STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175250	A. BUILDING _____ B. WING _____	05/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSVILLE MANOR	304 W 7TH ST WELLSVILLE, KS 66092

(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 citations represent the findings of a Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Kansas Department on Aging and Disability (KDADS) on May 14, 2020, and the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19.	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: (i) A system of surveillance designed to identify	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 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: A Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Kansas Department for Aging and Disability Services	F 880		

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F 880	Continued From page 2	F 880		

(KDADS) on May14, 2020. The facility reported a census of 55 residents with three residents on droplet precautions. Based on observation, interview, and record review, the facility failed to follow CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19. The facility failed to maintain a safe, sanitary, and comfortable environment to help prevent the transmission of communicable disease and infections of Resident's (R)1 room with droplet precautions in place related to being a new admission to the facility from out of state. This deficient practice of failure to provide appropriate housekeeping services had the potential to affect all 55 residents.

Findings included:

- On 05/14/2020 at 09:30 AM, Administrative Nurse D reported that there were three residents on transmission-based precautions, which included Resident (R)1 who was a new admission.

The Electronic Medical Record (EMR), under the face sheet tab, revealed R1 admitted to the facility on 05/07/2020.

On 05/14/2020 at 09:37 AM, revealed R1's door to her room had a sign posted to wear a mask and gloves while in the room. Outside the room had gloves and hand sanitizer available.

On 05/14/2020 at 10:05 AM, observation of housekeeping staff U, revealed she was preparing to clean R1's room and identified the chemical Multi-quat 64 xtra (EPA# 1839-169-48211) to be used for cleaning. She sprayed a rag with the chemical, did not saturate

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F 880	Continued From page 3	F 880		

the rag, entered the room, and began cleaning high touch surfaces such as the door handle, closet door handles, handrail, call light, overbed table. The surfaces dried quickly.

On 05/14/2020 at 10:12 AM, housekeeping staff U when questioned what the wet time was of the chemical was she reported that it had a wet time, however, she wasn't sure of what it was, but it dried fast.

On 05/14/2020 at 10:14 AM, housekeeping staff U proceeded to clean the bathroom. She sprayed the sink with the Multi-quat 64 xtra chemical, wiped with a rag, then sprayed the outer surface of the toilet and wiped with a rag.

On 05/14/2020 at 10:45 AM, housekeeping staff V reported that the product Multi-quat 64 xtra had a wet time of 10 minutes. There was not a method that the staff used to time the wet contact time, by the time they spray the surfaces for the cleaning process it has been long enough for the appropriate wet time, and that it works out that way. Furthermore, she would expect the staff to leave surfaces wet for 10 minutes. Also, audits of the cleaning process to ensure it was done appropriately are done after an employee first starts, after that she will look to see if a room is clean or not but does not watch the process.

On 05/14/2020 at 02:26 PM, Administrative Nurse C, responsible for infection control, confirmed that she does not perform audits of room cleaning.

The facility policy "Cleaning Isolation Rooms or Cleaning Special Care Areas," dated 03/14/2020, directed the staff that EPA-approved antimicrobial products effective against infective microbials and all cleaning solution products will be used

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F 880	Continued From page 4 appropriately per manufacturer recommendations. The "Pro-con systems turquoise 3," one step neutral disinfectant, undated, which also included the Multi-quat 64 xtra (EPA# 1839-169-48211) instructed the staff for contact time directions to allow the surface to remain wet for 10 minutes. 05/15/2020 at 05:00 PM, Administrative staff A confirmed cleaning products should be used according to manufacturer guidelines. The facility failed to maintain a safe, sanitary, and comfortable environment to help prevent the transmission of communicable disease and infections of Resident's (R)1 room with droplet precautions in place related to being a new admission to the facility from out of stat and on isolation precautions to rule out Covid-19 infection created the potential of spread of infection to all 55 residents of the facility.	F 880		