STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175238	A. BUILDING _____ B. WING _____	**06/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LOUISBURG HEALTHCARE & REHAB CENTER	**1200 S BROADWAY LOUISBURG, KS 66053**

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 45 residents. Based on observation, interview and record review, the facility failed to ensure staff applied the disinfecting product for the recommended wet time (the amount of time a surface must remain wet to ensure the product effectiveness in disinfection) of 10 minutes when cleaning isolation rooms and all resident rooms. The facility failed to obtain a blood glucose level with a glucometer in a sanitary manner and failed to ensure sanitary face mask storage during care of Resident (R)1 in isolation by placing the cloth face mask in the same paper bag that contained a potentially contaminated N95 mask (a type mask designed to filter droplets and aerosolized particles.) Findings included: - Observation, on 06/24/2020 at 12:59 PM, revealed Certified Nurse Aide (CNA) M in R 1's room about to clean the room. Housekeeping Staff U handed CNA M a cloth saturated with a disinfection solution. Housekeeping Staff U stated the disinfecting product had a 10 minute kill time, which meant the disinfectant became effective in 10 minutes, but the surface did not need to remain wet for 10 minutes. Housekeeping Staff U stated housekeeping used this cleaner throughout the facility. Observation, on 06/24/2020 at 01:00 PM, revealed CNA M, wiped the resident's over the bed table with the cloth containing the disinfecting product. At 01:05 PM the over the bed table dried with a few areas of wetness remaining. Housekeeping Staff U stated it would be very difficult to keep a surface wet for 10 minutes. Interview, on 06/24/20 at 04:30 PM, with Administrative Nurse D, revealed she did not know housekeeping staff did not follow the disinfection product recommendations when cleaning resident rooms. Review of the disinfection product label revealed a recommendation of a wet time of 10 minutes for effective disinfection. The, Healthcare Facility Cleaning and Disinfection Guide undated, instructed staff to use the products effectively the surface must stay wet for the entire time on the disinfectant product label and to look for the contact time. The facility failed to ensure staff used recommended wet time application of disinfecting products for the residents' room cleaning to prevent the spread of infection. - Observation, on 06/24/20 at 11:15 AM, revealed Licensed Nurse (LN) G, gathered supplies to obtain a blood glucose sample for an unsampled resident. The resident's urinal lay directly on his over the bed table. LN G requested the resident move the urinal. Without sanitizing the over the bed table or placing a barrier, LN G placed the multi resident use glucometer directly on the over the bed table, on the area the urinal had been, and placed a Styrofoam plate with insulin, alcohol wipe and finger stick device next to the glucometer. After obtaining the blood sugar, LN G removed her gloves and without sanitizing her hands, applied another pair of gloves, wiped the glucometer with a sanitizing wipe, and then placed the glucometer in the drawer of the treatment cart. LN G stated she thought the wet time was around one to two minutes. LN G then removed her gloves. Interview with LN G at that time confirmed staff should sanitize the resident's over the bed table and place a barrier beneath the glucometer, and staff should perform hand hygiene after removing gloves. Interview, on 06/24/20 at 04:30 PM, with Administrative Nurse D, revealed she expects staff to place a barrier beneath the glucometer and to ensure the glucometer remained wet for the full two minutes, and staff should perform hand hygiene after glove removal. The facility policy Glucometer Disinfection, dated 11/1/19, instructed staff to use two disinfectant wipes and use the first wipe to clean the glucometer and use the second wipe to thoroughly disinfect the glucometer following manufacturer's instructions. Manufacturer's instructions on the disinfectant wipe recommend a wet time of two minutes. The facility policy Hand Hygiene, dated 11/01/19, instructed staff to wash hands after removing gloves. The facility failed to ensure staff provided sanitary methods for use of the multiple resident use glucometer, placing a barrier beneath the glucometer, sanitization of the glucometer and hand hygiene after removal of gloves to prevent the spread of infection. - Observation on 06/24/20 at 10:24 AM, revealed Licensed Nurse (LN) G and Certified Nurse Aide (CNA) R, don PPE (personal protective equipment) to enter resident (R)1's isolation room. LN G and CNA R wearing gloves, removed their face masks and applied their N95 (a type mask designed to filter droplets and aerosolized particles) masks which were in their labeled brown paper bag on the isolation cart. LN G and CNA R stated they alternated placement of their cloth face masks in the same brown paper bag which stored the N95 when not in use for the isolation rooms. At that time LN G and CNA R stated they would obtain new cloth face masks as contamination from the N95 could occur. After providing care to the resident, CNA R doffed her gown in the resident room, removed her gloves and removed the N95 by touching the front of the mask and placed it in the labeled brown paper bag. Without sanitizing her hands, CNA R reached for her cloth face mask. Surveyor GG questioned CNA R regarding hand hygiene and CNA R confirmed the need for hand hygiene with alcohol gel. Interview, on 06/24/20 at 04:30 PM, with Administrative Nurse D, revealed staff should store their N95's and cloth face masks in separate paper bags. The facility policy Hand Hygiene, dated 11/02/19, instructed staff to wash hands after removing gloves. The facility lacked a policy for storage of N95's and cloth face masks. The facility failed to ensure storage of cloth face masks in a manner to prevent cross contamination and to prevent the spread of infection.

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.