STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175516	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kansas Veterans Home	**1220 WORLD WAR II MEMORIAL DRIVE , WINFIELD, Kansas, 67156**

(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
F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in 2732370 and 2666171.	F0000		
F0880 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 §483.71 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;	F0880		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0880 SS = D	Continued from page 1 (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 84 residents. The sample included 18 residents. Based on observation, interview, and record review, the facility failed to ensure staff performed appropriate glove changing and hand hygiene for one resident, Resident (R) 78, when they did not remove their soiled gloves after urinary catheter care and continued to touch other surfaces and resident belongings. Findings included:	F0880		

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F0880 SS = D	Continued from page 2 - On 03/03/26 at 08:35 AM, Certified Nurse Aide (CNA) M donned a clean gown and gloves, and pulled down R78's sweatpants. CNA M informed R78 that she was going to perform catheter care. When CNA M finished, she did not remove her soiled glove and pulled up his sweatpants. CNA M pulled up R78's right pant leg, opened an alcohol wipe, and cleaned the spout of the leg bag. CNA M emptied the urine from the leg bag, used another alcohol wipe on the spout of the leg bag, with the same soiled gloves. CNA M dumped the urine in the toilet, pulled down R78's right pant leg over the catheter bag, adjusted his blankets, and then removed her gloves. On 03/03/25 at 08:45 AM, CNA M stated that it "made sense" to remove her gloves after catheter care and verified that she had forgotten to do so. On 03/05/25 at 10:36 AM, Administrative Nurse D stated the CNA recognized she should have removed her gloves after catheter care, sanitized her hands, and put on a pair of clean gloves. Administrative Nurse D stated she would provide extra training to the staff. The facility's "Hand Hygiene for Staff, Residents, and Volunteers" policy, dated 04/15/25, documented all staff members would comply with the current Centers for Disease Control and Prevention hand hygiene guidelines, as effective hand hygiene reduces the incidence of healthcare-associated infections. All personnel received training and competency validation on hand hygiene at the time of employment. If hands are not visibly soiled, an alcohol-based hand sanitizer may be used for routinely decontaminating hands before and after having direct contact with residents. Staff perform hand hygiene before donning gloves and after removing gloves. Staff change gloves during resident care if moving from a contaminated body site to a clean body site.	F0880		