

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175396</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHETOPA MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>814 WALNUT STREET, PO BOX 167 CHETOPA, KS 67336</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility reported a census of 24 residents. The sample included four residents for review of infection control issues. Based on observation, interview and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS and Center for Disease Control and Prevention (CDC) recommended practices to prevent transmission of COVID-19. The facility failed to provide a face mask or offer a tissue to three of the four residents sampled, Resident (R) 1, R3 and R4, prior to the staff providing direct cares. The failure to provide the residents masks or a facial covering during cares increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable residents of the facility. Findings included: - Observation, on 07/15/2020 at 03:29 PM, revealed staff enter R3's room. Certified Nurse Aid (CNA) M and CNA N assisted the resident with the sit to stand mechanical lift to the toilet and back. The staff did not offer the resident a mask or tissue to cover her nose/mouth during cares. R3 reported she had to wear a mask when she went out into the hall, but not while in her room. Observation, on 07/15/2020 at 03:54 PM, revealed CNA M and CNA N enter R1's room. Staff asked the resident if she wanted to get ready for supper and use the bathroom. The CNA M and CNA N assisted the resident to the bathroom and back to her wheelchair. The staff failed to offer the resident a mask or tissue to cover nose/mouth during cares. Observation, on 07/16/2020 at 10:35 AM, revealed License Nurse (LN) H gathered supplies for a dressing change for R3. LN H provided the dressing change. The nurse did not instruct the resident to apply her mask, or provided with a mask or tissue to cover nose/mouth during cares. Observation, on 07/16/2020 at 10:39 PM, revealed CNA O and CNA P assisted R4 with a transfer from her wheelchair to the recliner. The staff failed to offer the resident a mask or tissue to cover nose/mouth during cares. Observation on 07/16/2020 at 11:36 AM, revealed LN H entered R4's room and performed a glucose check. The nurse failed to offer the resident a mask or tissue to cover nose/mouth during cares. Observation, on 07/16/2020 at 11:43 AM, revealed LN H enter into R1's room and obtained a blood glucose reading. The nurse failed to offer the resident a mask or tissue to cover nose/mouth during cares. Observation, on 07/16/2020 at 12:24 PM, revealed CNA O and CNA P entered into R1's room and advised the resident they were going to toilet her. The staff failed to offer the resident a mask or tissue to cover nose/mouth during cares. Observation, 07/16/2020 at 01:09 PM, revealed CNA P propelled R4 to the hall bathroom and used a sit to stand mechanical lift to transfer her to the toilet, then back to the chair. The staff failed to offer the resident a mask or tissue to cover her nose/mouth during cares. Observation 07/16/2020 at 01:30 PM, revealed CNA O and CNA P transferred R4 from the recliner to the bed using a sit to stand lift. The staff failed to offer the resident a mask or tissue to cover nose/mouth during cares. On 07/15/2020 at 02:06 PM, Administrative Nurse E reported, if the residents come out of their room for showering or toileting we have them wear a mask. The residents do not wear their mask during cares. On 07/15/2020 at 02:41 PM, CNA N reported, the residents wear a mask when out of their rooms. Anytime the staff go in the residents' rooms and are within six feet, of others, the residents have to wear their masks. On 07/15/2020 at 02:45 PM, CNA M reported, the residents wear a mask when out of their rooms and anytime we go in their rooms and are within 6 feet of them then the residents have to wear their masks. The facility policy titled, COVID-19 Prevention and Preparedness Plan, Respiratory illness, Containment and Treatment, updated 03/05/2020, directed staff all residents will be required to wear a facemask during interactions with staff or other residents and when out of their room. The Centers for Medicare and Medicaid Services, titled COVID-19 Long-term Care Facility Guidance, dated 04/02/2020, documented .When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouth when staff are in the room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19 positive or assumed to be COVID-19 positive . The facility failed to provide or offer a face mask or tissue to cover their nose/mouth, for these three residents, prior to provision of cares. This deficient practice had the potential to affect all residents of the facility for the transmission of the COVID-19 virus.</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.