STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175376	A. BUILDING _____ B. WING _____	07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APOSTOLIC CHRISTIAN HOME	511 PARAMOUNT STREET SABETHA, KS 66534

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted by Healthcare Management Solutions, LLC on behalf of the Kansas Department for Aging and Disability Services (KDADS) on 07/01/20. The facility was found to not be in compliance with 42 CFR 483 subpart B. Survey Census: 81 Sample Size: 5 Supplemental:0	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	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 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. §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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F 880	Continued From page 2	F 880		

Based on observation, interview, record review and policy review, the facility failed to assure staff followed infection control policies related to isolation and protective equipment for one of five residents (Resident (R) 1) reviewed for infection control practices. Staff failed to implement precautions, after R1 developed a high fever of 102 degrees Fahrenheit (F) and respiratory symptoms for two days until the resident tested positive for the COVID virus (pandemic infection). In addition, the facility failed to assure that everyone, including staff were consistently screened, according to their policy, for COVID signs and symptoms prior to entering the facility. The surveyor and three employees (CNA 2, CNA3, Physical Therapy Assistant (PTA1) were not fully screened prior to entering the facility. These deficient practices had the potential to allow the spread of infections to other residents and facility staff.

Findings include:

Review of the facility's policy titled, "Novel Coronavirus (2019-nCov) (COVID-19)", dated June 2020 indicated that " ...any resident with a temperature of 100.4 degrees, a cough, fever, or sore throat will be considered to by [sic] symptomatic and transmission base precautions will be implemented immediately." The policy directed that facility staff wear appropriate personal protective equipment (PPE) including, gloves, isolation gown, mask, and eye protection for transmission-based protocols. In addition, the policy directed that upon entry a visitor would complete the facility's health questionnaire and staff would monitor for a fever and symptoms of a lower respiratory illness (e.g cough or shortness of breath). All residents, staff, visitors, volunteers will perform hand hygiene upon entering the

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F 880	Continued From page 3 facility. 1. Review of the " Admitting and Discharge/Transfer Record" in the Electronic Medical Record (EMR) revealed R1 entered the facility on 09/16/19, with diagnoses of dysphagia and atherosclerotic heart disease. Review of a "Nurses Note" dated 05/20/20 at 2:21 PM , in the EMR under the "Nurses Notes" tab, documented at 8:02 AM the resident had a fever of 102 degrees Fahrenheit (F) (normal 97-99 degrees F). The resident's temperature lowered to 100.6 degrees F at 9:45 AM after Registered Nurse (RN)3 administered Tylenol. The resident had lung congestion and the oxygen saturation (amount of oxygen in the blood) (SPO2)) was 76% on room air (normal 95-100%). Additional temperature readings for R1, found in the "Nurses Notes," in the EMR under the "Nurses Notes" tab, documented on 05/20/20 at 11 PM 98.5 F, 05/21/20 at 4:09 PM 100.1 F and 05/22/20 at 11:30 AM 100.9 F. Review of the "Office Clinic Notes," dated 05/20/20 at 9:57 AM, retrieved by the Minimum Data Set (MDS) Nurse, from the medical records department, revealed the resident was evaluated by the residents primary physician, via telehealth. The documentation noted the resident had a previous temperature elevation of 102 F, abnormal lung sounds, and SPO2 of 87% on room air. The "Assessment/Plan" section of the "Office Clinic Notes" noted the physician's assessment of aspiration pneumonitis (lung inflammation) with plans for albuterol (breathing treatment) and Zofran (anti-nausea medication). Review of a "Nurse Note," dated 05/22/20 at 5:49	F 880		

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F 880	Continued From page 4	F 880		

PM, found in the EMR under the "Nurse Note" tab, documented the resident's physician was called to follow-up from the 05/20/20 doctor visit, for respiratory symptoms. New orders were received for coronavirus testing and Roxonal (pain medication). Review of a "Nurses Note," dated 05/23/10 at 10:54 PM, under the "Nurses Notes" tab, revealed R1 was placed on isolation precautions with a positive COVID-19 result.

