

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

PRINTED: 03/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/24/2021
NAME OF PROVIDER OR SUPPLIER CLARIDGE COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 8101 MISSION ROAD PRAIRIE VILLAGE, KS 66208		
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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 3/29/21.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: The facility identified a census of 40 residents. The sample included 14 residents. Based on observations, interviews, and record reviews the facility failed to provide services, consistent with professional standards of practice, to prevent new pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) from development and to promote healing of existing pressure ulcers when they failed to ensure Resident (R) 28 was provided with off-loading boots while he rested in bed.	F 686			

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 686	Continued From page 1 Findings included: - The "Medical Diagnoses" tab of R28's electronic medical record (EMR) documented diagnoses of unsteadiness on feet, congestive heart failure (a condition with low heart output and the body becomes congested with fluid), dementia (progressive mental disorder characterized by failing memory, confusion), and pressure ulcer of right heel. The "Significant Change Minimum Data Set" (MDS) dated 11/27/20 documented R28 had long and short-term memory deficits. He required extensive to total staff assistance with his "Activities of Daily Living" (ADLs). He was at risk for pressure ulcer development. R28 had one stage 2 pressure ulcer (partial thickness skin loss with exposed dermis), which was present on admission. He was provided a pressure reducing device for his chair and wheelchair, a turning/repositioning program, nutrition/hydration intervention to manage skin problems, pressure ulcer care, applications of ointments/medication other than to feet, and application of dressings to the feet. The "Quarterly MDS" dated 03/01/21 documented R28 had long and short-term memory deficits. He required extensive to total staff assistance with his ADLs. He was at risk for pressure ulcer development. R28 had one stage 2 pressure ulcer, which was present on admission. He was provided with a pressure reducing device for his wheelchair and bed, and applications of ointments/medications other than to feet. The "Pressure Ulcer Care Area Assessment" dated 11/26/20 documented R28 required staff	F 686			

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F 686	Continued From page 2 assistance with bed mobility and had a stage 2 pressure ulcer on his right Achilles (heel). The pressure ulcer was a chronic non-healing ulcer and he was admitted with the ulcer. The nursing staff provided skin inspections, a low air loss mattress, pressure reducing cushion for his wheelchair, and frequent position changes while he was in bed. R28 wore heel lift boots while in his bed. The "Comprehensive Care Plan" revised 03/16/21 documented R28 was admitted with a stage 2 pressure ulcer to his right lower leg above his heel. The staff administered treatments to the wound as ordered by the physician. The staff avoided positioning R28 directly on his right heel. The "Care Plan" directed staff to ensure off-loading boots were placed on both feet when he was in bed and in his wheelchair. The "Physician's Order" tab documented an order to cleanse wound on back of right Achilles with saline. Cover with Xeroform (a non-adherent protective dressing to help maintain a moist wound environment, while promoting healing), cover with four inch by four inch gauze pads, wrap with Kerlix (a rolled bandage which cushions and protects wounds) and secure with tape every Tuesday, Friday, and Sunday dated 03/17/21. The "Braden Assessments" (an assessment tool used to assess a person's risk of developing pressure ulcers) dated 01/12/20 documented R28 was at moderate risk and on 03/18/21 was at high risk for pressure ulcer development. The "Skin & Wound Evaluation" dated 03/16/21 documented R28 had a stage 2 pressure ulcer present on admission to his right heel which	F 686			

