STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175457	A. BUILDING _____ B. WING _____	06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY OPERATOR, LLC	407 N LOCUST STREET PEABODY, KS 66866

(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 The following citation represents the findings of a Targeted Infection control Survey/COVID-19 Focused Survey conducted by the Kansas Department Aging and Disability (KDADS) on 06/23/2020 on behalf of the Centers for Medicaid and Medicare Services. The 2567 was electronically sent to the facility on 06/29/2020.	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 procedures for the program, which must include,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/29/2020

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	F 880		

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.

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F 880	Continued From page 2	F 880		

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 40 residents, with three residents sampled. Based on observation, interview and record review, the facility failed to utilize proper infection control techniques when caring for a suprapubic catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) for one sampled Resident (R) 4, while providing cares, and failed to prevent the urinary catheter collection bag from lying on the floor without a barrier.

Findings included:

- The "Physician Order Sheet" (POS), dated 06/01/2020, documented Resident (R) 4 had a diagnosis of Neuromuscular Dysfunction of the Bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).

The annual "Minimum Data Set" (MDS), dated 01/01/2020, documented the staff assessment for cognition revealed moderately impaired cognition. The resident had an indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag) and required extensive assistance of two staff for toilet use.

The Urinary Incontinence and Indwelling Catheter "Care Area Assessment" (CAA), dated 01/01/2020, documented the resident had an indwelling urinary catheter.

The quarterly "MDS," dated 04/01/2020, documented the staff assessment for cognition revealed moderately impaired cognition. The resident had an indwelling urinary catheter (insertion of a catheter into the bladder to drain

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F 880	Continued From page 3	F 880		

the urine into a collection bag) and required total assistance of two staff for toilet use.

On 06/23/2020 at 01:09 PM, Certified Nurse Assistant (CNA) M, entered R4's room to empty his urinary catheter collection bag. CNA got a urinal out of the resident's bathroom, dated 06/21/2020, indicating the urinal had been used for two days by the staff. CNA then unclipped the tubing and began to drain the urine in the collection bag into the urinal, touching the inside of the dirty urinal with the tip of the tubing. Following the emptying of the urine collection bag, CNA reattached the tubing to the urine bag without cleaning the tip of the tubing with an alcohol wipe.

On 06/23/2020 at 01:10 PM, CNA M, stated this was the technique she always used when emptying catheter collection bags.

On 06/23/2020 at 03:45 PM, Administrative Nurse D, stated the tip of the catheter tubing should never come into contact with the urinal when staff drained the urine from the collection bag.

The facility policy for "Indwelling Urinary Catheters," effective 01/2020, documented staff should prevent contact of the drainage spigot with the nonsterile container.

The facility failed to prevent the drainage spigot of the urinary catheter tubing from coming into contact with the unclean container used to collect the resident's urine resulting in cross contamination.

Furthermore, on 06/23/2020 at 01:09 PM, Certified Nurse Assistant (CNA) M, entered R4's

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F 880	Continued From page 4	F 880		

room to empty his urinary catheter collection bag. Upon completion of the cares, CNA M placed the empty catheter collection bag directly on the floor without a barrier.

On 06/23/2020 at 01:10 PM, CNA M stated staff keep the resident's catheter collection bag directly on the floor without a barrier as the resident would remove the dignity bag.

On 06/23/2020 at 03:45 PM, Administrative Nurse D stated the urinary collection bag should have some sort of barrier and not rest directly on the floor.

The facility policy for "Indwelling Urinary Catheters", effective 01/2020, documented staff should ensure the catheter tubing and drainage bag were kept off of the floor.

The facility staff failed to prevent the urinary catheter collection bag from coming into direct contact with the floor.