

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDICALDORGES PAOLA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 ASSEMBLY LANE PAOLA, KS 66071</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 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b>  The facility reported a census of 63 residents. Based on observation, record review, and interview, the facility failed to maintain an orderly, sanitary and comfortable environment, on one of two hallways, for the residents of the facility. Findings included: - Environmental tour, on 03/16/2020 at 12:23 PM, revealed the following areas/items of concern: North Hall 1.) Eleven resident rooms with a black grime build-up in the corners and the outside edges of the floors. 2.) Six of 11 resident rooms had stained tiles. 3.) Two of 11 resident rooms had black stained toilets on the inside parameter of the toilet bowls. 4.) Three of 11 resident rooms had marred door jams. 5.) One of Six resident rooms had cracked floor tiles. Interview, on 03/16/2020 at 10:56 AM, with maintenance staff U, verified the above findings. He stated the floor machine was broke and unusable. Staff should clean the floors. The undated facility's policy for Housekeeping, Laundry and Maintenance, documented floor finishes should be applied and floor surfaces maintained. The maintenance person was responsible for the routine repair and maintenance of the facility and equipment. The facility failed to provide necessary maintenance and housekeeping services to maintain an orderly, sanitary and comfortable environment, in these resident areas, for the residents in the facility.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility reported a census of 63 residents with 17 selected for review which included one resident reviewed for non-pressure skin issues. Based on observation, interview and record review, the facility failed to ensure sanitary wound dressing for the one Resident (R)29 reviewed for non-pressure skin issues. The facility also failed to ensure staff handled soiled hand wash cloths in a sanitary manner to prevent the spread of infection for the residents of the facility during meals. Findings included: - Review of Resident (R)29's Physician order [REDACTED].) The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with moderate cognitive impairment, disorganized thinking, inattention and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). The resident had no venous ulcers (sore on the skin surface caused by [MEDICAL CONDITION]) or skin treatments. The Quarterly MDS, dated [DATE], assessed the resident with normal cognitive function. The resident had no venous ulcers or skin treatments. The ADL (Activity of Daily Living)/Functional Rehabilitation Care Area Assessment (CAA), assessed the resident required staff assistance with toileting and required encouragement to perform healthy hygiene practices. The Care Plan, reviewed 12/30/19, instructed staff the resident required support socks to bilateral (both) lower extremities. A Physician Order, dated 03/04/2020, instructed staff to apply [MEDICATION NAME] (an antibiotic) ointment to the resident's left posterior (back area) calf topically (on the surface), twice a day, to the venous stasis ulcer. Observation, on 03/12/20 at 09:09 AM, revealed Licensed Nurse (LN) G, with gloved hands, removed the dressing from the resident's left posterior calf. LN G removed her gloves and did not perform hand hygiene before applying another pair of gloves. She sprayed the wound with wound cleanser and placed the bottle of wound cleanser directly on the resident's bed, without a barrier. LN G removed her gloves and without hand hygiene, applied another pair of gloves. Certified Medication Aide (CMA) S, applied the [MEDICATION NAME] ointment directly on LN G's gloved finger, who then applied the ointment directly onto the wound. LN G secured the non-stick dressing. LN G removed her gloves, gathered the wound cleanser, and placed the container directly on the treatment cart. Interview, on 03/12/20 at 09:15 AM, with LN G, confirmed she should perform hand hygiene before and after application of disposable gloves. Staff should place the wound cleanser on a barrier. Interview, on 03/16/20 at 10:15 AM, with Administrative Nurse D, confirmed staff should perform hand hygiene before and after applying gloves and provide a barrier for supplies taken into the resident's room. The ML (Medicalodge) Skills Check-Clean Dressing Change, undated, instructed staff to create a clean field, remove gloves and perform hand hygiene after soiled dressing removal and after cleansing the wound. Staff instructed to apply medication with a clean-tip/tongue blade for the area. The facility failed to ensure a dressing change in a sanitary manner to prevent the spread of infection, for this resident that required a wound dressing treatment.  - Dining observation for lunch meal, 03/11/20 at 11:07 AM, revealed Certified Medication Aide (CMA) R handed wet washcloths to residents to sanitize their hands. CMA R did not wear gloves and did not perform hand hygiene after touching soiled washcloths and providing a clean washcloth to the next resident. During dining observation on 03/12/2020 at 11:10 AM, CMA R handed out wet washcloths and picked up residents soiled washcloths. CMA R confirmed hand hygiene should be practiced after touching the soiled washcloths. The facility policy for Hand Hygiene, dated 05-2017, instructed staff to perform hand hygiene after handling soiled linens. The facility failed to ensure staff handled soiled washcloths in a sanitary manner to prevent the spread of infection amongst the residents.		
F 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b>  The facility identified a census of 63 residents. Based on observation and interview, the facility failed to provide maintenance services in the kitchen, to ensure a safe and sanitary environment. Findings included: - The initial kitchen tour, on 03/11/2020 at 08:36 AM, revealed the following areas of concerns: 1. Three 1- inch yellow colored stains on the floor near the entrance to the dry storage area. 2. The area under the storage shelves contained a build-up of debris. 3. Four floor tiles had 1-inch round depressions and a build-up of grime. 4. The floor of the walk-in refrigerator had debris and black grime around the perimeter. 5. The dish room floor had a build-up of black grime and debris. During meal service observation, on 03/16/20 at 10:57 AM, the floor unchanged. On 03/16/2020 at 01:50 PM, Dietary Staff BB verified the concerns. On 03/16/2020 at 02:10 PM, Maintenance Staff U verified staff should clean the kitchen floors. The facility's policy for Cleaning Rotation, dated 2016, instructed staff should clean the kitchen floors daily. The facility failed to ensure appropriate maintenance services necessary to maintain a sanitary, orderly environment for the kitchen.		
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.