

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 8909 PARALLEL PKY KANSAS CITY, KS 66112		
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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint KS#130313, #127376, #119927, #115375, #115088, and #104794.	F 000			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: The facility had a census of 39 residents. The facility identified 9 residents as cognitively impaired and independently mobile. The sample	F 761			

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 761	Continued From page 1 included 3 medication rooms. Based on observation and interview, the facility failed to store medications securely in 1 of 3 medication rooms. Findings included: - On 6/20/18 at 7:45 AM, the door to the 300 hall medication storage room was propped open, and resident #242 sat nearby. Licensed nursing staff H stood in the office of administrative nursing staff D, which was down the hall and out of direct visual sight of the medication room. The unlocked refrigerator contained 3 doses of Rocephin (an antibiotic) to be administered intravenously (IV - through the vein) to resident #241, 99 doses of Tuberculin test solution, 1 dose of Influenza vaccine (vaccine for Influenza - a contagious respiratory illness caused by the Influenza virus), and 2 Phenergan suppositories (anti-nausea medication inserted in to the rectum) for an unsampled resident. On 6/20/18 at 7:48 AM, licensed nursing staff H stated he/she left the medication room door open while he/she stood at the medication cart. When asked if that included the administrative nursing staff D's office, he/she stated the residents knew better than to go into his/her medication room. On 6/20/18 at 7:49 AM, administrative nursing staff D stated if there were not any medications in the medication storage room, then the door did not have to be locked. Staff D proceeded to the medication storage room, looked in the refrigerator, and instructed licensed nursing staff H to keep the medication storage room shut and locked.	F 761			

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F 761	Continued From page 2 The facility's Medication Storage policy, revised 8/15/17, directed staff to ensure all medication was properly stored and secured.	F 761			
F 812 SS=F	The facility failed to store medication securely. Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility identified a census of 39 residents. The sample included 1 satellite kitchen and 1 unit refrigerator. Based on observation and interview, the facility failed to store foods under sanitary conditions in the satellite kitchen and the unit refrigerator, and failed to prepare and distribute foods under sanitary conditions in the satellite kitchen.	F 812			

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F 812	Continued From page 3 Findings included: - On 6/19/18 at 7:43 AM, observation revealed various boxes and bags of food were stored in the dirty dish room. An uncovered trash can and and uncovered soiled linens bin sat nearby. - On 6/19/18 at 8:16 AM, the unit refrigerator contained an undated meal tray with a meal ticket labeled "Monday", and an opened, undated bottle of a sports drink. - On 6/19/18 at 8:20 AM, licensed nursing staff I stated staff should label and date food and drink items. - On 6/19/18 at 8:51 AM, dietary staff BB stated food items should be dated when opened. He/she confirmed the dirty dishes remained in the dirty dish room until hospital staff picked them up after the meal. Staff BB further stated staff cleaned serving utensils in the dirty dish room. - On 6/20/18 at 11:52 AM, dietary staff BB wore a hair net, which did not contain all of his/her hair. He/she placed food on 2 residents' plates, and handed them to staff to serve to the residents. - On 6/20/18 at 12:29 PM, observation revealed dietary staff CC pureed food items on the countertop by the 3-compartment sink in the dirty dish room. During this time, an unidentified hospital employee cleared tables in the dining room, and brought the dirty dishes into the dirty dish room. - On 6/21/18 at 12:01 PM, dietary staff BB wore a hair net, which did not contain all of his/her hair. He/she pureed food on the countertop in the dirty	F 812			

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F 812	Continued From page 4 dish room. On 6/19/18 at 8:51 AM, dietary staff BB stated food items should be dated when opened. He/she confirmed the dirty dishes remained in the dirty dish room until hospital staff picked them up after the meal. Staff BB further stated staff cleaned serving utensils in the dirty dish room. On 6/21/18 at 12:01 PM, dietary staff BB stated he/she instructed staff to ensure all hair was contained and said he/she put his/her hair net on in a hurry today. When asked about prepping pureed food in the dirty dish room, he/she said he/she has worked here for 2 years and this was the way it has been done. The facility's policy Food & Supply Storage, reviewed 9/13, documented the food storage area was for food products only, and to store food items in a dry, clean, well-ventilated room. It also documented all refrigerated food should be dated. The facility failed to store, prepare and distribute food in a sanitary manner for the residents of the facility.	F 812			
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	F 880			

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F 880	Continued From page 5 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; (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	F 880			

