

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175274	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2020
NAME OF PROVIDER OF SUPPLIER MERIDIAN REHABILITATION AND HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1555 N MERIDIAN STREET WICHITA, KS 67203	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility census totaled 83 residents residing on five halls. Based on observation, interview, and record review the facility failed to ensure a safe environment for all residents in the facility, when staff failed to follow the recommended wet times for disinfecting the facility. The facility also failed to fully screen visitors who visited the facility during the COVID-19 pandemic by the failure to record temperatures of two visitors as required prior to entry to the facility. This had the potential to affect all residents and staff at the facility. Findings included: - Observation on 04/20/20 at 01:20 PM revealed Housekeeping Staff (HS) G cleaned a resident's with a bottle of Virex (disinfectant) cleaner. HS G sprayed the toilet and surfaces in the room with the Virex, then used a clean cloth and wiped surfaces back off, which allowed no wet time for the disinfectant. Review of the label on the bottle of Virex revealed no wet time listed on the label. Interview on 04/20/20 at 10:46 AM with HS D revealed the housekeeping staff cleaned the resident rooms daily and everything in the room. HS D said the staff took out the trash, sprayed the bathroom and room with Virex and let it set for one to five minutes or so and then cleaned it/wiped it up. HS D said the staff placed the mop clothes in Stride citrus HC neutral cleaner and said if there was a COVID room, the staff wore a gown, mask, and gloves to clean the rooms. During an interview on 04/20/20 at 12:52 PM HS H retrieved her housekeeping cart out of the closet. When asked what she used to clean rooms she showed a bottle of Virex cleaner. She stated she sprayed everything in the room and then let it set for four to five minutes and wiped it back off. During an interview on 04/20/2020 at 01:25 PM, HS G indicated the Virex did not have to stay on a certain amount of time. HS G said it was okay to spray it on and wipe it right back off. During an interview on 04/20/20 at 11:35 AM Housekeeping Supervisor (HSP) E revealed the housekeepers performed multiple cleanings with the Virex but the Virex only had to be on the surface for a few seconds for each cleaning. HSP E reported he was trained at a different facility and that was his knowledge of the disinfectant. He had documentation for the training for COVID-19 and he expected all housekeepers know the Virex needed to sit wet on surfaces for a few seconds. HSP E did not know the Virex had a wet time of 10 minutes for disinfecting effectiveness. HSP E said he did not think wet times were covered in the training. HSP E reported the housekeepers were to do checklists daily for cleaning for COVID-19, and upon completion those were given to the administrator daily. HSP E said there was also a deep clean checklist to follow and the staff cleaned six rooms a day since COVID-19. Review of the Housekeeping Training for Isolation Room Cleaning for Influenza dated 03/31/20 revealed 10 housekeeping staff completed the training dealing with procedures for cleaning an isolation room and dwell times for chemicals that may be used. The training did not list chemicals or dwell (wet) times. Review of the product sheet for Virex II 256 One step Disinfectant Cleaner and Deodorant Instructions included to apply solution to hard, nonporous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes. The undated product sheet revealed signatures from Housekeeping Supervisor E, HS D, and HS G only. Review of the 03/31/20 Action Plan- COVID-19 policy revealed the housekeeping increased daily cleans of high touch surfaces. The plan instructed the staff to follow manufacturer's instructions for all cleaning and disinfection products and use of products EPA-approved for use against [MEDICAL CONDITION] that causes COVID-19. The facility failed to ensure residents in the facility were in a safe environment by the failure to follow the recommended wet times for disinfecting the facility. - Entrance made on 04/20/20 at 09:47 AM revealed the procedure to enter the building included Human Resources (HR) staff F gave screening paperwork to the surveyors to answer COVID19 questions on the form and HR F checked the temperatures of the surveyors. HS F cleaned the thermometer with 70% [MEDICATION NAME] alcohol swab and observed the surveyors fill out the screening paperwork and instructed them to then place the form in the black basket on the desk. HR F failed to review the surveyors screening sheet prior to surveyors entering the facility. Review of 22 visitor screening sheets on 04/20/20 revealed two sheets missed documented temperatures taken. Interview with Administrative Nurse B on 04/20/20 at 12:07 PM revealed for those permitted entry all were screened for illness and a temperature. Interview with Administrative Nurse B on 04/20/20 at 02:57 PM revealed whomever worked the front desk were to ensure the screening forms were filled out to include temperature. Review of the 03/31/20 Action Plan- COVID-19 policy revealed the primary goal to prevent COVID-19 from being introduced into the facility included visitors must successfully complete the screening process or will not be permitted to enter. All community staff were screened prior to their shift for fever and anyone noted to have a temperature equal to or greater than 100.0 degrees Fahrenheit will not be allowed to work. The facility failed to accurately screen visitors to the facility during the Covid-19 pandemic by the failure to record temperatures of two visitors as required, prior to entry to the facility.</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.