STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175401	A. BUILDING _____ B. WING _____	**05/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BONNER SPRINGS NURSING & REHAB CENTER	**520 E MORSE STREET BONNER SPRINGS, KS 66012**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 42 residents, the sample included three residents. Based on interview and record review, the facility failed to maintain an ongoing effective infection control and prevention program. The infection control program lacked surveillance of organisms, identification of whether infection was healthcare associated or community-acquired, or resolution of the infections identified for two residents (R), R1 and R2, diagnosed with [REDACTED]. Findings included : - R1's electronic medical record (EMR), under the Orders tab, recorded an order for [REDACTED]. R1's EMR recorded an order for [REDACTED]. The log identified R1 received [MEDICATION NAME] with a start date of 04/03/2020 and a end date of 04/10/2020 for UTI. The log failed to document the results of the urinalysis (examination of urine used to diagnose UTI) performed on 03/26/2020 including the organism for R1. The log failed to accurately document the antibiotic order that corresponded with the identified antibiotic start date for R1 and failed to document urinalysis performed on 05/02/2020. The log failed to identify if transmission-based precautions were required, if the symptoms were resolved, and if the infection was facility or community acquired for R1. The April 2020 Infection Control Log identified R2 received [MEDICATION NAME] (antibiotic) with the start date in the hospital and end date of 04/15/2020 for UTI. The log failed to document the results of the urinalysis that the log listed as performed on 04/10/2020. The log failed to identify if transmission-based precautions were required, if infection was facility or community acquired, and if symptoms resolved for R2. The April 2020 Infection Control Log identified R3 received [MEDICATION NAME] (antibiotic) with the start date of 04/01/2020 and end date of 04/11/2020 with no body system identified as affected. The log failed to identify if any tests were performed, if transmission-based precautions were required, if infection was facility or community acquired, and if symptoms resolved for R3. The undated Infection Control Manual indicated that surveillance consisted of the following: collection of data; a documented surveillance procedure; written definitions of determination of an infection, the facility utilized the McGeer criteria (guidelines used to determine the presence of infections in the absence of any known reason for signs and symptoms in the resident) for this determination; consolidation, evaluation, analysis, and interpretation of data; and dissemination of data. Surveillance included surveillance of microorganisms. On 05/05/20 at 2:45 PM, the Administrative Nurse D revealed she was in charge of the infection control program. Administrative Nurse D stated the organism should be tracked and the symptoms should be documented as resolved. The facility failed to maintain an ongoing effective infection control and prevention program. This deficient practice had the potential for transmission and/or development of infections for all residents residing in the facility.

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.