STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175385	A. BUILDING _____ B. WING _____	06/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY PARK	200 SW 14TH NEWTON, KS 67114

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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 Kansas Department for Aging and Disability Services (KDADS) on June 29, 2020. This 2567 was electronically sent to the facility on 7/6/2020.	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, 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 reported a census of 91 residents with three residents selected for review. Based on observation, interview and record review, the facility failed to ensure staff consistently monitored the three sampled residents (R)1, R2, and R3's vital signs as instructed per facility policy to ensure adequate screening for COVID-19, to prevent transmission to the other residents of the facility.

Findings included:

- Review of resident (R) #1's electronic temperature monitoring compilation, from 03/02/2020 to present, provided by the facility revealed the following deviations:

The staff recorded no temperatures for 17 days, of the review period, on 03/31/2020, 04/02/2020, 04/03/2020, 04/06/2020, 04/08/2020, 04/11/2020, 04/14/2020, 04/16/2020, 04/22/2020, 04/25/2020, 05/06/2020, 05/08/2020, 05/10/2020, 05/20/2020, 05/27/2020, 06/16/2020, and 06/24/2020.

The staff recorded R1's temperatures once daily, on 28 days, during the review period.

The staff recorded R1's temperature twice a day, during the review period, on 04/26/2020, 04/29/2020, 05/03/2020, 05/09/2020, 05/12/2020, 05/17/2020, 05/19/2020, 05/23/2020, 05/26/2020, 06/04/2020, 06/07/2020, 06/08/2020, 06/11/2020, 06/12/2020, 06/15/2020, 06/17/2020, 06/18/2020, 06/19/2020, 06/22/2020, and 06/25/2020.

Furthermore, a facility memo, dated 04/03/2020, instructed staff to monitor the residents' vital signs daily and every four hours if the resident developed a fever.

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The temperature monitoring for R1 revealed on 04/15/2020 R1 had an elevated temperature of 99.1 (no temperature on 04/14/2020 or 04/16/2020) and on 05/28/2020 R1 had an elevated temperature of 99.0 and with only had one temperature on 05/29/2020.

Interview, on 06/29/2020 at 10:30 AM, with Licensed Nurse (LN) H, revealed residents' full vital signs included temperature, pulse, respirations and pulse oximetry (a test that determines the amount of oxygen saturated in the blood) to be completed by staff every shift.

Interview, on 06/29/2020 at 05:15 PM, with LN G, revealed staff take residents' vital signs every shift. LN G stated R1 may at times refuse vital signs taken. (Review of the resident's "Care Plan" dated 06/09/2020, lacked documentation of refusal of care by the resident.)

Interview, on 06/29/2020 at 05:30 PM, with Administrative Nurse D, confirmed the facility staff's inconsistent monitoring of this resident's vital signs, and he expected staff to assess the resident's vital signs three times a day per the 04/21/2020 policy to screen the residents for COVID-19.

The facility policy "Novel Coronavirus (2019-nCoV) (COVID-19), dated 04/21/20, (per Administrative Nurse D) instructed staff to monitor resident temperature, respiratory symptom assessment and oxygen saturation level every eight hours and document results.

The facility failed to consistently monitor this resident's vital signs as instructed in the facility

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policy to screen for COVID-19 to identify symptoms and to prevent the spread of infection to the residents of the facility.

- Review of Resident (R) 3's electronic temperature monitoring compilation from 03/32/2020 to present, provided by the facility revealed the following deviations:

The staff recorded R3's temperatures once daily from 04/21/20 through and including 05/03/2020 (12 days).

The facility memo, dated 04/03/2020, instructed staff to monitor resident vital signs daily and every four hours if the resident developed a fever.

Interview, on 06/29/2020 at 10:30 AM, with Licensed Nurse (LN) H, revealed the residents' full vital signs included temperature, pulse, respirations and pulse oximetry (a test that determines the amount of oxygen saturated in the blood) to be completed by staff every shift.

Interview, on 06/29/2020 at 05:15 PM, with LN G, revealed staff take residents' vital signs every shift. Staff G stated R3 may at times refuse vital signs. (Review of the resident's "Care Plan" dated 06/09/2020, lacked documentation of refusal of care.)

Interview, on 06/29/2020 at 5:30 PM, with Administrative Nurse D, confirmed the facility staffs' inconsistent monitoring of this resident's vital signs, and he expected staff to assess the resident's vital signs three times a day per the 04/21/2020 policy to screen the residents for COVID-19.

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The facility policy "Novel Coronavirus (2019-nCoV) (COVID-19), dated 04/21/20 (per Administrative Nurse D) instructed staff to monitor resident temperature, respiratory symptom assessment and oxygen saturation level every eight hours and document results.

The facility failed to consistently monitor this resident's vital signs as instructed in the facility policy to screen for COVID-19 to identify symptoms to prevent the spread of infection.

The facility failed to consistently monitor this resident's vital signs as instructed in the facility policy to screen for COVID-19 to identify symptoms to prevent the spread of infection to the residents of the facility.

- Review of Resident (R) #2's electronic monitoring compilation from 03/22/2020 to present, provided by the facility revealed the following deviations:

A facility memo, dated 04/03/2020, instructed staff to monitor residents' vital signs daily and every four hours if the resident developed a fever.

The facility staff recorded no temperatures to monitor R2 for 04/09/2020 and 04/20/2020.

The facility staff recorded daily temperatures in the resident's vital signs, on 03/31/2020, 04/01/2020, 04/03/2020, 04/07/2020, 04/10/2020, 04/19/2020, 04/21/2020, 04/22/2020, 04/25/2020, 04/26/2020, 04/27/2020, 04/28/2020, 04/29/2020, 05/01/2020, 05/02/2020, 05/03/2020, 05/04/2020, 05/09/2020, 05/19/2020, and on 06/29/2020.

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The facility staff recorded monitoring of the resident's temperatures twice daily in vital signs, on 04/23/2020, 04/24/2020, 04/30/2020, 05/05/2020, 05/23/2020, 05/27/2020, 05/30/2020, 06/02/2020, 06/16/2020, and on 06/23/2020.

Interview, on 06/29/2020 at 10:30 AM, with Licensed Nurse (LN) H, revealed staff were to complete a full set of vital signs on each resident which included temperature, pulse, respirations and pulse oximetry (a test that determines the amount of oxygen saturated in the blood) on every shift.

Interview, on 06/29/2020 at 05:30 PM, with Licensed Nurse (LN) H, revealed residents full vital signs which included temperature, pulse, respirations and pulse oximetry were to be completed on every shift.

The facility policy "Novel Coronavirus (2019-nCoV) (COVID-19), dated 04/21/2020 (per Administrative Nurse D) instructed staff to monitor the residents' temperature, respiratory symptom assessment and oxygen saturation level every eight hours and to document the results.

The facility failed to consistently monitor this resident's temperatures as instructed in the facility policy to screen for COVID-19 to identify symptoms to prevent the spread of infection to the residents of the facility.