STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175281	A. BUILDING _____ B. WING _____	R 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF KANSAS CITY	3231 N 61ST STREET KANSAS CITY, KS 66104

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{F 000}	INITIAL COMMENTS The following citations represent the findings of a Non-compliance Revisit and Complaint investigation KS00161700 and KS00161579. THe 2567 was sent electronically to the facility on 5/5/21	{F 000}		
{F 880} SS=E	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; §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	{F 880}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/05/2021

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 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. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced	{F 880}		

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by:
The facility reported a census of 54 residents. The sample included 15 residents. Based on observation, record review and interview, the facility failed to ensure staff practiced standard infection control precautions in order to prevent the spread of infection when staff failed to perform hand hygiene and failed to properly transport clean and soiled linen on two hallways. This has the potential to increase the residents' risk for transmission of infectious disease.

Findings included:

- Observation on 4/22/21 at 11:10 AM of the 100-hallway utility room revealed a green matter and discoloration in the hopper (large sink designed to facilitate safe and hygienic disposal of non-regulated clinical waste, such as vomit, feces and urine). There was visible dirt on the floor.

Observation on 4/22/21 at 11:23 AM revealed an unidentified housekeeping staff cleaned room 115 while wearing gloves. The staff dumped the trash, mopped the floor, then pushed the pushed cart in the hallway. The staff went down the hallway and picked up wet floor signs from several rooms. He then mopped the floor in the hallway, picked up more wet floor signs then entered resident room 111. Throughout these actions, the housekeeping staff did not remove/change gloves or perform hand hygiene.

Observation on 04/22/21 at 03:40 PM revealed Certified Nursing Aid (CNA) M shaved a male resident in the common area. At the request a nurse, CNA M took the resident to his room to

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finish the shaving task. After completed, CNA M left the resident's room, entered the hallway with a glove on her left hand and used towels tucked under her right arm. CNA M then rolled the glove from her left hand and kept it, rolled up, in her left hand. CNA M then entered another resident's room while she carried the shaving supplies, dirty towel and dirty glove. CNA M did not perform hand hygiene in between residents' rooms and did not bag towel or dispose of towel in dirty utility.

Observation on 04/22/21 at 03:57 PM revealed CNA N obtained a water bottle from a bag in the television room. CNA N pulled her mask down, drank from the water bottle, then replaced her mask and did not perform hand hygiene before or after either time of handling the facemask.

Observation on 04/22/21 at 04:07 PM Licensed Nurse (LN) G stood at the medication cart and wrote in the narcotics book. LN G touched her hair multiple times. She then obtained a medication cup and drinking cup from side holder on cart. LN G prepped medications into the medication cup, locked the cart, filled the water cup with water then took the medication into a resident's room. LN G did not perform hand hygiene before, during or after preparing the medications or before entering the resident's room.

Observation on 04/22/21 at 04:19 PM revealed CNA O obtained clean linen from the linen closet, placed the linen under her arm touching her body and clothing, and carried it into a resident's room.

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In an interview on 4/22/21 at 05:50 PM CNA M stated she had received training and recent in-service on hand hygiene and the use of personal protective equipment. She said clean lined should be transported away from the body and clothing and it should be covered. She then stated soiled linen should be bagged, and transported directly, in the bag, to the soiled utility room. CNA M reported she should use hand sanitizer before and after gloves use, and when touching residents and she should wash hands when they are visibly soiled.

In an interview on 4/22/21 at 05:53 PM LN G stated she has received training on infection control, hand hygiene and person protective equipment. She stated hand hygiene should be performed before and after cares, after using the restroom, when handling food. She further stated in between residents, staff used hand sanitizer. LN G stated hand hygiene was needed before and after touching a face mask. LN G stated clean linens should be carried away from the body and clothing and should not be carried under the arms.

In an interview on 04/22/21 at 05:55 PM Administrative Nurse D stated the facility had performed training and in-service on hand hygiene, including washing and use of hand sanitizer. She stated hand sanitizer should be done before entering a room, after cares were done, if visibly dirty hands, and between going room to room. Administrative Nurse D said soiled linen should be bagged and should go directly to soiled utility, not into other rooms.

In an interview on 04/22/21 at 06:00 PM

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Administrative Nurse E stated the facility completed hand hygiene in-services which included competency check offs. She stated staff were also observed during cares and throughout various times to ensure they were compliant. She also reported staff had received training on handling of clean and soiled linen and stated soiled linen from one resident should never be carried into another resident's room.

The facility's "Hand Hygiene" policy dated 12/04/20 documented handwashing/hand hygiene was generally considered the most important single procedure for preventing nosocomial infections (healthcare associated infections). Hand hygiene performed at the appropriate times before and after touching a resident, between residents, and frequently during care was important.

The facility's "Laundry Services" policy dated 12/21/20 documented facility staff handled all laundry as potentially contaminated and use standard precautions with appropriate personal protective equipment.

The facility failed to ensure staff practiced standard infection control precautions in order to prevent the spread of infection when staff failed to perform hand hygiene and failed to properly transport clean and soiled linen on two hallways. This has the potential to increase the residents' risk for transmission of infectious disease