STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175214	A. BUILDING _____ B. WING _____	**06/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DIVERSICARE OF CHANUTE	**530 W 14TH STREET CHANUTE, KS 66720**

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.** The facility reported a census of 54 residents. Based on observation, record review, and interview, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prevent transmission of Coronavirus (COVID-19). The facility failed to perform appropriate staff screening that included temperature screening on 42 occasions, including staff that worked facility wide. In addition, staff entered the building and worked on four occasions with staff temperatures 100.0-degree Fahrenheit or greater, from 03/16/2020 to 06/11/2020. The failure to perform appropriate staff screening increased the risk of transmission of the pandemic Coronavirus (COVID-19) to the vulnerable residents of the facility, placing the residents in immediate jeopardy. Findings included: - Review of the facility's Coronavirus (COVID-19) Essential Visit (Facility) Team Member Log, from 03/16/2020 to 06/11/2020, revealed the following areas of concern: From 03/16/2020 - 03/31/2020, staff lacked temperature screening on 17 occasions, that included nursing, maintenance, and administrative staff. In April 2020, staff lacked temperature screening on four occasions, which included nursing and housekeeping staff. Furthermore, on 04/03/2020, one staff member had a documented body temperature of 100.0-degree Fahrenheit (F). On 04/16/2020, one staff member had a documented body temperature of 100.0-degree F. On 04/21/2020, one staff member had a documented body temperature of 100.2-degree F. Review of the daily staffing revealed these three staff members remained in the building and worked with the above temperatures. From 05/01/2020 - 05/16/2020, nursing staff lacked any temperature screening on 22 occasions. In addition, on 05/19/2020, one staff member had a documented body temperature of 100.4-degree F, and the daily staffing revealed the staff member remained in the building and worked the shift. Observation on 06/15/2020 at 08:37 AM, revealed Licensed Nurse (LN) G arrived at the front entrance, entered the building after another staff member opened the door for her, and LN G filled out her questionnaire, self-obtained her temperature, and documented the screening onto the Essential Visit-(Facility) Team Member Log. The Coronavirus (COVID-19) Essential Visit-(Facility) Team Member Log, contained areas for entry date, time, name, contact with COVID-19, respiratory illness, international travel in previous 14 days, traveled on cruise ships within last 14 days, temperature, symptoms of cough, shortness of breath, sore throat, and if staff completed handwashing. On 06/15/2020 at 03:00 PM, Administrative Nurse G, identified herself as the infection control nurse. Administrative Nurse G reported the staff should complete the Coronavirus (COVID-19) Essential Visit-(Facility) Team Member Log, screening tool before starting on their shift. She randomly monitored the screening log for omissions in documentation. On 06/15/2020 at 02:38 PM, Administrative Nursing Staff D, stated staff enter the healthcare facility, answer the questionnaire, and obtain their own temperatures prior to their shift. She stated every staff member received training on Coronavirus (COVID-19) Essential Visit-(Facility) Team Member Log, screening and verified she randomly reviewed the questionnaire. She verified the log lacked temperature monitoring as identified above. Staff that had a temperature of 100.0-degree F or greater should not be allowed to enter the building to work. She verified maintenance, housekeeping and administrative staff worked facility wide, and every staff member should self-screen and document the questionnaire before their shift starts. The facility's policy for COVID-19 Education, Prevention, and Response Guide, dated May 2020, documented in alignment with CDC's Interim guidance . included team members should continue to be screened at the start of their shift and report temperature and absence of symptoms prior each day to starting work. Healthcare workers included the facility's team members, agency healthcare workers, other healthcare practitioners such as hospice providers, surveyors, Emergency Medical Staff (EMS) personnel . Screen temperature and document. Staff that had a temperature above 100-degree Fahrenheit would not be permitted to enter. For team members, actively screen the individual for cough or shortness of breath, or at least two symptoms of fever, repeated shaking with chills, headache, new loss of taste or smell, diarrhea, chills, muscle pain, sore throat, and/or vomiting The facility failed to perform appropriate staff screening that included lack of body temperature screenings on 42 occasions, including staff that worked facility wide. In addition, staff entered the building and worked on four occasions with staff temperatures 100.0-degree F or greater, from 03/16/2020 to 06/11/2020. On 06/16/2020 at 11:30 AM, Administrative staff A and Administrative Nurse D were informed that they were in immediate jeopardy status and provided the Immediate Jeopardy Template for failure to perform appropriate staff screenings that included lack of body temperature screenings on 42 occasions, including staff that worked facility wide. In addition, staff entered the building and worked on four occasions with staff temperatures of 100.0-degree F or greater, from 03/16/2020 to 06/ 0. The facility provided an acceptable plan of removal of the immediate jeopardy on 06/16/2020 at 10:05 PM. The plan included: 1. All team members currently in the building screen was completed on 06/16/2020 prior to working. 2. Team members educated on infection control, handwashing and donning and doffing on PPE on 06/16/2020. at 10:05 PM. 3. Team members educated on appropriate screening and inability to work if temperatures at or above 100.0 degrees F and essential visitor screening on 06/16/2020,or prior to working at 10:05 PM. 4. Remaining staff would be educated on infection control, handwashing, donning and doffing, screening process prior to returning to work. Systematic Education Completed: 1. Team member will be assigned to door and responsible for screening during their assigned times. 2. Designated nursing staff (DNS) or designee would review screening logs daily to ensure they were completed and met the entry guideline. 3. Results of audits will be discussed in daily start up and then in QAPI (Quality Assurance & Performance Improvement) with follow up as needed. QAPI: 1. A focused QAPI meeting addressing the finding was initiated and completed on 06/16/2020 at 05:15 PM with the attendance of the Administrator, DNS and Medical Director. 2. Ongoing audits will be performed on staff screening. The survey team validated the immediate jeopardy removal on 06/17/2020 at 11:18 AM, following the facility's implementation of the plan for removal of the immediate jeopardy. The deficient practice remained at the scope and severity of an F.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE