

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE NICOL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 E BUFFALO ST GLASCO, KS 67445</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility had a census of 31 residents. Based on observation, record review, and interview the facility failed to restrict visitation to control and prevent potential spread of COVID-19 (a mild to severe respiratory illness caused by a new strain of coronavirus, characterized by fever, cough, shortness of breath) between residents and staff as directed by The Centers for Medicare and Medicaid Services (CMS) and The Centers for Disease Control and Prevention (CDC), potentially affecting the 31 residents who resided in the facility. Findings Included: - The 04/02/20 (originally dated 03/14/2020) CMS COVID-19 Long-Term Care Facility Guidance documented facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). The facility's COVID-19 Managed Risk Agreement documented: Currently there is a threatening infectious virus, COVID-19, that CMS had recommended implantation for no visitors at Long Term Care (LTC) facilities, and no communal dining or activities in facilities. I, the resident or resident's durable power of attorney (DPOA) have determined that the COVID-19 virus is not threatening enough to myself or loved one to alter their plan of care significantly. I would still like to receive visitors as able, after screening upon entrance, and be able to participate in communal dining and activities at the facility during the COVID-19 emergency period. Every resident or DPOA (Durable Power of Attorney) signed the agreement on separate sheets beginning 03/17/2020. The facility's Risk Evaluation Tool: Identify Visitors at Risk for COVID-19 screening form documented between 03/17/2020 and 06/15/2020, 314 visitors (each visitor on separate form) visited residents in the facility. The form included date and time staff screened each visitor for COVID-19, staff who completed the screening, temperature of the visitor, and the visitor's signature. 06/17/20 at 12:10 PM, observation revealed the front door locked with a posted sign on the door in big red letters documenting ATTENTION: To comply with center for Medicaid and Medicare services, the facility has to restrict visitation of all visitors and non-essential health care personnel- outside of [MEDICATION NAME] care situations. Any approved visitors must be screened by a nurse and must wear a mask during their entire visit. On 06/16/20 at 08:31 AM, Administrative Staff A stated all residents or DPOAs signed a Managed Risk Agreement allowing them to have visitors in the facility and communal dining without social distancing. On 06/16/20 at 8:48 AM, Nurse G stated she was the charge nurse and was responsible for screening residents' family members and clergy before they were allowed to visit residents. On 06/16/20 at 09:12 AM, Administrative Nurse D stated the facility allowed family to visit residents inside the building, after screened for COVID-19, and the facility supplied a mask for the family member to wear while in the facility. Administrative Nurse D stated the family member had to go directly to the resident's room and stay there until visitation was over. On 06/16/20 at 10:51 AM, Administrative Staff A stated residents' DPOAs visited inside the facility since March 2020 and other family members, who live in the area, since 6/1/2020. On 06/16/20 at 11:39 AM, Administrative Staff A stated he followed CDC recommendations for COVID-19 procedures and was unaware it was mandatory for facilities to ban visitors inside the facility. On 06/16/20 at 03:27 PM, Resident (R) 1 stated she had two daughters who visited her, one visited at the outside widow and one comes into the facility to see her. R1 stated she goes to the dining room for meals and sat at table with one other resident. On 06/16/20 at 03:31 PM, R3 stated she does not have any family nearby, but clergy visited her occasionally. The facility's Emergency Plan for Coronavirus 2019-nCoV/COVID-19 Outbreak 2020 policy documented: - Staff should encourage family and residents to visit in an area outside the facility, such as courtyard or front of building. Visitors must wear mask, encourage resident to wear mask, if able, and staff member remain present in order to ensure that strict social distancing is followed. - Open windows for visits outside of resident rooms. Visitors must wear mask and strict social distancing must be maintained. - Don't allow families inside the facility to visit except for end of life circumstances. They must wear a minimum of a face mask and if the resident is on isolation, the family member must wear full personal protective equipment (PPE). The facility failed to implement CMS/CDC guidance to restrict visitation to prevent the potential transmission of COVID-19, which can cause serious or fatal respiratory illness, placing the 31 residents in the facility at risk for infection.</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.