

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175480	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER LOGAN MANOR COMMUNITY HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP PO BOX 308 LOGAN, KS 67646	
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 - Immediate jeopardy 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 had a census of 32 residents. The sample included 10 residents. Based on observation, interview, and record review the facility failed to implement appropriate infection control measures to prevent potential spread of COVID-19 (a mild to severe respiratory illness caused by a new strain of coronavirus) after 10 residents, Resident (R) 1, R2, R3, R4, R5, R6, R7, R8, R9, R10, displayed COVID-19 symptoms as directed by Centers for Medicare and Medicaid Services (CMS) and Center for Disease Control (CDC), placing the 32 residents in the facility in immediate jeopardy. Findings included: - The facility's undated Novel Coronavirus (2019-nCoV) (COVID-19) policy directed staff, if multiple residents present with suspected COVID-19, to initiate the emergency plan to cohort infected residents or isolate all infected residents in a separate area/unit of the facility, ensure no traveling between or through the designated infected area, no mingling of food service or laundry with the infected area, and consistent staff will be provided to the designated area for all shifts. The suspected COVID-19 resident room doors will be closed at all times and staff will follow full Personal Protection Equipment (PPE) precautions for airborne agents at all times including but not limited to: gown, gloves, eye protection, face covering, surgical mask, and at least a fit tested N95 mask when providing aerosol generating treatments. On 07/01/20 at 08:00 AM, upon entrance to the facility, Administrative Staff B reported 10 residents were currently in isolation on the South Hall and were tested Monday, 06/29/20 for suspected or potential COVID-19 infection. R1's Nurse's Note, dated 06/20/20 at 01:55 AM, documented the resident used the call light and complained of a tight chest and cough which kept her awake. Temperature 99.8 degrees Fahrenheit (F), oxygen 96% (normal 95-100%), and lungs clear. R1's Nurse's Note, dated 06/23/20 at 01:52 PM, documented staff notified the resident's physician who had no new orders. R1's Nurse's Note, dated 06/28/20 at 02:35 PM, documented the resident complained of body aches, loose stools, fatigue, decreased appetite and upset stomach. Staff placed the resident on contact precaution, and notified the resident's physician and family. R2's Nurse's Note, dated 06/28/20 at 02:19 PM, documented the resident complained of a sore throat, cough, fatigue, and upset stomach. The nurse documented the resident had low grade temperatures and placed R2 on contact isolation. Review of R3's Vital Sign Records from 06/28/20-06/29/20 documented the following temperatures: 06/28/20 103.8 F 06/23/20 100.1 F 06/29/20 100.0 F R3's Nurse's Note, dated 06/28/20 at 08:46 AM, documented nursing staff sent a fax to the resident's physician regarding fevers over the last two days with complaints of back pain, amber colored urine, fatigue, and general malaise. Review of R4's Vital Sign Records from 06/26/20-06/29/20 documented the following temperatures: 06/26/20 100.7 F 06/27/20 101.1 F 06/29/20 100.6 F The June 2020 Monthly Infection Control Log documented R4 began showing an elevated temperature, pain, and loose stools on 06/26/20. Review of R5's Vital Signs Records from 06/20/20-06/30/20 documented the following temperatures: 06/20/20 100.4 F 06/29/20 102.0 F 06/20/20 101.7 F The June 2020 Monthly Infection Control Log documented R5 began showing an elevated temperature, sore throat, and loose stools on 06/28/20. Review of R6's Vital Signs Records from 06/25/20-06/28/20 documented the following temperatures: 06/25/20 100.9 F 06/26/20 101.2 F 07/27/20 100.8 F, 100.3 F 06/28/20 101 F The June 2020 Monthly Infection Control Log documented R6 began showing a fever, fatigue, and decreased appetite on 06/25/20. The June 2020 Monthly Infection Control Log documented R7 began showing a low grade fever on 06/20/20, and cough and sore throat on 06/28/20. The June 2020 Monthly Infection Control Log documented R8 began showing an elevated temperature on 06/20/20, and sore throat and fatigue on 06/25/20. The June 2020 Monthly Infection Control Log documented R9 began showing signs of [MEDICAL CONDITION] on 06/29/20. Review of R10's Vital Signs Records for 06/29/20 documented the following temperatures: 06/29 101.1 F, 101.2 F The June 2020 Monthly Infection Control Log documented R10 began showing a low grade fever, sore throat, and fatigue on 06/28/20. On 07/01/20 at 09:00 AM, observation of the COVID-19 unit revealed 11 rooms with unsealed plastic sheeting from floor to ceiling partway down the hall with a gap in the middle. The resident room doors in the isolated area were all open. Further observation revealed one isolation room located outside the plastic sheeting. On 07/01/20 at 09:00 AM, observation revealed Certified Medication Aide (CMA) R wore a cloth face mask, selected medications from the medication cart outside the COVID-19 unit, and entered the COVID-19 unit to administer medication. Observation revealed CMA R stopped outside the resident's room, removed her cloth mask, laid it on the isolation cart in the COVID-19 area, applied PPE from the cart and entered the resident's room. After administering medication, CMA R removed isolation PPE, left the isolation room, and applied the cloth face mask she had left on the isolation cart. CMA R then walked out of the COVID-19 area, through the plastic sheeting, to the medication cart and applied hand sanitizer prior to opening the medication cart. On 07/01/20 at 09:00 AM, observation revealed Housekeeping Staff (HS) U worked in the COVID-19 unit and then came through the plastic sheeting with a face mask in place, set her handheld cleaning bucket on the floor, and went to the clean linen cart. HS U removed and held clean linen supplies under her arm, picked up the cleaning supplies off the floor, and re-entered the COVID-19 unit. Continued observation revealed HS U set the linens on the isolation cart outside a resident room, gown, gloved and entered the resident room. On 07/01/20 at 11:12 AM, observation revealed Administrative Nurse D and Certified Nurse Aide (CNA) M placed tape at the bottom