

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER DELMAR GARDENS OF OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 12100 W 109TH STREET OVERLAND PARK, KS 66210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A Targeted Infection Control Survey/COVID-19 Focused Survey and complaint investigation KS00168453 was conducted by KDADS on behalf of the Centers for Medicare & Medicaid Services (CMS) on 01/25/2020. The facility was found not to be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19. See following citation.	F 000			
F 880 SS=E	The 2567 was sent electronically on 01/31/22. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/31/2022

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 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880			

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F 880	Continued From page 2 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility identified a census of 82 residents. Based on observations, record review, and interviews, the facility failed to ensure proper hand hygiene was performed, failed to ensure dietary staff wore hairnets in the kitchen, and failed to ensure proper Personal Protective Equipment (PPE- gloves, gowns, face shields and/or eye glasses/goggles) usage during the COVID-19 (an acute respiratory illness in humans caused by coronavirus, capable of producing severe symptoms and in some cases death) pandemic. This deficient practice had the risk to spread illness and infection to the residents. Findings included: - The facility's county transmission level on 01/24/21 was high. On 01/25/22 at 11:16 AM, Licensed Nurse (LN) G exited Resident (R) 1's room while wearing gloves. LN G removed gloves in hallway then proceeded to treatment cart. She opened drawers and grabbed supplies. No hand hygiene observed after doffing (removing) gloves or before touching treatment cart and supplies. On 01/25/22 at 11:17 AM, LN G re-entered R1's room and donned gloves to apply topical (on the surface of the skin) medication. LN G doffed gloves and exited R1's room. No hand hygiene observed upon exiting. On 01/25/22 at 12:12 PM, Dietary BB delivered a lunch plate to a male resident at a table in the	F 880			

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F 880	Continued From page 3 dining room. No hand hygiene observed after plate delivery. Dietary BB sat in a chair in the dining room. She then stood up and walked around the dining room with her hands in her pockets then proceeded into the kitchen. No hand hygiene observed. On 01/25/22 at 12:48 PM, Dietary BB and Dietary CC did not wear hairnets in the kitchen area. On 01/25/22 at 12:49 PM, Dietary BB walked into kitchen and grabbed gloves then entered the walk-in fridge to grab a tomato. She donned gloves then cut up tomato on cutting board and placed sliced tomato on plate. No hand hygiene observed before donning of gloves. She placed cutting board in dishwashing area then doffed gloves and performed hand hygiene. Dietary BB donned gloves and delivered lunch plate to male resident. She doffed gloves and entered kitchen; no hand hygiene observed. Dietary BB proceeded to steam table and put lids on the various lunch item containers. She then moved the trash bin and placed the lid on it, grabbed another trash bin lid and walked towards the dishwashing area and placed the lid on a trash bin. She walked back into the main kitchen area; no hand hygiene observed. On 01/25/22 at 12:53 PM, Dietary CC wore a hairnet on top of her head but her long hair flowed freely onto her back without being in a hairnet. On 01/25/22 at 03:35 PM, an unidentified staff member sat at a table with two residents and called out BINGO numbers. She wore an eye shield (PPE worn to protect the eyes from contamination) but did not wear a face mask.	F 880			

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F 880	Continued From page 4 On 01/25/22 at 01:07 PM, Dietary BB stated hand hygiene was performed after delivering trays/plates during meal service and after doffing gloves. She stated hairnets were worn every time staff go into the kitchen. On 01/25/22 at 03:41 PM, Certified Nurse Aide (CNA) M stated hand hygiene was performed before and after patient contact, sometimes during cares, after doffing gloves, and before and after meal tray pass. He stated proper PPE worn in the facility was a face mask and eye shield. On 01/25/22 at 03:46 PM, LN H stated hand hygiene was performed after every patient contact; after any procedure; after medication pass; after doffing gloves; in between meal tray pass; and as often as possible. He stated the proper PPE worn in the facility was a face mask and eye shield. On 01/25/22 at 03:51 PM, Administrative Nurse E stated hand hygiene was performed before entering and upon exiting patient rooms, before donning and after doffing gloves, before handling plates/trays and between each resident tray delivery during meal service. On 01/25/22 at 04:09 PM, Administrative Nurse D stated hand hygiene was performed before any cares with the resident; after doffing gloves; and between each plate during meal service. She stated if staff entered the kitchen, they washed hands and wore a hairnet. The proper PPE worn in the facility was a KN95 or N95 (face mask designed to provide higher protection in a contaminated area) and an eye shield.	F 880			

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F 880	Continued From page 5 On 01/25/22 at 04:27 PM, Administrative Staff A stated dietary staff needed to wear a hairnet when in the kitchen and the hairnet should cover all their hair. The facility's "Hand Washing" policy, last revised January 2017, directed hand hygiene was performed at a minimum before and after each resident contact, after touching a resident or handling his/her belongings, after contact with resident's skin, and before entering or exiting residents' rooms. The facility's "A Guide to Reduce Risk of Exposure to COVID-19," last updated October 2021, directed direct care staff wore N95, eye protection, and gloves if county transmission level was high. The facility's "Food Handling COVID-19" policy, last revised March 2020, directed single-use gloves were not to be used for more than one task, change gloves, and perform hand hygiene between tasks. Food service staff washed hands when entering a food preparation area and before putting on gloves. The policy did not address hairnet usage in the kitchen. The facility failed to ensure proper hand hygiene was performed, failed to ensure dietary staff wore hairnets in the kitchen area, and failed to ensure proper PPE was worn in the facility. This deficient practice had the risk to spread infection and illness to the residents.	F 880			