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F 686	Continued From page 3 measured 5.2 centimeters in total area, 2.3 centimeters in length, and 4.0 centimeters in width. There was no drainage and the surrounding skin was fragile and at risk for breakdown. On 03/23/21 at 08:00 AM R28 laid in his back while in his bed. His heels were placed directly on the mattress. The off-loading boots were on a chair in his room. On 03/23/21 at 09:10 AM Licensed Nurse (LN) G provided wound care to R28. The right Achilles pressure ulcer was pink with one small scab about the size of a pencil eraser. There was no odor or drainage to the wound. LN G placed a non-skid sock on R28's right foot after the new dressing was placed on the wound. The boots remained on the chair. On 03/23/21 at 02:06 PM R28 laid in bed, on his back, both heels rested flat on the mattress. The protective boots were on a chair, in the corner of the room. On 03/23/21 at 04:30 PM R28 rested in his bed in the same position. The boots were in the chair. On 03/24/21 at 01:27 PM Certified Nurse Aide N stated she looked at residents' skin daily when she assisted them with toileting and dressing. R28 had a sore on his heel and he wore protective boots on his feet when he was in bed at night. On 03/24/21 at 01:48 PM LN H stated skin assessments were done weekly by the nurses. The wound nurse measured wounds weekly. R28 had a chronic wound due to his fragile skin. R28	F 686			

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F 686	Continued From page 4 did not wear the protective boots when he sat in his wheelchair since he would scratch his legs as he tried to pull the boots off but, he wore them in bed for protection. On 03/24/21 at 02:33 PM Administrative Nurse D stated the nursing staff did weekly skin assessments and the wound nurse provided wound assessments weekly. R28 had a chronic wound to his heel which had closed but had recently opened. He wore his protective boots when he was in bed. The facility's "Wound Care Policy" dated 01/01/17 documented the facility utilized evidence based clinical practices to provide pressure injury and wound treatments. The facility complied with current nursing standards, as well as state and federal guidelines related to the identification, treatment, and documentation of alterations in the skin integrity of the residents. The facility failed to ensure R28 wore his pressure relieving boots when he was in bed. This had the potential for the worsening of his pressure ulcer and/or the development of new pressure ulcers.	F 686			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.	F 690			

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F 690	Continued From page 5 §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: The facility identified a census of 40 residents. The sample included 14 residents, with one resident reviewed for urinary tract infection. Based on observation, record review, and interviews, the facility failed to provide appropriate treatment for a resident with an indwelling catheter (tube inserted into the bladder to drain urine into a collection bag) when the facility failed to secure the catheter tubing for Resident (R) 7 which placed R7 at risk for catheter related complications.	F 690			

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F 690	Continued From page 6 Findings included: - R7's electronic medical record (EMR) for from the "Diagnoses" tab documented diagnoses of hematuria (blood in the urine), and obstructive and reflux uropathy (is a structural or functional hindrance or normal urine flow). The "Significant Change Minimum Data Set" (MDS) dated 04/01/20 documented a staff interview which indicated R7 was moderately cognitively impaired. The MDS documented R7 was totally dependent on two staff members for assistance with Activities of Daily Living (ADL's). The "Quarterly MDS" dated 12/30/20 documented a staff interview for R7 which indicated moderate cognitive impairment. The MDS documented R7 was totally dependent on two staff members for assistance with ADLs. The MDS documented R7 had an indwelling catheter. R7's "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA) dated 04/07/20 documented R7 was incontinent of bowel and bladder and required total toileting care. R7's "Care Plan" dated 12/07/20 directed staff to position catheter bag and tubing below the level of the bladder. R7's EMR documented orders for: Catheter: Foley catheter size: 14 French (Fr), balloon size: 30 cubic centimeter (cc) for urine retention dated 12/04/20. Change catheter drainage bag and tubing as needed dated 12/17/20.	F 690			

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F 690	Continued From page 7 Change catheter drainage bag and tubing every night shift every 14 days dated 12/17/20. Change Foley catheter every night shift every 30 days dated 12/04/20. Foley catheter care every shift dated 12/21/20. May change Foley catheter as needed if not draining properly dated 12/04/20. May flush Foley catheter with 60 cc of sterile water if not draining properly. May use 60 cc normal saline 0.9% if sterile water is not available, as needed dated 12/21/20. R7's EMR under "Results" tab documented a urine analysis (UA) with a culture and sensitivity (C&S) dated 12/07/20 and isolate organism of Escherichia coli (E.Coli-bacteria commonly found in the lower intestine that had a potential for causing infections in the urinary tract with inadequate incontinence care). On 12/24/20 UA with C&S documented no growth. On 01/25/21 UA with C&S documented isolate organism of E Coli. On 03/11/21 UA with C&S documented isolate organism of E Coli. Observation on 03/23/21 at 09:36 AM during morning catheter care revealed R7 lacked a leg strap to secure the catheter tubing. An observation on 03/23/21 at 09:36 AM revealed Certified Nurse Aide (CNA) N gathered supplies for foley catheter care for R7. She did not perform hand hygiene before she donned gloves. After she completed catheter care, she doffed gloves. No hand hygiene performed before she donned new gloves. She assisted R7 with changing an incontinence brief then doffed gloves. No hand hygiene performed before she donned new gloves. CNA N did not secure R7's catheter tubing, but dressed R7 and assisted him into the	F 690			

