

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175176</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INFINITY PARK POST-ACUTE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6515 W 103RD STREET OVERLAND PARK, KS 66212</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility identified a census of 92 residents. The sample included 11 residents. Based on interview and record review, the facility failed to maintain an infection control program to recognize and control, to the extent possible, the onset and spread of infection within the facility by failing to analyze data regarding infective pathogens (a bacterium, virus, or other microorganism that can cause disease) and if the infections were facility acquired. The facility's failure to maintain an infection control program placed the residents at risk for transmission and/or development of infections. Findings included: - The Infection Control Log, for April 2020, documented 25 residents received an antibiotic (medication used to treat bacterial infections) for an infection related diagnosis. The Infection Control Log lacked documentation for the infective pathogens for all the infections recorded in the April log. The log further lacked documentation if the infection was a healthcare associated infection (HAI-facility acquired) and information if and when a culture was performed. The Infection Control Log, for May 2020, documented four residents received an antibiotic and/or antifungal (medication used to treat fungal infections) for an infection related diagnosis. The Infection Control Log lacked documentation for the infective pathogens for three of the four infections recorded in the log. The log further lacked documentation if the infection was a HAI and information if and when a culture was performed for three of the four listed. On 05/14/20 at 11:45 AM Administrative Nurse E stated she was responsible for the infection control tracking. She also stated she had not listed the organism on the infection control log. Administrative Nurse E acknowledged the Infection Control Log had areas on the form in order to record the specific information and stated she planned to begin listing the infective pathogens/organisms on the log. The undated facility Infection Control Policy documented: The infection control program will include surveillance and investigation to prevent, to the extent possible, the onset and spread of infection using records of infection incidents to improve the program processes and outcomes by taking corrective actions as indicated. Surveillance includes but is not limited to if culture ordered and completed and if so, the result. It also includes organism(s) identified through culture and if the infection was healthcare acquired or community acquired. The facility failed to record and analyze data on infections including cultures, infective pathogens, and if HAI. This deficient practice placed all residents at increased risk for infection.</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.