

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER PROVIDENCE PLACE LTCU		STREET ADDRESS, CITY, STATE, ZIP 8909 PARALLEL PKY KANSAS CITY, KS 66112	
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 identified a census of 36 residents. The sample included six residents. Based on observation, interview, and record review, the facility failed to ensure staff were screened, and temperatures obtained daily prior to staff reporting to their work area. The facility failed to provide ensure that all residents were monitored for fever (at a minimum, temperature taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 (a potentially life-threatening respiratory illness), daily. The facility's failure to ensure staff and resident screenings of Resident (R) 1, Resident (R) 2, and Resident (R) 3 were documented which placed the residents at risk for transmission and/or development of COVID-19. Findings included: - R1's electronic medical record (EMR), documented the resident had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 14 which indicated intact cognition. Review of the temperatures located under the 'weights and Vitals' tab it was noted that R1 lacked his temperature being checked nine out of the 16 days. On 07/01/20 at 10:51 Licensed Nurse G stated anyone that comes into the building has their temperature checked and was asked the questions on the sheet at the table. Residents, when admitted, are isolated for 14 days and vitals taken daily. The other residents should have their temperatures taken and asked if having any cold symptoms and it is documented in residents EMR. On 07/01/20 at 12:09 PM Administrative Staff A, stated that a charge nurse is responsible for screening the oncoming shift. Staff is then to go around and look at the uniforms to make sure that all staff had a new dated sticker for that day. The residents were screened every shift three times a day. Administrative Staff A thought that it was documented on the Medication Administration Record (MAR) or somewhere. The temperature, respiratory symptoms are to be done every shift. She further stated that the facility had not been keeping a log of the staff screening upon entering the building, and further stated that the sticker that staff were to wear for the day was the documentation that is required. It wasn't until she had asked the chart nurse on the floor that she was informed that the temperatures are checked daily, but only documented on if the resident took an antibiotic (a medication used to treat an infection). The facility's Pandemic Policy dated April 2020 documented Infection Preventionist or designee will: keep up to date on guidance from credible sources regarding the public health situation such as Centers for Disease Control and Prevention (CDC)- cdc.gov. The Centers for Medicare and Medicaid Services (CMS) and CDC guidance dated 04/02/20 recommended: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous (CMS) guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked every day. - R2's electronic medical record (EMR) documented the resident had [DIAGNOSES REDACTED]. The Significant Change Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. The Quarterly MDS assessment dated [DATE] documented a BIMS score of 11 which indicated moderately impaired cognition. Review of the temperatures located under the 'weights and Vitals' tab it was noted that R2 lacked his temperature checked 22 out of the 31 days. On 07/01/20 at 10:51 Licensed Nurse G stated anyone that comes into the building has their temperature checked and was asked the questions on the sheet at the table. Residents, when admitted, are isolated for 14 days and vitals taken daily. The other residents should have their temperatures taken and asked if having any cold symptoms and it is documented in residents EMR. On 07/01/20 at 12:09 PM Administrative Staff A, stated that a charge nurse is responsible for screening the oncoming shift. Staff is then to go around and look at the uniforms to make sure that all staff had a new dated sticker for that day. The residents were screened every shift three times a day. Administrative Staff A thought that it was documented on the Medication Administration Record (MAR) or somewhere. The temperature, respiratory symptoms are to be done every shift. She further stated that the facility had not been keeping a log of the staff screening upon entering the building, and further stated that the sticker that staff were to wear for the day was the documentation that is required. It wasn't until she had asked the chart nurse on the floor that she was informed that the temperatures are checked daily, but only documented on if the resident took an antibiotic (a medication used to treat an infection). The facility's Pandemic Policy dated April 2020 documented Infection Preventionist or designee will: keep up to date on guidance from credible sources regarding the public health situation such as Centers for Disease Control and Prevention (CDC)- cdc.gov. The Centers for Medicare and Medicaid Services (CMS) and CDC guidance dated 04/02/20 recommended: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous (CMS) guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked every day. - R3's electronic medical record (EMR), documented the resident had [DIAGNOSES REDACTED]. The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 3 which indicated severely impaired cognition. Review of the temperatures located under the 'weights and Vitals' tab it was noted that R3 lacked her temperature checked seven out of 19 days. On 07/01/20 at 10:51 Licensed Nurse G stated anyone that comes