

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KANSAS MASONIC HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>402 S MARTINSON STREET WICHITA, KS 67213</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 census totaled 66 residents with 18 residents identified in the Craftsman House. Based on observation, interview, and record review the facility failed to ensure Certified Nurse Aide (CNA) B and CNA C utilized appropriate hand hygiene between resident rooms. Findings included: - Observation on 07/27/20 at 12:19 PM revealed CNA B removed dirty lunch plates from resident (R) 2's bedside table, placed them on the cart located in the hallway which had dirty dishes on it, and then proceeding into R5's room and removed the dirty lunch plates from R5's bedside table. CNA B then placed the dirty dishes on the cart and proceeded to enter and remove R4's dirty lunch plates from her bedside table. During the observation, there was no use of hand hygiene (hand sanitizer or hand washing) when CNA B went between each of the three residents' rooms, removing plates and touching their bedside tables. Interview with CNA B on 07/27/20 at 12:21 PM revealed she had not utilized any hand sanitizer or hand washing between resident rooms while she removed the dirty dishes. She reported she could not locate a hand sanitizer bottle and she did not know where to find one. Interview with Licensed Nurse (LN) A on 07/27/20 at 12:57 PM revealed she expected the staff to perform hand hygiene after leaving or entering each residents room. Review of the 04/01/20 Infection Control policy revealed all staff were responsible for following the hand hygiene protocols of the facility. Per the Centers for Disease Control (CDC) hand hygiene guidance, healthcare personnel should use alcohol-based hand rub or wash with soap and water after touching a resident or their immediate environment or after contact with a contaminated surface. The facility failed to ensure CNA B performed hand hygiene prior after leaving R2's room and prior to entering R5 and R4's room, where she touched the bedside table of each resident. - Observation on 07/27/20 at 12:23 PM revealed CNA C removed dirty lunch plates from R1's bedside table with a pair of gloves in place. CNA C placed the dirty plates on a tray located in the middle of the hallway which already contained soiled dishes. Without changing gloves or performing hand hygiene, CNA C went into R3's room and removed his dirty lunch plates from his bedside table. Interview with CNA C on 07/27/20 at 12:24 PM revealed she usually did not change her gloves in between resident rooms while removing the dirty dishes from the bedside tables. She reported she did not know if she needed to change gloves between resident rooms. Interview with LN A on 07/27/20 at 12:57 PM revealed she expected the staff to perform hand hygiene after leaving or entering each residents room. Review of the 04/01/20 Infection Control policy revealed all staff were responsible for following the hand hygiene protocols of the facility. Per the Centers for Disease Control (CDC) hand hygiene in Healthcare settings, healthcare personnel should never wear the same pair of gloves in the care of more than one resident. The facility failed to ensure CNA B performed hand hygiene prior to entering R5 and R4's room, where she touched the bedside table of each resident.</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.