

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER HOLIDAY RESORT OF SALINA		STREET ADDRESS, CITY, STATE, ZIP 2825 RESORT DRIVE SALINA, KS 67401	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 55 residents. Based on interview and record review the facility failed to maintain an infection control program that used evidence-based surveillance to define infections and failed to include an ongoing analysis of surveillance data, track accurate data and documentation of follow-up activity in response. Findings included: A review of the facility's infection control tracking logs for the following months revealed the following problems. 1.) February 2020, documented four residents with respiratory infections, but the log lacked the [DIAGNOSES REDACTED]. 2.) March 2020, documented one resident with a respiratory infection but the log lacked documentation of the diagnosis. 3.) April 2020, documented one resident with a respiratory infection but lacked documentation on the diagnosis. 4.) May 2020, the log documented no infections for the month. 5.) June 2020, the log provided by the facility contained only one resident with a urinary tract infection. However, on July 6, 2020, after being questioned about two other residents with identified infections in June, at 04:00 PM, Administrative Staff D provided an updated log for June 2020, with the addition of the two other residents. One of the residents had pneumonia identified on 06/11/2020, and the other resident [MEDICAL CONDITION] identified on 06/26/2020. Furthermore, all reviewed monthly logs, lacked any documentation for the precautions needed or follow up activity in response to the antibiotic usage for the residents. On 07/07/2020 at 12:00 PM, Administrative Nursing Staff D, confirmed she did not document the diagnosis, lacked any follow up on the antibiotic use, and failed to document two residents, who were on antibiotics in the month of June, on the June infection control log. The facility policy for, Infection Tracking and Trending, dated last reviewed April 14, 2020, documented, The facility infection prevention and control program includes a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases following accepted national standards. The facility failed to maintain a complete and accurate infection control program for tracking and trending the residents of the facility's infections, to ensure the prevention of the spread of infections for the residents of the facility.</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.