

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER PITTSBURG OPERATOR LLC		STREET ADDRESS, CITY, STATE, ZIP 1005 E CENTENNIAL DRIVE PITTSBURG, KS 66762	
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	<p>Provide and implement an infection prevention and control program.</p> <p>A Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Kansas Department for Aging and Disability Services (KDADS) on June 17, 2020. The facility reported a census of 69 residents with three residents on transmission-based precautions. Based on observation, interview, and record review, the facility failed to follow CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19. The facility failed to maintain a sanitary environment, when facility staff, cleaning the room of a resident placed on transmission-based precautions related to being a re-admission from the hospital, failed to allow the cleaning product to remain for the proper wet time, to ensure prevention and transmission of the infection. The facility staff also failed to perform proper hand hygiene between glove changes after cleansing the toilet in the resident's room. This practice created the potential spread of the COVID-19 virus to all 69 residents of the facility. Findings included: - On 06/17/2020, at 08:30 AM, Administrative Nurse D reported that there were three residents on transmission-based precautions, which included Resident (R) 1 who readmitted after a hospital stay. A social services note, dated 06/12/2020, documented the resident returned to the facility from the hospital and would be admitted under isolation due to re-admission after a hospital stay. On 06/17/2020 at 10:49 AM, observation revealed R1's door to her room had a sign posted instructing staff to wear a mask, gloves, and a gown while in the room. Outside the room, gloves, gowns, and hand sanitizer were available. On 06/17/2020 at 10:56 AM, observation of housekeeping staff V, revealed she was preparing to clean R1's room and identified the chemical Betco AF315 (EPA# 6836-165-4170) to be used for cleaning. While cleaning the bathroom, she sprayed the chemical on the toilet and then immediately wiped the toilet with a rag, not allowing for wet time. After cleaning the toilet, she came out of the room, removed her gloves and proceeded to don a new pair without performing hand hygiene. On 06/17/2020 at 11:05 AM, housekeeping staff V when questioned if she performed hand hygiene between glove changes, stated that it should be done. She also stated that they go ahead and wipe down the toilet after spraying it and did not know she was supposed to let it set for 10 minutes. On 06/17/2020 at 12:48 PM, housekeeping staff U reported that it was her expectation that staff are to perform hand hygiene between glove changes. The staff should be waiting the recommended amount of wet time when using disinfectant while cleaning. On 06/18/2020 at 11:39 AM, Administrative Nurse D, responsible for infection control, stated that she did not do audits for room cleaning, but would do room checks or observations at times while in the facility. It would be her expectation that the housekeepers are following the manufacturer's guidelines for disinfectants and staff to perform hand hygiene between glove changes. The facility policy Cleaning and Disinfection of Environmental Surfaces F880, dated 01/2020, directed the staff that most EPA-registered hospital disinfectants have a label contact time of 10 minutes. By law, all applicable label instructions on EPA-registered products must be followed. The disinfectant Betco AF315 (EPA# 6836-165-4170) label instructed the staff that a 10 minute contact time was required. The facility failed to properly sanitize R1's room, a re-admission from a hospital stay placed on transmission-based precautions to rule out Covid-19 virus infection. Staff failed to allow the cleaning product to remain for the proper wet time, to ensure prevention and transmission of the infection. Staff also failed to perform hand hygiene between glove changes. This practice created the potential of spread of the COVID-19 virus to all 69 residents of the facility.</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.