of the plastic separation sheet on South Hall, COVID-19 unit then applied isolation gowns, gloves, goggles, cloth face masks, and wiped down surfaces of isolation carts in the hall. CMA R exited an isolation room wearing a cloth mask and Administrative Nurse D educated CMA R what PPE to use and when. Before exiting the COVID-19 unit, CMA R put on an isolation gown, kept on the same cloth mask, applied hand sanitizer, and went to North Hall. On 07/01/20 at 01:00 PM, observation revealed the plastic sheeting taped shut and three staff inside the unit wore N95 face masks, eye protection, and gowns. On 07/01/20 at 05:20 PM, observation revealed a screening station at the far end of the COVID-19 unit beside the exit door and staff with gowns, gloves, and goggles or face mask in place. The fire doors at the front of the South Hall were closed. At 05:25 PM, staff dedicated one medication cart for the COVID-19 unit. On 07/01/20 at 05:30 PM, observation revealed facility staff waiting outside the building, standing six feet apart, waiting to be tested by the county health department, and received COVID-19 education at that time. On 07/01/20 at 08:35 AM, Administrative Staff A stated a few residents had COVID-19 symptoms on Friday, 06/26/20, more on Sunday, 06/28/20, and 10 residents and two staff displayed COVID-19 symptoms on Monday, 06/29/20. On 06/29/20, staff notified the local health department and requested COVID-19 testing for the 10 residents. Administrative Staff A verified staff should have placed residents with symptoms in isolation immediately on 06/26/20, when one resident had a temperature of 100.7. On 07/01/20 at 09:00 AM, CMA R stated the residents in the COVID-19 unit had been tested for COVID-19, but the results had not come back yet, so the residents were not actually in isolation until the COVID-19 tests came back positive. On 07/01/20 at 11:05 AM, Administrative Nurse D verified earlier that morning the facility received positive COVID-19 test results for four of five residents tested. Administrative Nurse D stated on Friday, 06/26/20, two residents complained of sore throat, sinus pressure, body aches, and one resident had an upset stomach, so staff reported the symptoms to the residents' physicians. Administrative Nurse D verified staff should have placed those residents in respiratory isolation on 06/26/20. On 07/01/20 at 11:36 AM, Administrative Staff A stated the facility's policy for suspected COVID-19 symptoms directed staff to isolate and implement contact precautions, which staff did on Sunday, 06/28/20 after contacting the county health department. Administrative Staff A stated staff contacted the</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175480	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER LOGAN MANOR COMMUNITY HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP PO BOX 308 LOGAN, KS 67646	
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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>facility's medical director and were informed loose stools were a possible symptom of COVID-19. Administrative Staff A stated staff followed county health department directives on 06/28/2020, and placed all febrile residents in contact isolation. Administrative Staff A verified staff did not place the plastic sheeting barrier until Monday, 06/29/20. Administrative Staff A stated the county health department arrived 06/29/2020 at 02:00 PM and performed COVID-19 testing on the 10 isolated residents. On 07/01/20 at 12:05 PM, Licensed Nurse (LN) G stated the protocol for suspected COVID-19 was to isolate the resident, wear gowns and whatever masks we have available. LN G stated on Friday, 06/26/20 she worked the night shift and had some concerns regarding resident temperatures higher than normal range, but did not suspect COVID-19. LN G stated, it was so hot that night and the resident's temperatures were not that high anyway. LN G stated one resident complained of a cough and sore throat, but she is one of those residents who always cries wolf anyway. On 07/01/20 at 05:36 PM, Administrative Staff A stated she notified all appropriate health agencies including Kansas Department for Health and Environment (KDHE), CDC, CMS, and the local health department of the positive COVID-19 cases. Administrative Staff A stated the facility would immediately enact COVID-19 isolation policies with any other residents with signs or symptoms related to COVID-19. A symptomatic resident would be relocated to the COVID-19 unit via the closest exit and the outside COVID-19 unit door. Administrative Staff A stated dedicated staff would be used for the COVID-19 unit and would not be allowed to come into the rest of the facility. Administrative Staff A stated staff education began during the COVID-19 testing outside today. On 07/01/20 at 0:6:00 PM, Housekeeping Staff V stated staff placed signs indicating no visitors- isolation at the entrance to the COVID-19 unit, exit door locked, and staff dedicated to that area were let in and screened at the screening station by that exit. On 07/02/20 at 09:25 AM, Physician GG stated she expected the facility to immediately implement all COVID-19 infection prevention practices on Monday, 06/29/20 when staff requested COVID-19 testing on 10 residents of the facility. The facility failed to immediately implement COVID-19 protocols for 10 residents suspected of having COVID-19, tested [DATE], and not placed in airborne precautions until 07/01/20. This deficient practice placed all 32 residents of the facility in immediate jeopardy to contract a serious infection. The facility presented an acceptable plan for removal of the immediate jeopardy on 07/01/20 at 07:35 PM, which included staff education for proper PPE, handwashing, and isolation protocol. Respiratory/droplet precaution signs were placed on resident doors and on entrance to the COVID-19 unit, with precautions taken for all residents on the isolation unit. Any resident displaying signs or symptoms of COVID-19 was placed in isolation immediately via the outside door. A dedicated medication cart, medical equipment, laundry barrel, and staff were provided for the COVID-19 isolation unit. Nursing staff were trained on proper cleaning techniques so they could clean the isolation unit if housekeeping unable to. All staff to enter and leave the COVID-19 unit by the south door (outside exit). The deficient practice remained at a scope and severity of F.</p>		