STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175335	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHERRYVALE NURSING AND REHABILITATION CENTER	1001 W MAIN STREET, PO BOX 366 CHERRYVALE, KS 67335

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 0584 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** The facility reported a census of 40 residents. Based on observation and interview the facility failed to maintain housekeeping services to maintain a sanitary odor free environment for three resident rooms, Residents (R) 1, R2, and R8. Findings included: - On 08/06/2020 at 10:03 AM, the room of Resident (R) 1 contained a very strong foul odor. R1 explained he had a problem with vomiting after meals which had went on for many years. He stated when he did vomit in the trash can, he would let the staff know to take the trash out. Furthermore, nine dead flies lay under the resident's bed area. At that time, further observation into the resident's bathroom revealed four cloth type bed pads were directly on the floor and approximately 75% saturated with dark yellow stains and a very foul odor of urine. On 08/05/2020 at 04:28 PM, Administrative Licensed staff D explained that the bed pads on R1's floor were there because the resident was large and leaked urine on the floor. The resident and staff noticed that happened every shift, so the bed pads were placed on the floor. The staff are to remove soiled pads and clean the floor when they notice it. On 08/05/2020 at 11:14 AM, R8 reported he did not feel the staff did well with keeping his floor in his room clean, and particularly under the bedside table next to his bed. R8 further explained that he was under the impression that his room should be swept daily and not sure how often, but it should be mopped. On 08/05/2020 at 01:02 PM, R2's bed mattress contained a soiled area in the middle of it. He also had excessive marring on the wall around his bed. On 08/05/2020 at 04:38 PM, Administrative Staff A reported a current revamping of the facility housekeeping staff/services. Staff A verified that R1's room had a very foul odor and that the bed pads on the floor should not be there as they needed to find another solution to that issue. The facility's policy General Cleaning and Maintenance of Resident Environment, revision date of 12/2009, revealed the staff will provide a safe, clean, comfortable and homelike environment. The facility failed to maintain housekeeping services as necessary for these three resident rooms.
F 0925 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 40 residents. Based on observation and interview the facility failed to maintain an effective pest control program so the residents' environment was free of flies for the 40 residents of the facility and free of maggots for two residents, Resident (R) 1 and R7. Findings included: - On 08/06/2020 at 10:03 AM, Resident (R) 1 explained he had a wound on his leg that staff changed the dressings three times a week and at times he had to leave the dressing on for a week at a time. The wound lady told him it would heal faster if he left the dressing on the wound for a week. During this visit in the resident's room a fly landed on the floor. R1 further explained that he had a problem with vomiting after meals which had went on for many years. He stated when he did vomit in the trash can, he would let the staff know to take the trash out. During the conversation three more flies landed on the resident's trash can next to the bed. The trash can held a clear trash bag and an emesis pan was inside of a tied clear bag inside of the trash can. A fly swatter was on the bedside table in the room. R1 explained that he killed flies on daily basis with the swatter and that the flies were getting worse with the increase in heat. At that time, further observation revealed four additional flies landed on cloth type bed pads, which were on the floor. On 08/05/2020 at 01:29 PM, Certified Nurse Aide (CNA) M, reported the flies were terrible and they were a lot worse three weeks ago, before the facility installed fly traps and fly machines. However, CNA M explained the resident did vomit daily. She had taken R1's room trash out on Monday (07/27/2020), and the trash can contained only vomit and a paper towel with the maggots. She then cleaned the trash can because he vomited in it. CNA M stated she found the trash can with vomit in it sometime in the afternoon, between 01:00 to 03:00 PM. She had then found the same thing again on Wednesday, 7/29/2020 only that time with maggots in it. She double bagged it and took the bag outside to the dumpster, then washed the trashcan. CNA M explained she could not figure out why the flies were migrating in R1's and R7's rooms. CNA M informed administrative licensed nurse D of the maggots and it was then decided R1's trash would be taken out every shift. On 08/05/2020 at 08/38 AM, R7 stated she had seen flies and other types of bugs in her room before. She explained the flies would land on her blanket and face when she was in her chair and when she was in her bed. She could not reach her legs or feet and if the flies landed further down than past her hands she could not lean forward to get them. On 08/06/2020 at 09:06 AM, Licensed Nurse (LN) H, explained she worked for a hospice group and visited the facility routinely. She had seen flies in the facility during her visits. LN H did confirm that on 07/30/2020, she was in the facility and pulled off R7's left sock and noticed maggots under the resident's sock. The maggots also fell on to the floor at that time. LN H reported the maggots to the administrative licensed nurse D. This week LN H visited R7 and did not see any bugs or maggots. On 08/05/2020 at 12:06 PM, LN G, explained she worked for a hospice group and routinely visited the facility. LN G explained that R7 had a small sore on the bottom of her foot that popped up overnight. The hospice staff were applying an antibiotic ointment and a dressing to the area. LN G removed the resident's socks and observation of the foot sore, which revealed a dry callous area over the ball of the foot with a pinpoint opening. The area was dry, clean, and without any signs of infection or drainage. Further observations on 08/05/2020 revealed the following flies about the facility: At 10:01 AM, the medication cart on the east hallway had four flies land on the cart. At 11:09 AM, R3's room contained three live flies. One of the flies continued to land on the resident's body/face. She stated that she had to keep swatting the fly away every day. At 11:28 AM, dependent resident R4 sat in a recliner in the commons area. The resident had a fly land on her abdomen area. At 11:29 AM, the east hallway near the Director of Nursing office, had two flies land on the floor. On 08/05/2020 at 01:02 PM, R2's bed mattress contained a soiled discolored area in the middle of it. This soiled area also contained 5 live flies. On 08/05/2020 at 11:14 AM R8 explained that over the last 3 weeks, c[DIAGNOSES REDACTED], spiders, flies were in his room. He reported that he never left his room and had not had any problems with bugs in his room until three weeks ago. He stated that yesterday (08/04/2020) there were a couple of flies flying in his room. R8 had never seen the facility staff spray or try to correct the problem. On 08/05/2020 at 01:02 PM, R2, with the flies on his soiled mattress, reported the fly problem began about two week ago and he maybe sees them, every once in a while. On 08/05/2020 at 1:54 PM, maintenance staff U reported that the residents did complain two to three weeks ago about the flies. The facility then had a fly/bug machine placed at the exit doors in the dining room, kitchen and the exit door on the other unit. The staff also placed fly sticky strips in the smoking area outside. On 08/05/2020 at 01:58 PM, administrative staff B, monitoring the facility front entrance, reported flies were coming inside when the staff and visitors entered the building. It would be nice to have a fly catcher at the front entrance also. On 08/05/2020 at 02:03

