STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175303	A. BUILDING _____ B. WING _____	08/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARSONS PRESBYTERIAN MANOR	3501 DIRR AVENUE PARSONS, KS 67357

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F 000	INITIAL COMMENTS The following citation 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 08/19/2020. The 2567 was electronically sent to the facility on 08/20/2020.	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 accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/20/2020

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 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. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880		

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This REQUIREMENT is not met as evidenced by:
The facility reported a census of 28 residents. The sample included three residents reviewed for infection control practices. Based on observation, interview and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prevent transmission of COVID-19 during cares for three of the three sampled residents (R) 1, R2, and R3 who were on isolation precautions in the COVID-19 unit of the facility. The facility failed to provide/offer these residents a facial covering during cares by staff to prevent the transmission of COVID-19 to other residents of the facility.

Findings included:

- On 08/19/2020 at 03:36 PM, observation of R3's care by Certified Nurse Aide (CNA) M revealed after appropriate donning of personal protective equipment (PPE), she knocked on the door, went in, and asked the resident if she wanted to use the toilet. The resident declined. CNA M checked the resident's brief and asked if she needed anything else. The resident denied any other needs. CNA M did not ask the resident if she wanted to use a face mask or tissue to cover her face while the CNA was in the room. The CNA doffed and disposed of her PPE appropriately, performed hand hygiene and left the room.

On 08/19/2020 at 03:48 PM, observation of R1's care by Licensed Nurse H revealed after appropriate donning of PPE, she knocked on the door and went in to inquire about resident's needs. R1 stated she was having trouble

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breathing. The nurse checked the resident's oxygen saturation with a pulse oximeter and talked to her for a while. The nurse called for CNA M and asked her to come to the room with fresh linens to change the resident's bed due to incontinence. CNA M gathered the linens and handed them to the nurse through the doorway. After appropriate hand hygiene and donning of PPE, CNA M went into the room to assist the nurse with the linen change and to help the resident with peri-care and brief change. During that time, neither the nurse or CNA offered the resident a face mask or tissue to cover her face while they were in the room providing direct care.

On 08/19/2020 at 04:14 PM, observation of R2's care by Licensed Nurse H revealed after appropriate donning of PPE, she knocked on the door and went in to ask the resident if he needed to use the toilet. The resident declined. The nurse answered questions about medications he was taking and repositioned his left arm with a pillow. The nurse asked the resident if he wanted juice and a snack which the resident accepted. During that time, the nurse did not ask the resident if he wanted to use a face mask or tissue to cover his face while she was in the room or when she moved his arm. The nurse doffed her PPE and performed hand hygiene and left the room.

Interview, on 08/19/2020 at 11:53 AM, with R4, revealed he was COVID-19 positive and had been sick for about 2 weeks. When the nurses came to his room, they did not ask if he wanted to wear a face mask. R4 stated that he would wear one while the staff were in his room if they asked/gave him one.

Interview, on 08/19/2020 at 02:00 PM, with

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Licensed Nurse G revealed the residents were not required to wear masks in their rooms. She did not offer a face mask to the resident when she went in their room to do any assessments or care, but she wore full PPE when she was in the room. If the nurse was working on the COVID unit and working closely with the resident, a face mask should be offered before care (according to the facility Inservice Summary, dated 03/16/2020).

Interview, on 08/19/2020 at 02:31 PM, with Certified Nurse Aide (CNA) N revealed she never offers or asks the residents to put on a face mask before care in their rooms, but she puts a mask on the residents before taking them out of their room. She didn't realize she should offer to put a face mask on the resident before care.

Interview, on 08/19/2020 at 04:26 PM, with Licensed Nurse H revealed she knew about the guidance to offer residents face coverings before care in their rooms, but she wasn't asking the residents if they wanted to use them.

Interview, on 08/19/2020 at 04:30 PM, with CNA M revealed she does offer the residents a mask at times, but typically she did not ask the resident to wear one. She stated she was agency staff and had not received any education from the facility about residents wearing masks during care.

Interview, on 08/19/2020 at 05:18 PM, with Administrative Staff A revealed they knew about the 04/02/2020 guidance from CMS and the staff at the facility had been educated to offer a face covering to the residents before care. They should be asking the residents if they want to wear a face mask while the staff were in their

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rooms.

A facility "Inservice Summary" dated 03/16/2020, documented education provided to the staff from the "Long-term Care Facility COVID-19 Readiness Self-Assessment Checklist," that residents with confirmed or suspected COVID-19 must wear a mask (cloth mask is acceptable for resident use) when staff enter their room, unless a mask is not tolerated.

A facility "Teachable Moment" dated 08/09/2020, documented education provided to the staff that the residents should be wearing masks when staff enter the room if possible.

The facility policy "Emergent Infectious Disease (EID) Outbreak Management," revised August 7, 2020, documented the Goals of Outbreak Investigation and Management ...to prevent transmission of infection to residents, staff, visitors, family members, volunteers, vendors and others entering the community ...Contain, Control and Prevent More Cases ...using personal protective equipment including, but not limited to: Masks ...Educate Staff, Residents, and Visitors ...repeat information as appropriate for residents, resident representative, volunteers, vendor and visitors. Reinforce and monitor compliance with ...control measures ...Enforce Controls ...it is the responsibility of all employees to enforce proper precautions in each other, residents and visitors.

The Centers for Medicare and Medicaid Services "COVID-19 Long-Term Care Facility Guidance," dated 04/02/2020, documented when possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their

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F 880	Continued From page 6 room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Resident should not use medical facemasks unless they are COVID-19 positive or assumed to be COVID-19 positive. The facility failed to ensure staff offered a face mask or tissue to cover these three residents mouths/noses who were in isolation on the COVID-19 unit before staff provided direct care.	F 880		