STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175276	A. BUILDING _____ B. WING _____	05/13/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTH POINT SKILLED NURSING CENTER	908 N PEARL STREET PAOLA, KS 66071

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.** Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. On 5/7/20, multiple facility staff entered the rooms of presumed-positive COVID-19 residents (R1 and R2), while failing to wear appropriate personal protective equipment (PPE), despite sufficient facility supply. Also on 5/7/20, multiple facility staff entered the rooms of residents under observation (R5, R6, and R7) while failing to wear appropriate PPE. Furthermore, on 5/7/20, a facility staff person failed to appropriately wear a face mask while in the room of two residents (R3 and R4). On 5/8/20, R1 tested positive for COVID-19. A determination was made that the facility's noncompliance with one or more requirements of participation at F880 placed all residents in the facility in immediate jeopardy. On 5/13/20 at 10:55am, the Administrator was informed of the immediate jeopardy. Findings include: - Review of CDC recommendations, dated 4/15/20, titled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, documented: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP (healthcare personnel) when PPE is indicated. Review of the facility's Quarantine Hall Guidelines, undated, documented: - You do not need to wear gowns or goggles unless told otherwise by charge nurse. - You must wear your mask and gloves while providing care to these rooms. - If coming off North Hall (100 hall) to help somewhere else in facility, you must change your mask out and wash hands. You can wear same mask on North Hall and store in brown paper bag when not using or when switching to a different mask to come off North Hall, with a different brown paper bag for that mask. The Quarantine Hall Guidelines procedure failed to adhere to CDC recommendations in regards to caring for residents under observation, and for those residents presumed positive for COVID-19. On 5/7/20 at 9:10am, licensed practical nurse (LPN1), wearing a cloth facemask, indicated that R1 and R2 both received testing for COVID-19 on 5/6/20 following fevers. R1 also developed right lower lobe infiltrates (when fluid or other substances accumulate in the lower portion of the lung), and R2 developed a rash. LPN1 indicated that facility staff were expected to wear a cloth face mask and gloves when entering the rooms of R1 and R2, and only wore other PPE if providing close-contact cares, such as toileting. On 5/7/20 at 9:15am, the Director of Nursing (DON) indicated that the facility utilized the 100 hall as the observation area for new admissions and readmissions. The DON indicated that the facility had sufficient PPE and was not low. The DON indicated that full PPE was not worn by facility staff because there was a chance that in the future, the facility may run low on supplies. The DON indicated that if the facility were to begin to run low on supplies, corporate would send more. The DON indicated again that the facility had adequate PPE levels to care for any possible COVID-19 residents. The DON indicated that staff were to wear gloves and a facemask, disposable or homemade, when caring for new admissions or residents under observation. After leaving the resident's room, staff were to change their masks and dispose of gloves. The DON indicated that only residents who displayed respiratory symptoms, such as coughing, were placed on the recommended droplet precautions. The DON indicated that two residents, R1 and R2, were tested for COVID-19 on 5/6/20, but did not display any respiratory symptoms, so staff did not have to wear gowns or eye protection. The DON indicated that the facility believed both tests would come back negative. On 5/7/20 at 10:15am, the housekeeper (H1) indicated that the 100 hall was used as the isolation hall. H1 indicated that if she cleaned one of the isolation rooms, she needed to wear only gloves and a mask. H1 indicated that she was aware of two residents (R1 and R2) who were recently tested for COVID-19. H1 indicated that she would wear only a mask and gloves if cleaning the presumed-positive resident's rooms. On 5/7/20 at 10:38am, nurse aide (NA1) indicated that when he entered the room of a resident under observation, he would wear a cloth facemask and gloves. NA1 indicated that staff had their main facemask, but residents on observation had different masks in paper bags that staff must wear while they worked with that resident. NA1 indicated that if he needed to go onto the 100 hall, he would change into a different mask as well. NA1 indicated that he would only wear a gown or eye protection if he was doing close, personal cares with a resident on observation. On 5/7/20 at 10:57am, R5, a resident under observation, rang his call light. NA1 went to the entrance to the 100 hall, changed his mask, then entered R5's room. NA1 then closed the door. After a few minutes, NA1 exited R5's room. NA1 indicated that he provided stand-by assistance to R5 so that he could ambulate to his bathroom. NA1 indicated that R5 would ring his call light when he was finished in the bathroom. At 11:09am, R5 rang his call light, and NA2 responded. NA2 wore only a facemask and a pair of disposable gloves. On 5/7/20 at 11:00am, physical therapy assistant (PTA1) ambulated with R6 in her room. R6's door displayed signage documenting that she was under observation. PTA1 and R6 both wore simple cloth facemasks. PTA1 completed different physical therapy exercises with R6. On 5/7/20 at 11:28am, PTA1 indicated that new admissions to the facility were kept under observation for 14 days, and therapy staff would wear only a facemask and gloves when providing therapy exercises. On 5/7/20 at 12:30pm, R1 rang his call light. NA3 responded, walked to R1's door, changed his mask, and entered the room. R1 requested silverware for his lunch. NA3 indicated that he would be right back, left the room, changed his mask, and went to go retrieve silverware for R1. At 12:37pm, NA3 returned, changed his mask, entered R1's room, and gave him the silverware. On 5/7/20 at 12:52pm, lunch trays for the 100 hall arrived on a cart. The DON stood outside of the entry to the 100 hall, while registered nurse (RN1) began passing lunch trays. RN1 wore a simple cloth face mask and gloves. RN1 then entered five residents rooms, all under observation, while wearing only a cloth mask and gloves. RN1 also entered R2's room, who was presumed positive for COVID-19 and tested for the disease on 5/6/20. On 5/7/20 at 1:30pm, the Administrator and the DON indicated again that the facility had adequate supplies of PPE. The Administrator and DON indicated that the facility's corporate officers told them that asymptomatic residents in quarantine and asymptomatic residents who were under investigation for COVID-19 did not need full PPE, as recommended by the CDC. The Administrator and DON indicated that they were aware that residents could be positive for COVID-19, but be asymptomatic. On 5/8/20 at 2:08pm, the Administrator notified the Federal surveyor that R1 tested positive for COVID-19. - On 5/7/20 at 10:25am, the Activity Director (AD) sat with R3 and R4 in their room, talking. The AD wore a facemask, but had the mask pulled down to beneath his chin, leaving his nose and mouth completely exposed. On 5/7/20 at 10:27am, the AD indicated that he was playing a board game with the R3 and R4. The AD indicated that the appropriate way to wear a facemask was to ensure the mouth and nose were both covered. The AD indicated that his mask had slipped down, and that he had not noticed it. On 5/7/20 at 1:32pm, the Administrator and DON indicated that their expectation of staff was to wear facemasks

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.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) appropriately, ensuring the mouth and nose were both covered. The IJ was removed on 5/19/20 after surveyors verified implementation of a removal plan. The scope and severity was lowered to an F.