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175335	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHERRYVALE NURSING AND REHABILITATION CENTER	**1001 W MAIN STREET, PO BOX 366 CHERRYVALE, KS 67335**

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 0925 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) PM, LN I verified the facility did have a fly problem but explained they did have smokers/residents go in and out to smoke. It was really bad a couple of weeks ago and I feel that the zappers are really helping. On 08/05/2020 at 04:28 PM, administrative licensed nurse D verified they had some issues with flies in the facility. Related to the issue of staff finding maggots in the sock/shoe of R7, staff D stated R7 may get new shoes. She typically had diabetic socks on, she did not wear the shoes, only Ted hose and slipper socks. There had to be something in the shoes for there to be bugs. Administrative licensed nurse D explained further that her thinking was that R7 never wore those shoes. On the issue of maggots found by staff in the trashcan of R1, Staff D confirmed the staff that found the maggots did report them to her. She felt that the flies were causing the maggots to hatch. The staff also moved the trash away from the exit doors. She could not imagine the trash being there awhile and maybe there was a hole in the trash bag that leaked through. The staff were now going into and looking into his trash to verify that there are not flies in his room or maggots in his trash can. The facility's policy titled Pest Control, revision date May 2008, included the facility shall maintain an effective pest control program. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. The facility failed to ensure the facility remained free of flies for the residents of the facility and free of maggots in the rooms of two residents.