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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 17E531 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/16/2020 |
| NAME OF PROVIDER OF SUPPLIER KEARNY COUNTY HOSPITAL LTCU | | STREET ADDRESS, CITY, STATE, ZIP 607 COURT PL LAKIN, KS 67860 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>A Targeted Infection Control/FICS2 Survey was conducted by the Kansas Department for Aging and Disability Services (KDADS), on behalf of the Centers for Medicare and Medicaid Services (CMS) on 09/16/20. The facility had a census of 34 residents. Based on observation, interview, and record review the facility failed to ensure a housekeeping staff utilized appropriate infection control principles and hand hygiene regarding glove usage during a pandemic, when the housekeeping staff failed to change gloves between the cleaning of four separate resident rooms, on one of two halls, while still wearing the same gloves throughout the observation. Findings included: - An observation on 09/16/20 at 09:59 AM revealed Housekeeping Staff (HS) C cleaned resident room [ROOM NUMBER]. HS C wore disposable gloves but did not change her gloves before she entered resident room [ROOM NUMBER] to clean it. HS C cleaned the bathroom floor with a wet mop and when finished came out of the room and changed the mop head. HS C moved on to resident room [ROOM NUMBER] to pick up trash, moved a recliner, and continued cleaning with the same gloves she had on since cleaning room [ROOM NUMBER]. HS C then took a toilet bowl scrubber and a cleaning rag from her housekeeping cart and went to the bathroom to clean the toilet. HS C finished cleaning resident room [ROOM NUMBER], removed the mop head, and put on new mop head, without changing gloves and proceeded to go back to room [ROOM NUMBER] to mop the floor. When HS C finished mopping the floor she removed the mop head and proceeded to resident room [ROOM NUMBER], still in the same gloves from the beginning of the observation at 09:59 AM, and did not change her gloves. During an interview on 09/16/20 at 10:20 AM, HS C stated she did not speak English well but could state she had worked at the facility for about four months. During an interview on 09/16/20 at 10:30 AM Administrative Housekeeping Staff B, stated she thought HS C had worked at the facility for about three months. Administrative Housekeeping Staff B stated HS C had at least a week of training with other housekeeping staff and completed a competency check-off before being allowed to work on her own. Administrative Housekeeping Staff B stated she expected the housekeeping staff to change their gloves after cleaning the bathroom and before moving on to cleaning the rest of the room. She also expected staff to change their gloves any time they removed wet items such as a mop head or cleaning rag. Administrative Housekeeping Staff C stated she expected staff to remove gloves after cleaning a resident room, use hand sanitizer, and then put on new gloves before cleaning the next resident room. During an interview on 09/16/20 at 02:46 PM, Administrative Nursing Staff A stated she expected staff to remove gloves and utilize hand sanitizer before going to a different room or area of the facility. Review of the Hand Hygiene-Employee Policy last updated on 03/2020 revealed: Do not wear the same pair of gloves for the care of more than one patient. The facility failed to ensure housekeeping staff followed proper hand hygiene practices while cleaning resident rooms.</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.