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	175525	A. BUILDING _____ B. WING _____	C 09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

(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 A Targeted Infection Control Survey-COVID-19 Focused Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 09/02/2020. The facility was found to not be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The following citations represent the findings of complaint investigation #155329. The 2567 was electronically sent to the facility on 09/10/2020.	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	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/10/2020

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 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 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.	F 880		

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§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 had a census of 60 residents. Based on observation, record review, and interview, the facility failed to ensure all staff and visitors were screened and wore face masks to control and prevent potential spread of COVID-19 (a mild to severe respiratory illness caused by a new strain of coronavirus, characterized by fever, cough, and shortness of breath) as directed by The Centers for Medicare and Medicaid Services (CMS) and The Centers for Disease Control and Preventions (CDC). This deficient practice had the potential to affect all 60 residents who resided in the facility.

Findings included:

- The CMS "Nursing Home Reopening Recommendations for State and Local Officials," dated 05/18/20, documented facilities should follow a three-phase system of reopening. Phase 1 was most restrictive with visitation generally prohibited, except for compassionate care situations. In these limited situations, visitors are screened and additional precautions were taken, including social distancing, hand hygiene (use alcohol-based hand rub upon entry), and required 100% screening of all persons entering the facility and all staff at the beginning of each shift. The screening included temperature checks, ensuring all outside persons who entered the building wore cloth face coverings or facemasks, completed questionnaire about symptoms and potential exposure, and observation of any signs or

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symptoms. Phase 2 was less restrictive than Phase 1 but followed the same visitation and screening restrictions. Phase 3 visitation was allowed with 100% screening of all persons entering the facility and all visitors must wear a cloth face covering or face mask for the duration of their visit. Limited communal dining (for COVID-19 negative or asymptomatic resident only) could eat in the same room with social distancing (limited number of people at table and spaced by at least six feet apart). Group activities were allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents were maintained and use of a cloth face covering or facemask. The facility should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase. The document listed only three phases.

The facility's revised "Novel Coronavirus-Phased Reopening Plan," dated July 2020, documented for Phase One and Phase Two, screening may be required of all persons entering the facility, entry may be restricted to non-essential healthcare personnel, and visitation may be prohibited and/or restricted except for compassionate care situations. Phase Three required screening of all persons entering the facility, entry was no longer restricted to non-essential health care personnel, all personnel and volunteers were allowed entry, and visitation restrictions were gradually reduced for the general public to include: visitation was restricted to adult, immediate family only, submit to screening process, adhere to social distancing and hand hygiene, and use of cloth masks by visitors. The document also included a Reopening Phase which included a period of

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14-days have lapsed in each phase with no confirmed, pending, or suspected cases of COVID-19 in a resident , staff member, vendor, visitor or volunteer; or there was no evidence of exponential growth of COVID-19 within the local community.

The "Local County Health Department COVID-19 Update," dated 09/01/20 at 6:00 PM, documented the total positive county test results were 97, total recovered 90, total pending test results 13, total test preformed 276, total active case was seven, and the total number of deaths was one.

The "Local County Health Department COVID-19 Update" dated 09/02/20 at 6:00 PM documented the total positive test results were 97, total recovered 91, total pending test results were 21, total test preformed was 284, total active cases six, and the total number of deaths was one.

The facility's "COVID-19 Daily Screening Log" for employees, vendors, and visitor information documented a questionnaire that included symptom screening, hand washing, and if the individual had worked, traveled, or lived with a recognized COVIV-19 case or exposure in the past 14 days.

Review of the "August 2020 COVID-19 Daily Screening Log" lacked documentation 21 staff on 47 shifts answered the question "if the individual had worked, traveled, or lived with a recognized COVID-19 case or exposed in the past 14 days."

On 09/01/20 at 11:30 AM, observation revealed an unidentified visitor rang the facility's front doorbell and Administrative Staff C allowed the visitor into the building without screening the

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visitor.

On 09/01/20 at 11:33 AM, observation revealed an unidentified family member rang the facility's front doorbell and Administrative Staff C allowed the family member, wearing a face mask, into the building without screening the family member. Continued observation revealed the family member went to Resident (R) 1's room, at 11:45 AM the family member sat on the resident's bed with her cloth face mask around her neck and the resident sat in the recliner not wearing a face mask.

On 09/01/20 at 11:39 PM, observation of the east common area revealed three unidentified residents sat in wheelchairs with no face mask on and their wheelchairs approximately six inches apart. After Licensed Nurse (LN) O observed the surveyor, she moved the middle resident out from between the other two residents.

On 09/01/20 at 11:53 AM, observation revealed four residents, not wearing masks and not social distancing, walked around in the east hall lobby.

On 09/01/20 at 11:54 AM, observation in the main dining room revealed three female residents sat at a square table on three of the four sides not six feet apart.

On 09/01/20 at 12:26 PM, observation revealed Certified Nurse Aide (CNA) M, with her mask under her nose, sat on a stool and assisted an unidentified resident to eat. At 12:28 PM, observation revealed LN G walked past CNA M but did not correct her on the position of her mask. At 12:32 PM, after asked about the placement of CNA M's face mask, LN G

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instructed CNA M to adjust her mask to fit properly on her face.

