

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OR SUPPLIER THE COTTAGES AT SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 13509 W 67TH STREET SHAWNEE, KS 66216		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the special infection control survey for COVID-19 for the above named facility conducted on 7-22-2020.	S 000		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207(b) The facility reported a census of 2 residents. Based on observation, interview and record review the operator failed to ensure the staff followed developed policies and procedures to prevent the introduction and spread of COVID-19 into the facility. This failure had the potential to affect all residents in the facility. Findings included:	S5225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5225	Continued From page 1 - Upon arrival to the facility on 7-22-2020 at 9:50 AM administrative staff A came to the door without a mask and directed surveyor to fill out questionnaire form. Staff A then went to her office and returned with a cloth mask on. Observation/interview on 7-22-2020 at 9:58 AM revealed certified staff C remove some plates from the kitchen table and then go to the sink, rinse them off and she did not wear a mask. Certified staff C stated the facility staff were supposed to wear masks and she didn't have one on because she tried to get a bunch of things done today. Observation on 7-22-2020 at 10:02 certified staff C had gone into the operator's office and spoke with administrative staff A. Certified staff C then got 2 masks out of the top drawer in the file cabinet and took one to a resident's private care giver and the caregiver put it on. On 7-22-2020 at 10:25 AM Operator B confirmed staff should have been wearing facial masks. Administrative staff B also stated that she had not done any formal type of in-service/training with staff regarding COVID-19 and infection control policies and procedures related to it. During an interview on 7-22-2020 at 10:44 AM certified staff C stated had not received any training or education regarding Personal Protective Equipment (PPE) and proper use of PPE since she started working at this facility, approximately 3 months ago. On 7-22-2020 at 10:42 AM Operator B provided the surveyor with multiple policies off her computer which staff did not have access to. Review of the Emergency Preparedness plan for	S5225		

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S5225	Continued From page 2 COVID-19 policy included "the facility will implement actions according to Centers for Disease Control (CDC), State, County and Local Health Departments..." At 11:04 AM Operator B stated the CDC guidelines were what she expected staff to follow. Review of the CDC guidelines provided by Operator B included "As part of source control efforts, personnel should wear a face mask (or cloth face covering if face mask not available) at all times while they are in the facility." Review of the undated infection control policy revealed the employees of the facility would utilize infection control measures in order to prevent the spread of disease. All new employees will be oriented to infection control and in-serviced at least annually. The operator failed to ensure facility staff and visitors wore face masks or cloth face coverings at all times when in the facility and failed to provide education regarding COVID-19 infection control procedures to prevent the introduction and spread of COVID-19 into the facility. This failure had the potential to affect all residents in the facility.	S5225		