STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175445	A. BUILDING _____ B. WING _____	09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIONEER RIDGE RETIREMENT COMMUNITY	4851 HARVARD ROAD LAWRENCE, KS 66049

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F 000	INITIAL COMMENTS The following citations represent the findings of a Targeted Infection Control Survey/COVID-19 Focused Survey conducted by the Kansas Department on Aging and Disability Services (KDADS) on behalf of the Centers for Medicare & Medicaid Services (CMS) on 09/10/2020. The 2567 was sent to the facilty on 09/18/20.	F 000		
F 880 SS=F	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:	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 (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. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880		

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The facility identified a census of 33 residents. The sample included three residents. Based on observations, record reviews, and interviews the facility failed to ensure the use of standard infection control precautions (infection prevention practices which include but are not limited to hand hygiene and use of gloves) while performing their daily tasks. This placed residents at risk for communicable diseases, including COVID-19 (a potentially life threatening respiratory virus).

Findings included:

- On 09/10/20 at 07:57 AM Consultant GG carried several disposable food containers as well as disposable drink containers into room 106. He removed the lid off the drink and set up the breakfast tray on the over bed table. The staff member exited the room with the remaining stack of disposable food containers and continued to room 113 without performing hand hygiene. Consultant GG then exited that room, with gloves on, and entered another room without changing gloves or sanitizing hands.

On 09/10/20 at 08:23 AM Certified Nurse Assistant (CNA) M came out of the COVID-19 testing room, blew her nose, went to the COVID-19 resident unit, opened the door, talked to someone, closed the door, walked down another hall to get a mechanical lift, pushed the mechanical lift back to the COVID-19 hall, opened the door and pushed the lift through the door. Another staff member whispered something to CNA M. CNA M then sanitized her hands.

On 09/10/20 at 09:18 AM Consultant II touched the exit door key- pad and pushed the door handle to exit the building, with gloves on.

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Consultant II retrieved a trash bag from the outside bin, brought it back in the building, walked down the hall, touched another key- pad near the Rapid Recovery unit, and went outside with gloves on. At 09:24 AM Consultant II came back into facility touched the key-pad at the front entrance again, looked in a trash can in the front entrance lobby, came back through the door, went into the Family Lounge room touched the table, plastic supply containers, and the door, picked up two metal chairs, and walked to storage room next to the Rapid Recovery room and dropped the chairs off. Consultant II did not change gloves nor sanitize hands.

On 09/10/20 at 08:40 AM CNA M stated the staff had received in-services on hand hygiene and donning/doffing of personal protective equipment (PPE). The staff demonstrated hand hygiene and donning/doffing to the administrative staff, to ensure compliance. CNA M stated hand sanitization should be done if one blows their nose.

On 09/10/20 at 09:11 AM Consultant GG stated he received hand hygiene training in the facility and hand sanitizer should be used between meal deliveries and resident rooms.

On 09/10/20 at 09:12 AM Consultant HH stated the Director of Nursing conducted infection control training, which included donning/doffing of PPE demonstrations, on a monthly basis. All facility staff assisted with meal service.

On 09/10/20 at 09:57 AM Administrative Staff E stated he is the acting Infection Preventionist. The Administrative Staff had continuing education on donning/doffing PPE and hand hygiene and

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did spot checks, of staff, to ensure compliancy. The Therapy Staff was included in the education.

On 09/10/20 at 10:43 AM Consultant II stated PPE and hand hygiene in-services had been attended. The in-services were done in small groups and proper handling was demonstrated. Hands should be sanitized if staff traveled from one hall to another or in and out of resident rooms. Gloves were changed when soiled or before exiting the COVID-19 unit.

On 09/10/20 at 10:56 AM Administrative Staff A stated in-services for hand hygiene and PPE wear had been done. To ensure compliancy the management team spot checks the staff and education was done if non- compliance was noted.

The facility's "Hand Hygiene" policy dated 11/28/17 documented hands are cleansed before and after contact with a resident. After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment.

The facility failed to ensure proper hand washing/sanitizing techniques on three observations. This deficient practice placed the residents at risk for the spread of infections, including COVID-19.

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