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F 690	Continued From page 8 chair. On 03/24/21 at 01:27 PM during an interview with CNA N, she stated that R7 should always have a leg strap to secure the tubing to prevent pulling on the catheter. On 03/24/21 at 01:48 PM during an interview with Licensed Nurse (LN) G, she stated that R7 should be wearing a leg strap to prevent injury from pulling on the tubing. On 03/24/21 at 02:33 PM during an interview, Administrative Nurse D stated R7 should have a leg strap to secure the catheter tubing and it should be changed weekly. The "Catheter Care, Urinary" facility policy with revision date September,2014 documented to ensure that the catheter remains secured with leg strap to reduce friction and movement at the insertion site. Catheter tubing should be strapped to the resident's inner thigh. The facility failed to ensure facility staff secured R7's catheter tubing to prevent catheter related complications.	F 690			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F 692			

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F 692	Continued From page 9 §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: The facility identified a census of 40 residents. The sample included 14 residents. Based on observations, interviews, and record reviews the facility failed to provide consistent documentation for the percentages (%) of meals eaten for two of four Residents (R) 28 and R12 sampled for weight loss. Findings included: - The "Medical Diagnoses" tab of R28's electronic medical record (EMR) documented diagnoses of unsteadiness on feet, congestive heart failure (a condition with low heart output and the body becomes congested with fluid), dementia (progressive mental disorder characterized by failing memory, confusion), and pressure ulcer of right heel. The "Significant Change Minimum Data Set" (MDS) dated 11/27/20 documented R28 required limited staff assistance with eating. He had no complaints of difficulty when he swallowed, loss of liquids/solids from his mouth when he	F 692			

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F 692	Continued From page 10 swallowed, and no coughing or choking when he ate. He weighed 152 pounds (lbs.). He had no weight loss/gain of 5% or more in the last month or 10% in the last six months. The "Quarterly MDS" dated 03/01/21 documented R28 required extensive staff assistance with eating. He had no complaints of difficulty when he swallowed, loss of liquids/solids from his mouth when he swallowed, and no coughing or choking when he ate. He weighed 146 pounds. He had a weight loss of more than 5% in the last month or 10% in the last six months and was not on a physician prescribed weight loss program. The "Nutritional Status Care Area Assessment" dated 11/26/20 documented R28 was on a mechanically altered diet and required staff assistance with meals. He was able to drink on his own when staff placed a drink in his hand. He had poor cognition due to his advanced dementia. The "Comprehensive Care Plan" revised 02/28/21 documented R28 required limited staff assistance and cuing since he would forget to eat. He was at nutritional risk due to dysphagia (trouble swallowing), weight loss, and mechanically altered diet. The "Physician's Order" tab of R28's EMR documented orders for: Regular, mechanical soft diet dated 05/7/19 and discontinued 02/21/21 and a regular mechanical soft diet with nectar thick liquids dated 02/24/21 and discontinued on 02/28/21, a regular pureed diet with nectar thick liquids dated 03/02/21 and discontinued 03/08/21, and a regular mechanical	F 692			