On 09/01/20 at 12:37 PM, observation during the noon meal revealed Dietary Staff (DS) BB wore her face mask below her nose while standing next to R2. LN G told DS BB to adjust her face mask to fit appropriately.

On 09/01/20 at 12:48 PM, observation in the Park Haven dining hall revealed three female residents sat at the same square table after their noon meal without face masks and not seated six feet apart. Continued observation revealed six residents and Activity Staff (AS) Z sat in chairs in a circle batting a balloon with pool noodles, they were not wearing face masks, and not six feet apart.

On 09/01/20 at 12:53 PM, observation revealed CNA N pushed a full lift (mechanical lift used to transfer a person with minimum physical effort) into R3's room and closed the door. At 01:00 PM, observation revealed CNA N removed the full lift from R3's room and placed it in the hall near R5's room. CNA N then walked into R4's room touched the doorknob and edge of bed, walked out of R4's room, then went over to R5's wheelchair and touched R5's arm and the armrest on the wheelchair while taking R5 to her room. Observation revealed CNA N then took the full lift into R5's room, CNA N did not wash her hands or apply alcohol hand sanitizer, nor was the full body lift cleaned between R3 and R5 use.

On 09/01/20 at 01:31 PM, observation revealed R6 and R7 sat in wheelchairs four feet apart in the east hall common area.

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On 09/01/20 at 03:48 PM, observation revealed CNA P walked down the "main street" without a face mask.

On 09/01/20 at 11:05 AM, Administrative Staff A stated the facility was open to visitors, staff were not screening visitors, but visitors must wear a face mask. Administrative Staff A stated she worked with the local County Health Department and the facility's Medical Director on the facility's reopening.

On 09/01/20 at 12:29 PM, LN G stated she supervised staff in the dining room, staff were wearing surgical masks due to COVID-19, and they should be worn over the nose. LN G stated she addressed a staff member if the staff member did not wear a face mask appropriately.

On 09/01/20 at 01:18 PM, CNA N stated she did not clean the full body lift between using it to transfer R3 and R5 and she should have disinfected the full body lift with sanitizer wipes between every resident to prevent cross contamination. CNA N stated every day before she clocked in for her shift the nurse would screen her for COVID-19 by checking her temperature, asked her if she had and symptoms, and where she had been in the past 14 days. CNA N stated the facility started allowing visitors into the building today and she did not know if the visitors were screened.

On 09/02/20 at 08:08 AM, Consultant (C) GG stated on 08/28/20 she talked to Administrative Staff A about opening the facility to visitors. At that time there were 10 active cases in the county but later in the day the county had 13 active cases. C GG stated on 09/02/20 the county still

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had seven active cases and she thought the facility was still screening all people who entered the facility for COVID-19.

On 09/02/20 at 08:55 AM, an email from Administrative Staff A documented on 08/06/20 the facility was in Phase II, on 08/16/20 returned to Phase I, and on 09/01/2020 phased out (meaning no restrictions).

On 09/02/20 at 09:09 AM, C HH stated he was not screened when he came to visit a resident but was educated to wear a face mask and keep a social distance of six feet away from residents. C HH stated the facility had been working with the local county health department and the medical director to open the facility but did not know who approved not screening visitors to the building. C HH stated as of 09/01/20 the local county Health Department reported there were 97 positive cases of COVID-19, but he did not know the number of active cases.

On 09/02/20 at 11:50 AM, Administrative Nurse D stated staff were to clean and disinfect the full lift after every use between residents, staff and visitors were always to wear face masks to cover their mouth and bridge of their nose, the facility was still social distancing, and staff should keep the residents greater than six feet apart. Administrative Nurse D stated before reopening the facility to visitors they consulted with the local County Health Department, looked at the community response, and hospitalized COVID-19 cases in the county. Administrative Nurse D stated the facility was allowing visitors but not screening them for COVID-19 signs or symptoms.

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F 880	Continued From page 9 On 09/02/20 at 12:03 PM, Physician II stated he was involved in discussions on when the facility could open for limited visitations, stated they talked about screening visitors, and he himself was screened when he went into the facility. Physician II stated he was under the impression, and preferred, the facility staff screened all visitors before allowing them to enter the building. The facility's revised "Novel Coronavirus-Phased Reopening Plan" policy, dated July 2020, documented the facility would reopen in phases, with Phase 1 being the most restrictive and the Reopening Phase the least restrictive. The Reopening Phase would be implemented when a period of 14 days lapsed in each phase with no confirmed, pending, or suspected cases of COVID-19 in a resident, staff member, vendor, visitor or volunteer; or the if no evidence of exponential growth of COVID-19 within the local community. The facility failed to ensure all staff and visitors were screened and properly wore masks to prevent the potential transmission of COVID-19, which can cause serious or fatal respiratory illness, placing all 60 residents in the facility at risk for infection.	F 880		