into the building has their temperature checked and was asked the questions on the sheet at the table. Residents, when admitted, are isolated for 14 days and vitals taken daily. The other residents should have their temperatures taken and asked if having any cold symptoms and it is documented in residents EMR. On 07/01/20 at 12:09 PM Administrative Staff A, stated that a charge nurse is responsible for screening the oncoming shift. Staff is then to go around and look at the uniforms to make sure that all staff had a new dated sticker for that day. The residents were screened every shift three times a day. Administrative Staff A thought that it was documented on the Medication Administration Record (MAR) or somewhere. The temperature, respiratory symptoms are to be done every shift. She further stated that the facility had not been keeping a log of the staff screening upon entering the building, and further stated that the sticker that staff were to wear for the day was the documentation that is required. It wasn't until she had asked the chart nurse on the floor that she was informed that the temperatures are checked daily, but only documented on if the resident took an antibiotic (a medication used to treat an infection). The facility's Pandemic Policy dated April 2020 documented Infection Preventionist or designee will: keep up to date on guidance from credible sources regarding the public health situation such as Centers for Disease Control and Prevention (CDC)- cdc.gov. The Centers for Medicare and Medicaid Services (CMS) and CDC guidance dated 04/02/20 recommended: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous (CMS) guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. In accordance with previous CDC guidance, every</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>resident should be assessed for symptoms and have their temperature checked every day. - Upon entry of the facility a staff member in the building has incoming staff answer five questions on their Point of Entry form and their temperatures are taken. There was no evidence of a form that was completed and signed by the staff, and there was no record kept of their temperatures. A sticker with the date on it was given to the staff member after they had answered the five questions and had their temperatures taken. Upon review of the sample resident charts in the Electronic Medical Record (EMR), three current and three discharged , revealed that these residents had not been monitored for fever, respiratory illness, and/or signs and symptoms of COVID-19 daily. On 07/01/20 at 10:35 AM, Certified Nurse Aide (CNA) M stated that the nurse at the door took her temperature, then she answered the questions on the sheet but did not fill anything out or sign in. CNA M thought that if she answered yes to any of the questions, she would be sent home. CNA M further stated that if she thought she a fever she would tell the nurse. On 07/01/20 at 01:07 PM Certified Nurse Aide (CNA) N stated she would walk through the front door, read the questions on the table, was asked if any changes, a staff member took her temperature, and then receive a mask and sticker. The sticker would have the date on it. CNA N stated usually a nurse from the overnight shift would be the one that screened her when she is coming in. It was the same process every day that she had worked. On 07/01/20 at 10:51 Licensed Nurse G stated anyone that comes into the building has their temperature checked and was asked the questions on the sheet at the table. Residents, when admitted , are isolated for 14 days and vitals taken daily. The other residents should have their temperatures taken and asked if having any cold symptoms and it is documented in residents EMR. On 07/01/20 at 12:09 PM Administrative Staff A, stated that a charge nurse is responsible for screening the oncoming shift. Staff is then to go around and look at the uniforms to make sure that all staff had a new dated sticker for that day. The residents were screened every shift three times a day. Administrative Staff A thought that it was documented on the Medication Administration Record (MAR) or somewhere. The temperature, respiratory symptoms are to be done every shift. She further stated that the facility had not been keeping a log of the staff screening upon entering the building, and further stated that the sticker that staff were to wear for the day was the documentation that is required. It wasn't until she had asked the chart nurse on the floor that she was informed that the temperatures are checked daily, but only documented on if the resident took an antibiotic (a medication used to treat an infection). The facility's Pandemic Policy dated April 2020 documented Infection Preventionist or designee will: keep up to date on guidance from credible sources regarding the public health situation such as Centers for Disease Control and Prevention (CDC)- cdc.gov. The Centers for Medicare and Medicaid Services (CMS) and CDC guidance dated 04/02/20 recommended: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous (CMS) guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked every day. The facility failed to provide evidence that staff were screened, and temperatures obtained daily prior to staff reporting to their work area. The facility failed to provide evidence that all residents were monitored for and/or reporting of fever, respiratory illness, and/or other signs/symptoms daily. The facility's failure to provide evidence of daily screenings placed both the staff, and the residents at risk for transmission and/or development of COVID-19.</p>		