STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175459	A. BUILDING _____ B. WING _____	**04/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WHEATRIDGE PARK CARE CENTER	**1501 S HOLLY DR LIBERAL, KS 67901**

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility census totaled 48 residents, with three residents (R) in contact precautions (safeguards designed to reduce the risk of transmission of microorganisms by direct or indirect contact) due to cough or fever symptoms. Based on observation, interview, and record review, the facility failed to screen staff and visitors for COVID-19 signs and symptoms before entry into the facility and access to residents. The facility failed to ensure that staff correctly applied and removed the recommended personal protective equipment (PPE) upon entry and exiting residents' rooms who were in contact precautions. The facility's failure to ensure all who entered the facility were screened for COVID-19 symptoms and temperatures were taken along with the failure to correctly apply all PPE and remove PPE upon entry/exiting residents' rooms with contact precautions, placed all residents in the facility in immediate jeopardy. Findings included: - A review of the Visitor Sign In/Out Log from 0[DATE] to 04/20/20 revealed the facility identified a total of 28 visitors who were allowed entry to the facility. The facility had identified visitors permitted entry into the facility as not highlighted or colored in green highlighter. The screening was not required for emergency medical personnel and therefore excluded from the count. The form itself lacked any screening questions regarding the symptoms of COVID-19. A review of the forms entitled Help Us Prevent COVID-19 Infection, for the time between 0[DATE] to 04/20/20, revealed these forms contained questions related to the guest's symptoms associated with COVID-19. However, the facility only provided 12 of the expected 28 completed guest forms from the Visitor Sign In/Out Log. Two forms had an unreadable signature, and nothing else completed. There was one form that matched the Visitor Sign In/Out Log, but lacked documentation of temperature on either form. Entry to the facility on [DATE] at 07:28 AM revealed signage posted on the locked front door which read the facility restricted entry due to the current COVID-19 pandemic. Housekeeping Staff (HS) F, wore a mask, opened the front door and asked the surveyor to take their temperature with the thermometer sitting on the table, sign their name in a logbook, and to step in a black basin with fluid in it. HS F failed to ask the surveyor if she experienced any COVID-19 signs or symptoms, did not ensure the surveyor properly took her own temperature, or look to see the temperature result of the surveyor before allowing entry into the facility. During an interview with HS F on 04/20/20 at 12:23 PM, revealed she failed to have the surveyor complete the additional form, which had the COVID-19 symptom questions. Interview with Administrative Nurse H on 04/20/20 at 10:24 AM revealed during usual business hours, hospitality staff answered the door and performed guest screening. Administrative Nurse H said all staff received training over the entry screening procedure, and the incident indicated reeducation over the process needed to occur. During electronic communication with Administrator B on 0[DATE] at 02:36 PM revealed management made the decision on whether or not a guest was allowed entry into the building Review of a Centers for Medicare and Medicaid Services (CMS) guidance, dated 04/02/20, entitled COVID-19 Long-Term Care Facility Guidance, revealed long term care facilities were to implement symptom screening on every individual entering a long-term care facility, including inquiry over COVID-19 symptoms and temperatures checked. The facility failed to ensure thorough screening of guests for COVID-19 symptoms before entering the facility, which allowed full access to residents and their environment. This failure put all residents in immediate jeopardy. - Review of R1's eINTERACT SBAR Summary for Providers Situation, dated 04/07/20, revealed the physician had been contacted due to the resident having a cough and abnormal lung sounds. The physician advised staff to start antibiotic medication and obtain samples to send to check for strep throat and influenza (the flu). The staff implemented the Novel Coronavirus Prevention and Response policy per the documentation. During an observation on 04/20/20 at 08:54 AM certified nurse aide (CNA) C prepared to enter R1's room identified with contact precautions. The signage on the door indicated a gown, gloves, facemask, and goggles were required to enter the room. CNA C donned (put on) shoe coverings and gloves before entering the room, but did not don the gown, facemask, or goggles, as required. During an interview with CNA C on 04/20/20 at 08:57 AM revealed she utilized one gown hanging up in the foyer of the room, even though those were the same gowns that were used from the previous day. CNA C said she forgot the goggles due to having her prescription glasses on. She reported the resident was on contact precautions due to having a cough and fever. Review of R2's eINTERACT SBAR Summary for Providers Situation note, dated 04/04/20, revealed R2 complained of a sore throat, cough, and hoarseness. The resident's throat was red upon visualization. The physician ordered staff to obtain samples to check for the flu and strep throat. Review of a Nursing Note, dated 04/04/20, revealed the resident was on isolation at that time and he complained of his throat being sore. Observation on 04/20/20 at 11:57 AM revealed Housekeeping Staff (HS) I exited R2's room designated as being on contact precautions. HS I wore a cloth gown, shoe coverings, gloves, face mask, face shield, and goggles. She exited the room in the full PPE, walked approximately eight feet down the hall, then returned to the housekeeping cart located outside of the resident's room. She then removed the face shield and placed it in the bottom drawer of the plastic three-bin storage container situated outside the resident's room that was utilized to hold the clean PPE. She then put the goggles in the same drawer. The items were not cleaned or disinfected before placement in the drawers. She then started to remove the cloth gown, fold it up, and began to place it in the middle drawer of the three bin container used to hold the clean PPE, when Administrative Nurse H and another staff member (acting as an interpreter) arrived, and stopped HS I from placing the gown in the drawer. Interview with Administrative Nurse H on 04/20/20 at 10:00 AM revealed all staff received training on the correct way to put on and take off the PPE. She stated that if they see staff inappropriately utilizing PPE, they were retrained on the spot, and if there were consistent problems, then they would complete twice-weekly CNA meetings. During a follow-up interview at 12:05 PM revealed she provided on the spot education to HS I and she would have HS I sign a form later. Review of the facility provided policy, implemented 03/13/20, entitled Novel Coronavirus Prevention and Response, revealed staff were to be educated on the proper use of PPE, making PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident's room, and positioning a trash can near the exit inside any residents room for the disposal of PPE. The policy stated that residents with an undiagnosed respiratory infection, standard, contact, and droplet precautions were to be implemented. The facility failed to ensure staff knowledge of the proper procedures in wearing and removing PPE to prevent the cross-contamination and spread of an infectious virus, Covid 19. On 04/20/20 at 04:48 PM, the surveyor provided Administrative Staff B with the IJ template and notified that the facility failure to ensure all guests were screened for COVID-19 symptoms and temperature along with the inability to ensure staff prevented the potential spread of infectious organisms constituted immediate jeopardy at F880, with the potential to affect all residents in the facility. The facility presented an acceptable plan for removal of the immediate jeopardy on 04/20/20 at 08:39 PM, which included one-on-one education for staff regarding PPE and procedures for screening guests prior to access within the resident living space. The survey team validated the immediate jeopardy removal on 04/21/20 at 09:47 AM following the facility's implementation of the plan for removal of the immediate jeopardy. The deficient practice remained at a scope and severity of an F.

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.