

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
NAME OF PROVIDER OF SUPPLIER MISSION VILLAGE LIVING CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 1890 EUCLID AVENUE HORTON, KS 66439	
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	Provide and implement an infection prevention and control program. The facility identified a census of 26 residents. The sample included five residents. Based on interviews and record reviews, the facility failed to properly assess residents for signs and symptoms of COVID-19 (a potentially life threatening respiratory illness) including respiratory status and temperatures at least daily as directed by the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC). The facility's failure to assess the residents for COVID-19 symptoms placed the residents at risk for transmission and/or development of COVID-19. Findings included: - Review of the electronic medical record (EMR) for Resident (R) 1278 from 03/13/20 through 05/07/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R1292 from 03/13/20 through 05/07/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R1410 from 03/13/20 through 05/07/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. Review of the EMR for R 1412 from 03/13/20 through 05/07/20 revealed the record lacked documentation for monitoring and assessing the resident for COVID-19 symptoms including respiratory status and temperature. The EMR for R1278, R1292, R1410 and R1412 recorded an order, dated 05/08/20, which directed staff to monitor residents daily for temperature, cough, shortness of breath, or other difficulty breathing and document in the chart twice daily for COVID-19 daily monitoring. It further directed staff to notify the primary care physician (PCP) and the director of nursing (DON) of any concerning symptoms. On 05/08/20 at 05:54 PM via electronic communication (email), Administrative Nurse E communicated she had reviewed the charting and noted that staff may have faltered on daily screening of the residents for temperature and signs and symptoms of COVID-19. She further communicated she had reported the situation to the facility medical director and orders for COVID monitoring were initiated for all residents. The undated facility policy Care of the Patient with COVID-19 documented: Measures taken to identify residents suspected of COVID-19 include temperature check and observation for any flu-like symptoms each morning and as needed throughout the day. The facility policy Policy for Infection Control and Prevention dated 03/11/20 documented: All residents will be monitored by all staff and any noted change from a resident's normal appearance, activity, or cognitive status will be reported to the charge nurse. Vital signs will be monitored by nursing staff and vitals out of range will be reported to the PCP (primary care physician) when accompanied by any signs/symptoms of infection. The facility failed to follow the guidelines set by the CDC and CMS for monitoring and assessing residents' respiratory status and temperatures at least daily, which placed the residents at risk for transmission and/or development of COVID-19.		
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.