

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

PRINTED: 11/23/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2020
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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 The following citation represents the findings of a Targeted Infection Control Survey/COVID-19 Focused Survey in conjunction with a complaint survey #KS00157280, #KS00157122, and #KS00157758 conducted by the Kansas Department on Aging and Disability Services (KDADS) on behalf of the Centers for Medicare & Medicaid Services (CMS) on 11/16/2020.	F 000			
F 880 SS=E	The 2567 was sent to the facility on 11/23/20. 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

11/23/2020

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 109 residents, with 38 residents and 14 employees diagnosed with Covid-19 (an infectious disease caused by a severe acute respiratory syndrome which caused an ongoing world-wide pandemic) since 10/20/20. Based on observations, interviews, and record reviews the facility failed to maintain standard transmission based precautions (precautions which include but are not limited to the use of gloves, gowns, masks, eye protection, or face shields) for the prevention of Covid-19 transmission; when staff did not ensure the proper use of "Personal Protective Equipment" (PPE- gloves, gowns, masks, eye protection, or face shield) when they attended to the needs of residents in rooms posted with "Yellow Zone" signs (areas denoted to have known exposures to positive Covid-19 cases). Findings included: - An observation on 11/16/20 at 09:25 AM revealed a male staff member entered a room on the 300 hall and did not don a gown or gloves. The room had a "Yellow Zone" sign which indicated a gown, gloves, eye protection, and N95 mask (a filtering facepiece which filters at least 85% of airborne particles) if no N95 mask was available surgical mask and face shield were to be worn in the room. An observation on 11/16/20 at 09:47 AM revealed Social Service Staff (SS) X entered a room on the 300 hall and did not don a gown or gloves. The room had a posted "Yellow Zone" sign.	F 880			

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F 880	Continued From page 3 On 11/16/20 at 10:57 AM Certified Nurse Aide (CNA) M entered a room on the 100 hall, and talked to a resident, while in the room. CNA M did not don a gown or gloves. The room had a posted "Yellow Zone" sign. On 11/16/20 at 12:06 PM CNA M delivered a lunch tray to a resident in a room on the 100 hall and set it on the bedside table. CNA M exited and sanitized her hands and proceeded to deliver a lunch tray to the resident in another room on the 100 hall, exited the room, sanitized her hands, delivered a lunch tray to a resident in a third room on the 100 hall, exited, and sanitized her hands. All four rooms the CNA entered had posted "Yellow Zone" signs. CNA M did not don gowns or gloves with the deliveries. On 11/16/20 at 01:35 PM a male staff member discussed menu items with the resident in a room on the 100 hall. The staff member exited the room, sanitized his hands, and proceeded to the medication cart where he dispensed medications into a plastic cup. He delivered the medications to a resident in another room on the 100 hall.. The staff member did not wear a gown or gloves in either room. Both rooms had posted "Yellow Zone" signs. On 11/16/20 at 09:51 AM SS X stated the facility staff received ongoing education regarding Covid-19 and the use of PPE. she reported gown and glove use was not necessary when staff did not have personal contact with the residents, when in the "Yellow Zoned" rooms. On 11/16/20 at 01:10 PM Licensed Nurse (LN) G stated gowns are worn in rooms with posted	F 880			

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F 880	Continued From page 4 "Yellow Zone" signs. On 11/16/20 at 01:53 PM CNA N stated facility staff carried cards which detailed the types of PPE required in each "Color Zone". The card CNA N carried documented the following information "Covid-19 Codes"- "Yellow Zones" denoted residents with known exposure to Covid-19 positive cases. Gowns, gloves, N95 masks, eye protection, gloves were worn when providing resident cares and if non-contact cares were provided only a N95 mask and eye protection were needed. On 11/16/20 at 02:05 PM CNA M stated staff were to don gowns, gloves, face shields, and N95 masks when they entered a room with a posted "Yellow Zone" sign. On 11/16/20 at 14 PM Housekeeping Staff U stated she was not sure if she was supposed to wear a gown into the rooms with posted "Yellow Zone" signs. On 11/16/20 at 02:20 PM Administrative Nurse (AN) D stated when there was a concern a resident had been exposed to Covid-19 they are placed in a "Yellow Zone" room. Administrative Nurse D stated gowns are needed only when direct contact cares were provided. The staff do not have to don gowns if they administered medications or delivered meal trays. The Centers for Medicare and Medicaid Services (CMS) "Memorandum Summary" dated 08/26/20 guidelines include the following requirements for PPE use include: gloves, isolation gowns, eye protection, and an N95 or higher level respirator are worn in areas of Covid-19 positive or	F 880			

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F 880	Continued From page 5 suspected Covid-19 cases. When Covid-19 was identified in the facility, staff wore all recommended PPE (gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms. The Centers for Disease Control and Prevention (CDC) published the following guidance "Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown." The facility's "Infectious Disease Threat Communications Plan" policy dated March 2020 documented various communication methods were utilized to disseminate information regarding the status of infectious disease threats in the facility. The facility's "Infectious Disease Threat, Infection Control Measures During" dated March 2020 documented infection prevention and control measures might be implemented to prevent or contain an infectious disease threat in the facility which included strict adherence to appropriate transmission-based precautions. The policy lacked documentation on the type of PPE requirements for "Yellow Zone" areas. The facility failed to maintain standard transmission based precautions when staff did not ensure the proper use of PPE when they attended to the needs of residents in rooms	F 880			

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F 880	Continued From page 6 posted with "Yellow Zone" signs according to CMS and CDC guidelines. This had the potential for increased spread of Covid-19 infections to residents.	F 880			