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F 692	Continued From page 11 soft diet with nectar thick liquids and pureed meat dated 03/08/21. Weekly weights dated 02/28/21 Speech therapy to evaluate and treat five times a week for four weeks to determine a less restrictive diet and education/training on safe swallowing techniques. Review of the "Weights/Vitals" tab of R28's EMR revealed weights of: 158.8 lbs. on 10/4/20 148.4 lbs. on 11/5/20 144.4 lbs. on 01/03/21 141.2 lbs. on 03/21/21 This represented a weight loss of 6.55% in one month, 9.07% in three months, and an 11.08% loss in five months. Review of the "Nutrition/Amount Eaten" tab reviewed from 10/1/20 through 03/23/21 lacked documentation for the percentages of meals eaten for: 29 of 93 meals in October, 12 of 90 meals in November, nine of 93 meals in December, 10 of 93 meals in January, seven of 71 meals in February, and 12 of 69 meals in March. On 03/23/21 at 12:55 PM facility staff assisted R28 with his lunch. No trouble chewing, coughing, or choking was noted during the meal. He had eaten most of his entrée. The staff member had fed him most of the meal. On 03/23/21 at 08:40 AM R28 drank a milk shake without difficulty. A staff member assisted to feed him the main meal.	F 692			

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F 692	Continued From page 12 On 03/24/21 at 12:25 PM a staff member provided cuing and assist for R28's lunch intake. R28 was able to put food on his utensil after the staff told him how to do it. He then asked the staff member what he should do with the food. The staff member was patient and instructive. R28 at all his entrée, a few bites of vegetables, and drank two glasses of fluid. On 03/24/21 at 01:27 PM Certified Nurse Aide (CNA) N stated R28 required extensive staff assistance for meals at times and was able to feed himself at other times. His intake had been better since the staff were offering increased assistance. The CNAs documented meal intake percentages unless the nurse removed the meal trays and then the nurse documented the intake. On 03/24/21 at 01:48 PM Licensed Nurse H stated the meal percentages were documented by the CNAs. On 03/24/21 at 02:33 PM Administrative Nurse D stated the residents' nutritional status was discussed by the management team and dietician weekly. The meal percentages were recorded by the CNAs but, the management team does not review the intake percentages when they discussed the nutritional status of the residents. The facility's "Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol" policy dated September 2017 documented the nursing staff monitored and documented the weight and dietary intake of residents in a format which permitted comparisons over time. The facility failed to provide consistent	F 692			

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F 692	Continued From page 13 documentation for the percentages of meals eaten for R28 when he had a substantial weight loss. This had the potential for inaccurate measurements of his consumption which could determine the interventions that should be enacted to sustain a healthy nutritional status. - R12's electronic medical record (EMR) documented diagnoses of Parkinson's Disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness)), dementia (progressive mental disorder characterized by failing memory, confusion), and dysphagia (trouble swallowing). The "Admission Minimum Data Set" (MDS) dated 10/09/20 documented a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. He required extensive staff assistance with eating. He had no complaints of difficulty when he swallowed, loss of liquids/solids from his mouth when he swallowed, and no coughing or choking when he ate. He weighed 175 pounds (lbs.) He had no weight loss of more than 5% in the last month or 10% in the last six months. The "Quarterly MDS" dated 01/06/21 documented a BIMS score of five which indicated severely impaired cognition. He required extensive staff assistance with his eating. He had trouble with coughing or choking during meals or when swallowing medications. He weighed 174 lbs. He had no weight loss/gain of 5% or more in the last month or 10% in the last six months. The "Dehydration Care Area Assessment" (CAA) dated 10/12/20 documented the staff provided	F 692			

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F 692	Continued From page 14 fluids and encouraged him to drink. The "Nutritional Status CAA" had not triggered. The "Comprehensive Care Plan" revised 01/10/21 documented R12 was at increased risk for weight loss related to a Covid-19 (an infectious disease caused by a severe acute respiratory syndrome which caused an ongoing world-wide pandemic) diagnosis. He was offered additional food and beverages as tolerated and desired. The Registered Dietician evaluated his status as needed. R12 required extensive assistance with his food and fluid consumption. The "Physician's Order" tab documented orders for: Ensure (liquid nutritional supplement) daily dated 10/10/20 Ensure Clear with meals as needed dated 01/04/21 Regular mechanical soft diet with nectar thick liquids dated 10/11/20 Review of the "Weights/Vitals" tab of R12's EMR revealed weights of: 176.6 pounds (lbs.) on 10/02/20 168.4 lbs. on 11/05/20 168.0 lbs. on 01/08/21 163.4 lbs. on 02/22/21 158.2 lbs. on 03/21/21 These represented a weight loss of 4.87 percent (%) in three months and 10.42% in five months. Review of the "Nutrition/Amount Eaten" tab reviewed from October 2, 2020 through 23 of 93 meals in October, nine of 90 meals in November, 12 of 93 meals in December, seven of 93 meals in January, 17 of 84 meals in February, and 19 of	F 692			

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F 692	Continued From page 15 69 meals in March. On 03/24/21 at 09:30 AM a facility staff member assisted R12 with his breakfast. He displayed no cough, choking, or trouble chewing. He ate about 90% of his meal. On 03/24/21 at 12:05 PM a facility staff member fed R12 lunch. He had no trouble with chewing or swallowing. He ate all but a few bites of his meal. On 03/24/21 at 01:27 PM Certified Nurse Aide (CNA) N stated the CNAs documented meal intake percentages unless the nurse removed the meal trays and then the nurse documented the intake. R12 could eat finger foods by himself but, for other items the staff had to feed him. On 03/24/21 at 01:48 PM Licensed Nurse H stated the meal percentages were documented by the CNAs. R12 would not eat if he were anxious and some of his weight loss might be due to anxiety about his wife's health issues. On 03/24/21 at 02:33 PM Administrative Nurse D stated the residents' nutritional status was discussed by the management team and dietician weekly. The meal percentages are recorded by the CNAs but, the management team does not review the percentages when they discussed the nutritional status of the residents. The facility's "Nutrition (Impaired)/Unplanned Weight Loss-Clinical Protocol" policy dated September 2017 documented the nursing staff monitored and documented the weight and dietary intake of residents in a format which permitted comparisons over time.	F 692			

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F 692	Continued From page 16 The facility failed to provide consistent documentation for the percentages of meals eaten for R12 when he had a substantial weight loss. This had the potential for inaccurate measurements of his consumption which could determine the interventions that should be enacted to sustain a healthy nutritional status	F 692			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data	F 732			

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F 732	Continued From page 17 available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: The facility identified a census of 40 residents. Based on observations, record reviews, and interviews, the facility failed to post and provide daily nursing staff numbers and hours and failed to maintain the posted daily nurse staffing data for the required 18 months. Findings included: - An observation on 03/22/21 at 07:20 AM revealed no posted staffing observed on healthcare unit. An observation on 03/23/21 at 08:00 AM revealed no posted staffing observed on healthcare unit. Posted staffing for December 2020 to March 2021 was requested for review on 03/23/21 at 05:00 PM, facility failed to provide posted staffing for the requested time frame. In an interview on 03/24/21 at 07:06 AM, Administrative Nurse D stated the facility had not completed the daily posted staffing because the night nurse had been on the COVID (an acute respiratory illness in humans caused by a coronavirus, capable of producing severe symptoms) unit for a while and was unable to come out to complete it. She stated the facility	F 732			

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F 732	Continued From page 18 had begun completing daily posted staffing again and she would be providing in-service to the night nurse. In an interview on 03/24/21 at 01:21 PM, Administrative Nurse D stated the facility stopped completing daily posted staffing around the end of December. In an interview on 03/24/21 at 02:45 PM, Administrative Nurse D stated she expected daily posted staffing to be completed every night shift. In an interview on 03/24/21 at 02:48 PM, Administrative Staff A stated she expected posted staffing to be completed every day. The facility's "Posted Staffing Information Policy," not dated, directed the facility posted nurse staffing data for licensed and unlicensed staff directly responsible for resident care in the facility and included facility census. The facility failed to post and maintain daily nurse staffing which had the risk for miscommunication regarding resident care and staffing.	F 732			
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	F 880			

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F 880	Continued From page 19 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 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	F 880			

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F 880	Continued From page 20 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 by: The facility identified a census of 40. The sample included 14 residents. Based on observations, record reviews, and interviews, the facility failed to perform adequate hand hygiene before and after administering medications, failed to perform hand hygiene before and after donning (put on) and doffing (remove) gloves during foley catheter (tube inserted into the bladder to drain urine into a collection bag) care for Resident (R) 7, failed to perform adequate hand hygiene before and after delivering meal trays, failed to perform hand hygiene before and after donning and doffing gloves during wound care for R140, failed to ensure proper mask usage near resident meal trays, and failed to transport soiled linens in a sanitary manner. Findings included: - An observation on 03/22/21 at 07:58 AM revealed Certified Medication Aide (CMA) R	F 880			

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F 880	Continued From page 21 prepared medications for a resident, did not perform hand hygiene before or after he prepared medications or before or after he administered medications to resident. An observation on 03/23/21 at 09:36 AM revealed Certified Nurse Aide (CNA) N gathered supplies for foley catheter care for R7. She did not perform hand hygiene before she donned gloves. After she completed catheter care, she doffed gloves. No hand hygiene performed before she donned new gloves. She assisted R7 with changing an incontinence brief then doffed gloves. No hand hygiene performed before she donned new gloves. CNA N assisted R7 with getting dressed. After she helped R7 put on his pants and shirt, she transferred him with the hoyer lift (total body mechanical lift used to transfer residents) and washed R7's face with a washcloth. She then doffed her gloves, and no hand hygiene was observed after doffing gloves. An observation on 03/23/21 at 10:00 AM revealed CNA M entered room 27 and asked the resident if she was done eating, resident stated yes. CNA M stated she would be back to grab her breakfast tray. CNA M did not perform hand hygiene upon entering or when exiting room. An observation on 03/23/21 at 10:07 AM revealed CNA M entered room 27 to retrieve breakfast tray, she did not perform hand hygiene upon entering or when exiting room. An observation on 03/23/21 at 10:09 AM revealed CNA M entered room 31 to retrieve breakfast tray, she did not perform hand hygiene upon entering or when exiting room.	F 880			

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F 880	Continued From page 22 An observation on 03/24/21 at 08:15 AM revealed Licensed Nurse (LN) I washed hands then gathered dressing change supplies from treatment cart for R140 before she donned gloves. She removed R140's incontinence brief and rolled R140 to his left side, she removed the soiled dressings in place on R140's coccyx (small triangular bone at the base of the spine) area. LN I cleansed the wounds and doffed gloves. She did not perform hand hygiene before she donned new gloves. She measured the wounds then applied new dressing to wounds. She doffed gloves but did not perform hand hygiene before she donned new gloves. She applied skin prep (a solution when applied that forms a protective waterproof barrier on the skin) to both heels and doffed gloves. She did not perform hand hygiene before she donned new gloves. She removed dressing from lower left leg wound and cleansed the wound. She applied a new dressing to left leg wound, did not change gloves or perform hand hygiene during left leg wound dressing change procedure. She doffed gloves; no hand hygiene observed after doffing gloves. An observation on 03/24/21 at 09:10 AM revealed CNA M exited room 26 after getting resident's breakfast order, no hand hygiene when exiting room. An observation on 03/24/21 at 09:12 AM revealed CNA M delivered breakfast tray to room 26 and assisted resident with tray set up, no hand hygiene upon entering or when exiting room. An observation on 03/24/21 at 12:31 PM revealed CNA M pulled her surgical mask down to take a drink while leaning over the meal tray cart. She replaced her mask after drinking and proceeded	F 880			

