

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER LEGEND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1010 EAST STREET TONGANOXIE, KS 66086	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff used the appropriate disinfectant to cleanse the blood glucose meter in between resident use on one of two units. This failure had the potential to affect eight of eight residents who received blood glucose monitoring with the same blood glucose meter on one of two units. The facility failed to ensure one Nurse Aide (NA) wore her face mask appropriately while providing care to residents during COVID-19 precautions. The census included 65 residents. Findings include: During an observation on 4/14/20 at 11:08am, NA1 came from an unsampled resident room with her face mask on but it did not cover her nose. NA1 went to a different resident room to answer the call light without covering her nose. Upon exiting the room, her nose remained uncovered. At this time when asked why her nose was not covered, NA1 responded that having the mask over her nose caused it to drain, so she left it uncovered. NA1 indicated that she received education about wearing the mask and that it should cover both her nose and mouth. Observation on 4/14/20 at 11:20am revealed Licensed Practical Nurse (LPN1) came from an unsampled resident room holding the blood glucose meter. LPN1 laid the meter on top of the medication cart, opened an alcohol wipe and cleansed the meter. When finished, LPN1 laid it back on top of the cart without any type of barrier. When asked how she cleaned the blood glucose meter before and after use, LPN1 indicated she cleansed it with alcohol in between resident use. LPN1 indicated that when she finished performing blood glucose testing for each of the residents on her hall, she cleansed it with a Clorox wipe keeping the instrument wet for two minutes. When asked if she had received education from the facility related to cleansing the blood glucose meter, she stated she recently started working at the facility and this was how she had always disinfected the blood glucose meter after use on a resident. On 4/14/20 at 11:31am, the Director of Nursing (DON) indicated that staff disinfected the blood glucose meter with Clorox wipes, other bleach wipes, or Hydrogen Peroxide disinfecting wipes provided by the facility and indicated alcohol was not an appropriate disinfectant. The DON indicated that the face mask should cover both the nose and mouth and was worn to protect the residents from possible COVID-19. The facility's 3/25/20 Infection Control Policy and Procedure related to Human [MEDICAL CONDITION] (COVID-19) recorded all healthcare personnel that provided direct care to residents were required to wear a surgical mask during their shift. The facility's 11/17/17 Glucometer Cleaning Policy and Procedure recorded under the title, Procedure: 3. To clean and disinfect the meter, use pre-moistened wipe/towel of 1 milliliter (ml) of 5-6 percent (%) sodium hypochlorite solution (household bleach) and 9 ml water to achieve a 1:10 dilution final concentration of 0.5 - 0.6 % sodium hypochlorite. 4. Wipe meter with 1:10 solution beach wipe/towel until all surfaces of the glucometer are visibly wet. Do not wipe inside battery compartment, code chip port or test strip port. 5. Discard bleach wipe/towel. 6. Place glucometer on a clean surface such as paper towel and allow to air dry for no less than 3 minutes, or according to manufacturer instructions.</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.