STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175451	A. BUILDING _____ B. WING _____	**04/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WHEAT STATE MANOR	**601 S MAIN ST WHITEWATER, KS 67154**

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility census was 47 residents. Based on observation, interview, and record review the facility failed to properly screen staff and visitors for COVID-19 before entry into the facility, and assess resident temperatures daily. The facility failed to ensure that staff wore face masks while in the facility. The facility's failure to ensure all who entered the facility were properly screened for COVID-19, and that staff wore facemasks placed all residents in the facility in immediate jeopardy. Findings included: - An observation on 04/27/20 at 8:15 AM revealed Administrative Staff B answered the front entrance door and asked the surveyors their purpose for their visit. Administrative Staff B allowed the surveyors to enter the foyer, asked screening questions, but did not fully ask the questions or complete the screening forms. A review of the visitor screening forms, Screening Checklist for SNF (Skilled Nursing Facility) Visitors to Prevent COVID-19 from 04/01/20 to 04/27/20 revealed 16 of the 19 forms were not fully completed. An observation on 04/27/20 at 08:15 AM revealed while surveyors were screened by the front entrance none of the staff observed in the facility wore facemasks. During an interview on 04/27/20 at 08:41 AM Laundry Staff (LS) E stated that staff were screened when they came to work in the morning, and a nurse took her temperature. LS E stated not much else changed since the [MEDICAL CONDITION] situation started. During an interview on 04/27/20 at 08:37 AM, Certified Medication Aide (CMA) D revealed the staff wore masks only if a resident was coughing or sick. An observation on 04/27/20 at 09:01 AM revealed Licensed Nurse (LN) C screened employees coming on duty for their shift. This took place at the residents' Hall 2 nurses' station (approximately 40 feet from the entrance used by facility staff). LN C used hand sanitizer and donned gloves before she used an infrared thermometer to take the employee's temperature. The employees' temperatures were written down on the Wheat State Manor Daily Health Screen form. The employees initialed the Can Work Y/N portion of the screening form. No other screening questions were asked. During an interview 04/27/20 at 09:05 AM, LN C revealed the staff did not wear masks unless a resident was sick. LN C stated the staff were discouraged from wearing masks continuously because it caused the residents to become anxious. During an interview on 04/27/20 at o09:23 AM, Certified Nurse Aide (CNA) F revealed that staff do not wear masks unless a resident was sick. During an interview on 04/27/20 at 9:40 AM, Administrative Staff A stated he received continuous updates concerning COVID-19 from the CDC (Centers for Disease Control, CMS (Centers for Medicare and Medicaid Services), as well as from the Leading Age. During an interview on 04/27/20 at 9:46 AM, Administrative Staff B stated the protocol for determining when residents and staff should be tested for COVID-19 was if a resident had a temperature of over 100.4 F (Fahrenheit), had a productive cough, experienced shortness of breath, had difficulty breathing, or had abnormal aches and pains. During an interview on 04/27/20 at 10:10 AM, Administrative Staff B stated resident temperatures were taken routinely on a monthly basis, or as needed. Record review of five randomly picked residents in the electronic medical records revealed the residents did not have daily temperatures taken. During an interview on 04/27/20 at 10:21AM, Administrative Staff A stated all staff were required to report to the Hall 2 nurses' station to have their temperature taken. Administrative Staff A stated they did not ask questions like they did with visitors. Review of the Wheat State Manor Daily Health Screen form revealed there was no place to document asking of symptoms or other screening questions. During an interview on 04/27/20 at 10:37 AM, Administrative Staff B stated face masks were not required to be worn by staff as per CDC (Centers for Disease Control) due to there not being any active cases of COVID-19. During an interview on 04/27/20 at 10:46 AM Administrative Staff B stated the facility took staff temperatures prior to each shift, but did not ask any other screening questions. Administrative Staff B stated staff knew to tell us if they had been in contact with anyone who had or may have had COVID-19, or have been in contact with someone who had been tested . They know they need to tell somebody. Review of the COVID-19 Long-Term Care Facility Guidance letter dated April 2, 2020 provided by CMS revealed, The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations .In accordance with previous CMS guidance, every resident should be assessed for symptoms and have their temperature checked every day .For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Review of the Novel Coronavirus (2019-nCoV) (COVID-19) policy dated 03/17/20 revealed, This facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of the novel Coronavirus (2019-nCoV). The facility will implement actions according to Centers for Disease Control (CDC), State, County and Local Health Departments, State Survey Agency, and World Health Organization recommendations. The facility failed to properly screen staff, visitors, and residents for COVID-19, and failed to ensure staff wore facemasks while in the facility. On 04/27/20 at 03:21 PM, the surveyor provided Administrative Staff A with the IJ template and notified the facility of the failure to ensure all staff were properly screened for the 2019 Novel Coronavirus (COVID-19) by not asking about symptoms of COVID-19, failure to ensure all guests were properly screened for COVID-19 by not completing all questions on the screening checklist for 16 of 19 checklists reviewed, failure to ensure all residents were routinely screened to include temperatures checked daily, and failure to ensure all long-term care facility personnel wore appropriate personal protective equipment (PPE) to include a facemask while in the facility constituted immediate jeopardy at F880. These failures had the potential to affect all residents in the facility. The facility presented an acceptable plan for removal of the immediate jeopardy on 04/27/20 at 05:18 PM, which included all visitors and staff will be screened upon entry using the Screening Checklist for SNF Visitors to Prevent COVID-19, all staff will wear masks during their shift, and residents will be screened for symptoms (consider atypical symptoms as well), O2 saturation levels, and fever daily. The survey team validated onsite the immediate jeopardy removal on 04/28/20 at 01:15 PM following the facility's implementation of the plan for removal of the immediate jeopardy. The deficient practice remained at a scope and severity of an F.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE