

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER EMPORIA PRESBYTERIAN MANOR		STREET ADDRESS, CITY, STATE, ZIP 2300 INDUSTRIAL ROAD EMPORIA, KS 66801	
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. The facility reported a census of 42 residents. The sample included five for review of infection control issues. Based on observation, interview and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC). recommended practices to prevent transmission of COVID-19. The facility failed to provide a face mask or tissue to three of the five residents sampled, Resident (R) 2, R4, and R5, prior to staff providing direct cares. The failure to provide the residents masks or a facial covering during cares increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable residents of the facility. Finding included: - Observation, on 06/24/2020 at 11:18 AM, revealed staff went into R4's room. License Nurse (LN) H and Certified Nurse Aide (CNA) O, assisted the resident to the toilet with a mechanical lift, performed perineal hygiene and returned her to the recliner. The staff did not offer the resident a tissue or a mask to cover her nose/mouth during the cares. Observation, on 06/24/2020 at 01:20 PM, CNA O entered R2's room. CNA O assisted her to the bathroom with a walker and a gait belt, then CNA O performed perineal hygiene with toileting completed. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares. Observation, on 06/24/2020 at 01:39 PM, revealed LN H and CNA N entered R4's room with a mechanical lift. The staff assisted the resident to toilet and performed perineal hygiene when completed. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares. Observation, on 06/24/2020 at 03:32 PM, revealed CNA M and CNA P assisted R5 on and then off of the bedpan and performed perineal hygiene. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares. Observation, on 06/24/2020 at 04:03 PM, revealed CNA P was in R2's room, the resident was using the toilet. When completed the staff member assisted R2 to stand and performed perineal hygiene. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares. On 06/24/2020 at 12:28 PM, LN H reported, the healthcare residents do not wear mask during bathing, personal cares, or toileting. The policy titled, Infection Control, revised 05/11/2020, lacked direction to staff in reference to staff providing the residents with covering of their nose/mouth with a tissue or mask during cares. The Centers for Medicare and Medicaid Services, titled COVID-19 Long-term Care Facility Guidance, dated 04/02/2020, documented .When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouth when staff are in the room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19 positive or assumed to be COVID-19 positive . The facility failed to provide or offer a face mask for these three residents, prior to multiple provision of cares. This deficient practice had the potential to affect all residents of the facility for the transmission of the COVID-19 virus.		
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.