions for use as a one step disinfectant : Apply solution to hard, non-porous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes. The facility did not provide a policy related to the use of Virex. The facility failed to ensure housekeeping staff allowed adequate wet time for disinfectant to effectively disinfect surface areas in order to prevent transmission of infections/illness.</p>		