

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER PIONEER RIDGE RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 4851 HARVARD ROAD LAWRENCE, KS 66049	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility identified a census of 33 residents. The sample included three residents. Based on observations, record reviews, and interviews the facility failed to ensure the use of standard infection control precautions (infection prevention practices which include but are not limited to hand hygiene and use of gloves) while performing their daily tasks. This placed residents at risk for communicable diseases, including COVID-19 (a potentially life threatening respiratory virus). Findings included: - On 09/10/20 at 07:57 AM Consultant GG carried several disposable food containers as well as disposable drink containers into room [ROOM NUMBER]. He removed the lid off the drink and set up the breakfast tray on the over bed table. The staff member exited the room with the remaining stack of disposable food containers and continued to room [ROOM NUMBER] without performing hand hygiene. Consultant GG then exited that room, with gloves on, and entered another room without changing gloves or sanitizing hands. On 09/10/20 at 08:23 AM Certified Nurse Assistant (CNA) M came out of the COVID-19 testing room, blew her nose, went to the COVID-19 resident unit, opened the door, talked to someone, closed the door, walked down another hall to get a mechanical lift, pushed the mechanical lift back to the COVID-19 hall, opened the door and pushed the lift through the door. Another staff member whispered something to CNA M. CNA M then sanitized her hands. On 09/10/20 at 09:18 AM Consultant II touched the exit door key- pad and pushed the door handle to exit the building, with gloves on. Consultant II retrieved a trash bag from the outside bin, brought it back in the building, walked down the hall, touched another key- pad near the Rapid Recovery unit, and went outside with gloves on. At 09:24 AM Consultant II came back into facility touched the key-pad at the front entrance again, looked in a trash can in the front entrance lobby, came back through the door, went into the Family Lounge room touched the table, plastic supply containers, and the door, picked up two metal chairs, and walked to storage room next to the Rapid Recovery room and dropped the chairs off. Consultant II did not change gloves nor sanitize hands. On 09/10/20 at 08:40 AM CNA M stated the staff had received in-services on hand hygiene and donning/doffing of personal protective equipment (PPE). The staff demonstrated hand hygiene and donning/doffing to the administrative staff, to ensure compliance. CNA M stated hand sanitization should be done if one blows their nose. On 09/10/20 at 09:11 AM Consultant GG stated he received hand hygiene training in the facility and hand sanitizer should be used between meal deliveries and resident rooms. On 09/10/20 at 09:12 AM Consultant HH stated the Director of Nursing conducted infection control training, which included donning/doffing of PPE demonstrations, on a monthly basis. All facility staff assisted with meal service. On 09/10/20 at 09:57 AM Administrative Staff E stated he is the acting Infection Preventionist. The Administrative Staff had continuing education on donning/doffing PPE and hand hygiene and did spot checks, of staff, to ensure compliance. The Therapy Staff was included in the education. On 09/10/20 at 10:43 AM Consultant II stated PPE and hand hygiene in-services had been attended. The in-services were done in small groups and proper handling was demonstrated. Hands should be sanitized if staff traveled from one hall to another or in and out of resident rooms. Gloves were changed when soiled or before exiting the COVID-19 unit. On 09/10/20 at 10:56 AM Administrative Staff A stated in-services for hand hygiene and PPE wear had been done. To ensure compliance the management team spot checks the staff and education was done if non- compliance was noted. The facility's Hand Hygiene policy dated 11/28/17 documented hands are cleansed before and after contact with a resident. After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment. The facility failed to ensure proper hand washing/sanitizing techniques on three observations. This deficient practice placed the residents at risk for the spread of infections, including COVID-19. .</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.