

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY ON 10TH AVENUE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2015 SE 10TH AVENUE TOPEKA, KS 66607</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility recorded a census of 58 residents. The sample included nine residents. Based on observation, record review and interview, the facility failed to assure proper transport and storage of laundry to prevent the spread of infection when the facility stored clean linens on two uncovered cart in two different hallways. The facility failed to ensure that proper standard precautions were followed when a red sharps container (container approved by the Food and Drug Administration (FDA) used to safely dispose of needles and sharp objects in order to prevent injury or infection) on the North shower room was overflowing with used safety razors. The facility's failure to maintain appropriate infection control practices placed the residents at risk for transmission and/or development of communicable diseases and infections. Findings included: - An observation on 06/22/20 at 09:45 AM revealed an uncovered linen cart in the North hallway that contained clean, folded bedsheets and towels for resident use. An observation on 06/22/20 at 09:45 AM revealed an uncovered linen cart in the South hallway that contained clean, folded bedsheets and towels for resident use. An observation on 06/22/20 at 11:30 AM revealed a red sharps container in the unlocked North shower room. The sharps container was filled past the designated Fill Line and razors were overflowing from the top, preventing the flap lid from fully closing. On 06/23/20 at 10:05 AM, Administrative Nurse A stated she was asked about the sharps container. She stated it was left out because they (the staff) did not have a key to the container. Administrative Nurse A stated any staff member should have seen the container was full and fixed it. On 06/23/20 at 03:32 PM, Administrative Nurse E stated that a cart used to deliver clean linens should be covered. According to FDA.gov, FDA approved sharps containers come marked with a line that indicates when the container should be considered full, which means it's time to dispose of the container. The facility policy Infection Prevention and Control Program dated November 2017, documented: The objectives of our infection control policies and practices are to: Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.; Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions; Establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard Precautions. The facility failed to ensure clean linen were properly stored in the hallways, and failed to empty a sharps container that was full, which had the potential of increasing the risk for the spread of communicable diseases and infections to the residents and staff.</p>		
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.