STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175500	A. BUILDING _____ B. WING _____	11/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOUSE	505 W ELM, PO BOX 248 BUCKLIN, KS 67834

(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 represent the findings of a focused infection control survey completed onsite on 11/09/20.	F 000		
F 880 SS=D	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 possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of	F 880		

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 880	Continued From page 1	F 880		

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 by:
The facility census totaled 21 residents, with four residents identified as having the COVID-19 virus. Based on observation, interview, and record review, the facility failed to ensure Resident (R)1, R2, and R3's rooms were labeled

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F 880	Continued From page 2	F 880		

adequately to identify which residents were on transmission-based precautions (infection control practices and procedures to prevent cross-contamination) for COVID-19.

Findings included:

- Observation on 11/09/20 at 11:00 AM revealed R1 was in her room. On the exterior of the door hung one yellow personal protective gown, and a box of gloves sat on the handrail located next to the door. The door, and area surrounding R1's room, lacked any identification of what type of personal protective equipment (PPE) staff needed in order to enter R1's room.

Observation on 11/09/20 at 11:13 AM revealed R3 and R4 in their respective rooms. Both rooms lacked any signage/guidance to staff regarding what PPE was required to enter the residents' rooms. There was no PPE located readily available outside of either room.

Interview with Certified Nursing Aide (CNA) B on 11/09/20 at 10:03 AM revealed she believed residents with "stop signs" on the doors were the residents requiring precautions, also any with yellow gowns hanging on the door. CNA B could verbally report that R1, R2, R3, and R4 did require the use of a gown, in addition to the face shield and face mask she already had in place, to enter their rooms.

An interview with CNA C on 11/09/20 at 11:03 AM revealed residents on transmission-based precautions had a "stop sign" on their door, and she would also find which residents required the precautions during the verbal report.

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F 880	Continued From page 3 Interview with Licensed Nursing (LN) D on 11/09/20 at 10:16 AM revealed she wrote a list for each department as to which residents were on transmission-based precautions daily. Interview with Administrative Nursing staff A on 11/09/20 at 10:15 AM revealed when the resident's tested positive over the weekend, she had forgotten about placing the precaution signage up to notify all staff. Review of an un-dated facility policy entitled "Novel Coronavirus (2019-nCoV)(COVID-19) " revealed the facility would implement transmission-based precautions, including signage, when a resident tested positive for COVID-19 or had an undiagnosed respiratory infection. Trash bins would be positioned near the exit doors inside the resident's rooms to allow for the disposal of used PPE. Resident doors would remain closed at all times, and the facility would designate a specific area for infected residents or a specific hallway. The facility failed to ensure that all staff knew R1, R3, and R4 were on transmission-based protocol (which required PPE before entering their room), by failing to post adequate signage outside of the resident's rooms.	F 880		