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F 880	Continued From page 23 to push the cart down the hallway for tray delivery. She did not perform hand hygiene after touching mask. In an observation on 03/24/21 at 12:37 PM, LN H delivered lunch tray to room 24 and assisted with tray set up, did not perform hand hygiene before she retrieved tray from cart or after she delivered tray to resident. In an observation on 03/24/21 at 12:39 PM, CNA M delivered lunch tray to room 23 and assisted with set up of tray, no hand hygiene upon entering room or when exiting room. In an observation on 03/24/21 at 12:52 AM, CNA M exited room 31 with soiled linen in bag, no hand hygiene observed. She swung bag around as she walked down the hall. She proceeded to enter room 25 with soiled linen bag in hand and talked to resident, no hand hygiene observed upon entering room or when exiting room. As she walked to soiled utility room to deposit soiled linen bag, she swung bag around in hallway. No hand hygiene performed afterward. In an observation on 03/24/21 at 12:57 PM, CNA M delivered lunch tray to room 27, she left room with room tray shortly afterward as resident did not want to eat what was on the tray. No hand hygiene performed upon entering room or when exiting room. In an interview on 03/24/21 at 01:05 PM, CNA M stated she performed hand hygiene after every resident encounter and hand hygiene should be done after anything was completed with a resident. She stated she placed soiled linens in a bag and took it straight to the soiled utility room.	F 880			

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F 880	Continued From page 24 She stated she did not go into other resident rooms with the soiled linen bag and she performed hand hygiene after she placed it in the soiled utility room. In an interview on 03/24/21 at 01:23 PM, LN H stated she performed hand hygiene after every resident contact and before and after she passed a meal tray. She stated hand hygiene was performed after walking out of each resident room. She stated soiled linen was placed in a bag and brought to the soiled utility room, she stated the soiled linen bag was not brought into other resident rooms. In an interview on 03/24/21 at 01:27 PM, CNA N stated if hands were visibly soiled or after peri-care then she washed hands with soap and water. She stated she performed hand hygiene when she entered a resident's room. In an interview on 03/24/21 at 01:43 PM, LN G stated she sanitized her hands when she doffed gloves and before she donned new gloves. She stated she sanitized her hands before and after any procedures. In an interview on 03/24/21 at 01:48 PM, LN H stated she sanitized her hands when she delivered a meal tray and washed her hands with soap and water if she performed peri-care. In an interview on 03/24/21 at 02:33 PM, Administrative Nurse D stated she expected hand hygiene before and after hands-on resident care, but she did not expect hand hygiene after each meal tray was delivered. She stated she did not perform hand hygiene when she served trays. She expected soiled linens to be placed in a bag	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/24/2021
NAME OF PROVIDER OR SUPPLIER CLARIDGE COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 8101 MISSION ROAD PRAIRIE VILLAGE, KS 66208		
(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 880	Continued From page 25 and taken down to soiled utility room, she stated soiled linen bags should not be taken into other resident rooms. She stated she expected hand hygiene to be performed after doffing gloves. The facility's "Infection Prevention and Control Manual," dated 2019, directed that hand hygiene was the primary means of preventing the transmission of infection and the purpose of hand hygiene was to cleanse hands to provide a clean and healthy environment to residents, team members, and visitors, and to reduce the risk to the healthcare provider of infections acquired from a resident. The facility's "Catheter Care, Urinary" policy, last revised September 2014, directed facility maintained clean technique when handling catheter and directed that hands were washed and dried thoroughly before putting on gloves before the catheter cleaning procedure. The policy directed staff removed gloves after procedure and washed hands thoroughly. The facility's "Wound Care Policy," effective 01/01/2017, directed wound care guidelines were utilized to provide guidance and recommendations regarding wound care and pressure injuries. The policy lacked direction on proper hand hygiene and donning/doffing gloves during wound care. The facility failed to ensure adequate infection control practices and hand hygiene during medication administration, before/after donning/doffing gloves during foley catheter care, before/after meal tray delivery, and before/after donning/doffing gloves during wound care. The facility also failed to ensure proper mask usage	F 880			

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

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F 880	Continued From page 26 near resident meal trays and transportation of soiled linens in a sanitary manner. These deficient practices had the risk to spread infection and illness to all residents and staff.	F 880			