During an interview on 07/01/20 at 4:45 PM, RN1, stated she was present with R1 in the resident's room during the telemedicine evaluation. RN 1 stated that the physician determined that the resident had aspiration pneumonia. She did not recall if they discussed the possibility of COVID.

Review of a "Laboratory Report-Final" form, dated 05/22/20, retrieved from the MDS Nurse, documented the nasopharyngeal COVID 14660 sample was collected on 05/22/20 at 12:55 PM. The analysis result on 5/23/20 indicated SARS-CoV-2 (COVID-19 was detected.

During an interview on 07/01/20 at 3:00 PM, the Director of Nursing (DON) stated that the resident was not placed on transmission-based precautions on 5/20/20. She said the transmission-based precautions were implemented on 05/22/20, when the COVID test was ordered.

During an interview on 07/01/20 at 4:20 PM, the Medical Director stated that the resident should have been place on transmission-based precautions immediately on 05/20/20 when he experienced an elevated temperature and respiratory symptoms. The Medical Director stated that the protocols for COVID suspect residents were well established.

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F 880	Continued From page 5 2. Review of the facility's undated job description for "Front Door Screener," indicated the screener is responsible to screen all staff and essential visitors entering and leaving the facility according to CMS guidelines. Duties included, but were not limited to, taking the temperature of everyone entering the building and asking four relevant COVID screening questions of everyone entering the facility. The screener was responsible for recording staff and essential visitors' information in the logbook, confirming that all who entered the facility used alcohol hand sanitizer before proceeding into the facility and ensuring staff and essential visitors had face masks on. Upon entering the facility on 07/01/20 at 8:00 AM, Certified Nurse's Aide (CNA) 1 was in the foyer of the building and took the surveyor's temperature and wrote it down in a logbook. CNA1 did not ask any COVID screening questions nor request that the surveyor use hand sanitizer prior to entering the facility. Further observations at the above date and time revealed four staff members entering the building wearing face masks. CNA1 took their temperatures but did not instruct the staff to use hand sanitizer nor did she ask the COVID screening questions. Staff were allowed entrance into the facility. Review of the logbook with CNA 1, who verified it was the same book she wrote in during the surveyor's entry into the facility, revealed documentation of the surveyor's entry and indicated the answer to the four screening questions was "no". The three staff members (CNA 2, CNA3, Physical Therapy Assistant (PTA1) had their temperatures recorded and the	F 880		

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F 880	Continued From page 6 answer to the four screening questions was marked "no" for the surveyor and the four staff members. Listed on each page of the logbook, under the heading "COVID-19 Staff Screening" were the following questions: "1. Signs or symptoms of respiratory infection, such as fever, cough, shortness of breath of sore throat .... 2. In the last 14 days, have you been in contact with someone confirmed with a diagnosis of COVID-19, or under the investigation for COVID-19. Have you had contact with anybody that has respiratory symptoms?... 3. Have you travelled internationally in the last 14 days to countries with sustained community transmission or been to one of the high-risk states in the United States?... 4. Are you residing in a community where community-based spread of COVID-19 is occurring?" During an interview on 07/01/20 at 9:29 AM, the CNA1 stated she took the screening temperatures of the surveyor and the four facility staff earlier. She confirmed that did not ask the screening questions. CNA1 stated she had been instructed to ask screening questions. She did not respond when asked why she did not do it. During an interview on 07/01/20 at 1:30 PM with the Human Resources Assistant, she stated that all staff received education regarding the COVID screening process. She said the screening process included the use of a sanitizing mat for shoes, inquiry regarding COVID (by utilizing the four screening questions), taking of temperature, and the use of hand sanitizer. All prior to entering	F 880		

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F 880	Continued From page 7 the facility. During an interview on 07/01/20 at 3:00 PM, the DON and the Infection Control RN stated that screeners were required to ask the four COVID screening questions and instruct the use of hand sanitizer for all visitors and staff, prior to entry into the facility. They revealed all staff received education regarding this procedure.	F 880		