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	175558	A. BUILDING _____ B. WING _____	01/21/2020

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THE HEALTHCARE RESORT OF LEAWOOD - IRON HORSE HLTH	5401 W 143RD STREET LEAWOOD, KS 66224

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #149266, #148187, #148855, #146342, #146323, #145889, #143375, #142774, #137526, #136527 and #149138. The 2567 was electronically sent to the facility on 01/23/2020.	F 000		
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or	F 801		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/23/2020

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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nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who-
(i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is:
(A) A certified dietary manager; or
(B) A certified food service manager; or
(C) Has similar national certification for food service management and safety from a national certifying body; or
D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and
(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and

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(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 57 residents. Based on observation and interview, the facility failed to employ a Certified Dietary Manager to carry out the functions of the food and nutrition services to meet the needs of the 55 residents who resided in the facility and received meals from the facility kitchen.

Findings included:

- On 01/14/2020 at 02:03 PM, observation revealed Dietary Staff (DS) BB monitored food preparation in the main kitchen.

On 01/14/2020 at 02:03 PM, DS BB stated he was not certified, was enrolled in an accredited on-line program, with scheduled completion April 2020.

On 01/14/2020 at 05:30 PM, Administrative Staff A confirmed DS BB was not certified, but enrolled in courses.

The facility's "Dietary Services" policy, dated November 2019, documented the day-to-day functions of the dietary department would be supervised by a qualified dietary manager, licensed by the state, in accordance with the American Dietetic Association.

The facility failed to employ a Certified Dietary Manager to carry out the functions of the food and nutrition services for the 55 residents who resided in the facility and received meals from the

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F 801	Continued From page 3 facility kitchen, placing the residents at risk for inadequate nutrition.	F 801		
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 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;	F 880		

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F 880	Continued From page 4 (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: The facility had a census of 57 residents. The sample included 14 residents. Based on observation, record review, and interview, the facility staff failed to appropriately clean and disinfect an isolation room and properly clean and disinfect a multi-use glucometer, placing the 57 residents who resided in the facility at risk for the	F 880		

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spread of infection.

Findings included:

- On 01/15/2020 at 09:15 AM, observation revealed Housekeeping Staff (HS) V applied personal protective equipment (PPE) (disposable protective equipment used to prevent the spread of infection) and entered the isolation room. HS V entered the bathroom, applied spray cleaner to the sink, bowl, mirror, and toilet surfaces of the bathroom, exited the bathroom, removed her soiled gloves, reapplied clean gloves and swept the floor in the bedroom area. HS V reentered the bathroom, cleaned the sink, mirror, trash container and the toilet with bleach cleaner, and removed her soiled gloves. HS V applied clean gloves, applied spray cleaner to the room floor and mopped the floor. HS V removed her PPE, used disinfectant gel on her hands, and continued down the hall. Observation revealed HS V did not apply bleach disinfectant cleaner to the floor and flat surfaces of the room were not cleaned.

On 01/15/2020 at 10:00 AM, HS U stated housekeeping personnel were instructed on the facility's policy for cleaning and disinfecting isolation rooms.

On 01/15/2020 at 02:40 PM, Licensed Nurse (LN) G stated the isolation room should be cleaned and disinfected per facility policy.

The facility's "Infection Prevention and Control Plan," dated 09/27/17, documented the facility would provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections.

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The facility failed to provide a sanitary environment when the staff failed to properly clean and disinfect an isolation room, placing the residents at risk for the spread of infection.

- On 01/15/2020 at 07:41 AM, observation revealed LN I entered Resident (R) 217's room and applied gloves. LN I applied alcohol to the resident's left little finger, used the lancet (medical instrument with a sharp edge and point) to obtain blood from the resident's finger, applied the blood drop to the meter strip, and reported the blood sugar results to the resident. LN I removed his gloves and discarded the lancet and used glucometer strip in appropriate biohazard container. LN I returned to the medication cart, cleaned the glucometer with two alcohol wipes, and placed the glucometer in the top drawer of the cart.

On 01/15/2020 at 10:56 AM, observation revealed LN I entered R51's room, applied gloves, obtained her blood glucose per aseptic technique (procedure to prevent contamination by organisms) and reported the results to R51. LN I disposed of the soiled equipment, removed his gloves, and cleaned the glucometer with two alcohol wipes.

On 01/15/20 at 08:23 AM, LN J stated staff used sani wipes (a disposable wet cloth wipe used to kill germs on surfaces) for two minutes after each blood sugar to cleanse the glucometer.

On 01/15/20 at 10:30 AM, LN H stated the facility's policy documented the use of sani wipes for cleaning the glucometer and additional

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training would be completed.

The "Assure Platinum User's Manual" documented any sani-type wipe could be used to clean the glucometer between uses.

The facility's "Policy and Procedure for Glucometer Machine," dated June 2019, documented the meter would be disinfected between use by wiping with an Environmental Protection Agency (EPA) registered disinfecting wipe in between tests and be cleaned prior to disinfecting.

The facility failed to appropriately clean and disinfect a multi-use glucometer, placing the residents at risk for infection.