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F 880	Continued From page 6 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 39 residents. The sample included 24 residents. Based on observation, interview, and record review the facility failed to ensure the use of standard infection control precautions, including appropriate hand hygiene, and appropriate transmission-based precautions (i.e. "isolation precautions") for 1 sampled resident. (# 139) and the facility failed to maintain glucometer equipment (equipment used for checking blood sugars) in a safe and sanitary environment for 3 of 12 residents. Findings included: - Review of Resident # 139's physician order sheet, dated 06/15/18, revealed the following diagnoses: altered mental status, diabetes mellitus (when the body cannot use glucose related to lack of insulin production or the body cannot respond to insulin), and acute and chronic	F 880			

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F 880	Continued From page 7 respiratory failure. Review of hospital discharge papers revealed the resident tested positive for Clostridium-difficile (contagious bacteria characterized by foul smelling frequent bowel movements) on 06/14/18 at the hospital. A physician's order dated 06/16/18 directed staff to administer Vancomycin HCl Solution (a powerful antibiotic used to treat severe Clostridium-difficile infections), 125 (mg) milligrams, by mouth 4 times a day, for Clostridium-difficile for 13 days. The facility admitted the resident on 06/15/18, and had not completed an (MDS) Minimum Data Set assessment. The facility's Initial Rehabilitation and Nursing Care Plan, dated 06/15/18, recorded the resident required 1 person assist with a gait belt for transfers and required a wheelchair for mobility. The care plan recorded the resident was alert and oriented to person, place, and time. The care plan further recorded the resident was incontinent (inability to control urine and bowel functions) of urine and bowel and required 1 person assistance with toileting. The 06/18/18 care plan recorded the resident had Clostridium difficile. The care plan directed staff to monitor for signs and symptoms of dehydration (loss of body fluids) related to diarrhea (frequent, watery bowel movements) and the resident would be in a single-patient room. Review of the residence's medical record revealed documentation of bowel movements	F 880			

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F 880	Continued From page 8 with the following recorded: 06/15/18 one medium incontinent bowel movement 06/16/18 two small and one large incontinent bowel movements 06/17/18 one small bowel movement 06/18/18 no bowel movements 06/19/18 one medium bowel movement 06/20/18 one small and one medium bowel movement 06/21/18 no bowel movements The record lacked documentation with the consistency of stools (i.e. watery, loose, formed, or hard). On 06/19/18 at 8:00 AM observation revealed the resident's room door closed with a sign on the outside of the door with the following instructions: "Attn: Please see Nurse before entering!" A small storage cart was located by the resident's door, equipped with size medium gloves, face masks, and protective disposable gowns. The sign and the cart remained in place during the 3 onsite days of the survey. On 06/19/18 at 12:00 PM, observation revealed the resident ate in the facility dining room in his/her wheelchair, seated at a table with other residents. Observation on 06/20/18 and 06/21/18 during the noon meal, the resident ate in the dining room. On 06/20/18 at 4:30 PM, observation revealed Housekeeper V cleaned the resident's room, wore a mask and gloves, but not an isolation gown. On 06/21/18 at 7:45 AM, observation revealed Housekeeper W was cleaned the resident's room	F 880			

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F 880	Continued From page 9 from start to finish. Housekeeper W applied gloves, a mask, and a disposable moisture proof gown prior to entering the room, after permission from the resident. The resident laid in bed with his/her back turned towards the door and did not converse with Housekeeper W during the room cleaning. Housekeeper W began by cleaning the toilet seat, using a disposable cloth with bleach solution. Next, the grab bars were cleaned, using a new disposable bleach solution cloth, and then the sink and faucet. Observation revealed Housekeeper W continued to wear the soiled gloves and moved to the resident's bedside table and cleaned the surface of the table, picked up the call light and drinking cup during cleaning and then placed the items back on the bedside table. Housekeeper W used a dust mop on the floor, followed by a wet mop, without a bleach solution. Housekeeper W removed his/her soiled gloves and used hand sanitizer to clean his/her hands, took the trash and laundry to the soiled utility, where he/she washed the mop pad separately from other cleaning items. On 06/21/18 at 11:21 AM, observation revealed the resident in the therapy room (physical therapy and occupational therapy) participating in a bean bag toss. Further observation revealed staff did not sanitize the bean bags after use by the resident, who had a diagnosis of a contagious infection. On 06/21/18 at 10:02 AM, Housekeeper W stated he/she received training on cleaning isolation rooms upon hire, and then received training at least each year after hire. On 06/21/18 at 8:50 AM, Housekeeper U stated staff in his/her department received a checklist	F 880			

