

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175488	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER WINFIELD REST HAVEN II, LLC		STREET ADDRESS, CITY, STATE, ZIP 1611 RITCHIE WINFIELD, KS 67156	
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>The facility reported a census of 30 residents. 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 to four residents, Resident (R) 1, R2, R5, and R6, prior to staff providing direct cares per facility policy. The failure to provide the residents masks or facial covering during cares increased the risk of transmission of the pandemic COVID-19 virus to all of the residents of the facility. Findings included: - Observation on 06/17/2020 at 02:57 PM, upon entering the resident's room, there were already two staff members assisting R2 to transfer to the bed. The resident did not have on a mask. The resident's mask was on the bedside table. Staff provided personal care and laid the resident down in the bed. Observation on 06/17/2020 at 03:10 PM revealed Certified Nurse Aide (CNA) R and CNA P assisted R 5 to transfer from her recliner into the bathroom. Staff failed to apply a face mask on the resident. Observation on 06/17/2020 at 05:08 PM revealed CNA S and CNA P were in R 6's room. The resident used the commode. The resident did not have on a face mask. Observation on 06/17/2020 at 5:54 PM revealed CNA S and CNA P went into R 1's room. They provided cares to the resident, by checking brief and repositioning without placing a mask on the resident. On 06/17/2020 at 09:32 AM, Certified Nurse Aide (CNA) M and N reported when a resident received cares the residents should wear a facemask. On 06/17/2020 at 10:36 AM, Administrative Nurse C reported when quarantined, the residents remained in their rooms. Staff should always wear a face mask. When the staff provided cares to the resident, the resident would also wear a face mask. On 06/17/2020 at 11:41 AM, Licensed Nurse (LN) G reported all residents should wear a face mask when staff provided cares for them. On 06/17/2020 at 01:58 PM, CNA O reported, staff have to place a mask on the resident anytime they provided care in the resident's room. On 06/17/2020 at 05:16 PM, CNA P reported when staff entered R 2's room, the resident did not have a face mask on. Staff forgot to apply the resident's face mask with cares. CNA P verified staff failed to apply the face mask for R5 and R6. CNA P further reported staff sometimes forget to apply the resident's masks while staff provided cares and were aware residents should wear face masks when staff provided cares. On 06/17/2020 at 05:22 PM, Administrative Nurse B, reported she expected all staff to place a mask on the resident prior to do any and all cares. The facility policy (Facility Name), not dated, but signed, directed staff that face masks shall always be worn by the staff while in the facility. Resident's will wear masks when out of their rooms and will cover their face with a mask and/or tissue when staff are in their room providing cares. When staff perform resident care, the resident will have a mask in place, unless not appropriate such as oral care and having a meal. The facility failed to properly offer and/or place a face mask or tissue on the four residents prior to provision of cares. This deficient practice had the potential to affect all residents of the facility for the transmission of the COVID-19 virus.</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.