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F 880	Continued From page 10 with training upon hire and supervisory observations, with an average time for orientation of 2 months, including isolation cleaning measures. Housekeeper U stated the facility required an annual training for all employees on infection control. Housekeeper U stated his/her department used a 7 -step cleaning method for all rooms: 1. Apply disinfectant to bathroom surfaces. 2. Dust every ledge beyond reach. 3. Disinfect all surfaces above floor level to include wheels on beds. 4. Pull trash and re-stock linens, toilet tissue and paper towels. 5. Sanitize bathroom. 6. Sweep and damp mop floor. 7. Final inspection. Housekeeper U further stated personal protective equipment was readily available and was restocked by nursing staff, except for foot covers, which the facility did not use. On 06/21/18 at 10:45 AM, Administrative Nurse D stated if the resident was continent of stool, the facility was not as concerned and if they were not having loose stools then isolation precautions were not as important. Administrative Nurse D stated the resident continued to have loose stools but not as many and he/she did not know if any education had been provided to the staff or resident about the infection and hand washing. On 06/21/18 at 11:21 AM, Resident # 139 stated he/she still had diarrhea. He/she stated the facility had not provided any instructions for him/her to follow regarding the C-difficile infection.	F 880			

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F 880	Continued From page 11 On 06/21/18 at 11:43 AM, Administrative Nurse E stated he/she provided the resident with written information on 06/21/18 in the morning about C-difficile infection and talked to him/her about the importance of hand-washing, but stated he/she was unsure how much the resident understood of the education because he/she seemed tired. Administrative Nurse E stated he/she did not observe the resident wash his/her hands. Administrative Nurse E further stated the resident could leave his/her room while in isolation for C-difficile if the resident was continent of bowel, even if the resident had loose stools. The facility's policy and procedure for C-Diff, Clostridium difficile-associated disease, effective 11/20/2009 and revised 05/30/2017, directed staff to use contact precautions for residents with known or suspected Clostridium difficile associated disease that exhibited clinical symptoms. Clinical symptoms included: watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness. The facility policy directed staff to place a sign on the resident's door prior to entering the room to direct visitors to the nurses' station for instructions, and to place a personal protective equipment cart outside the resident's room with gloves, gowns and any other needed supplies. The policy stated medical equipment should be dedicated when possible or single-use disposable equipment used. The policy further directed staff to use gloves when entering the resident's room, and during patient care and to perform hand hygiene after removing gloves by washing with soap and water. The policy directed staff to provide resident meals on disposable dishes and silverware for residents in isolation and directed a resident in isolation could	F 880			

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F 880	Continued From page 12 come out of the room if the diarrhea ceased. The facility failed to ensure the use of standard infection control precautions, including appropriate hand hygiene, and appropriate transmission-based precautions (i.e. "isolation precautions") for Resident # 139, who had a Clostridium-difficile infection. - On 06/21/18 at 3:55 PM, observation of Nurse G revealed after performing a blood glucose reading on Resident # 10, the glucometer meter was placed on the resident's bedside table and then transported to the medication cart and placed on top of the cart. The glucometer equipment was not sanitized until the surveyor asked Nurse G if the glucometer meter was for single patient use. Sanitation was performed with an alcohol prep pad by Nurse G wiping over the surface of the meter. 06/21/18 at 3:55 PM, Nurse G stated he/she was unsure of the policy and procedure for cleaning the glucometer. Nurse G stated the night shift sanitized the meter with Clorox wipes. 06/25/18 at 10:00 AM, Administrative Nurse D stated the glucometer equipment was considered contaminated when placed on a bedside table and staff should sanitize the equipment with bleach wipes after each use. Administrative Nurse D further stated training on the glucometer, including sanitation, was provided to all licensed staff upon hire and annually. The Manufacturer recommendations for the glucometer quality control and cleaning for Nova StatStrip Xpress Glucose Meter was provided by Administrative Nurse D and directed staff to clean	F 880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 8909 PARALLEL PKY KANSAS CITY, KS 66112		
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F 880	Continued From page 13 the glucometer with a cloth that was dampened with a 10% bleach solution or see manufacturers approved cleansing solution list. Staff were further directed to immediately follow with a water dampened cloth to remove all cleaning residue and dry thoroughly with a soft cloth or lint-free tissue. The manufacturer guidelines directed the outside of the meter must be cleaned between each resident using an approved disinfectant wipe. The facility failed to maintain glucometer equipment (equipment used for checking blood sugars) in a safe and sanitary environment for 3 of 12 residents.	F 880			