

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER MORAN MANOR		STREET ADDRESS, CITY, STATE, ZIP 3940 US HWY 54 MORAN, KS 66755	
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>Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. The facility failed to ensure that staff correctly doffed (removed) personal protective equipment (PPE) in accordance with CDC guidelines. Facility staff exited a resident's (R1) room, who was under observation for COVID-19, walked across the hallway, and removed PPE while standing in the hallway. Additionally, the facility failed to ensure that facility staff were thoroughly screened before reporting for work, and allowed a staff person to work after they reported a temperature of 100.4F, with shortness of breath. Findings include: - Review of CDC guidance, dated 6/11/20, documented the following, regarding the removal of PPE: 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2.Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. 3.Healthcare personnel may now exit patient room. 4.Perform hand hygiene. On 6/30/20 at 9:26am, Registered Nurse (RN1) exited R1's room. RN1 wore a disposable isolation gown, a facemask, gloves, and a reusable face shield. RN1 walked across the hallway, approximately 10', to where two large disposal bins sat. RN1 then doffed her PPE while standing in the hallway and disposed of it in the bins. RN1 then walked to a sink in a nearby unused dining area, wiped down the face shield with bleach wipes, and placed the reusable face shield into a plastic bag for storage. RN1 then washed her hands in the sink. On 6/30/20 at 9:43am, RN1 indicated that R1 was on observation for signs or symptoms of COVID-19. RN1 indicated that R1 had recently went to a physician to have her [MEDICATION NAME] drain (a drain that is placed into the lung or abdomen, to drain accumulated fluid) evaluated. RN1 indicated that when facility staff needed to provide care to R1, they must don an isolation gown, facemask, gloves, and a reusable face shield. RN1 indicated that when facility staff left the room, they removed the PPE across the hallway, because that's where the disposal bins were located. On 6/30/20 at 12:06pm, Nurse Aide (NA1) walked to R1's room. NA1 carried a meal tray containing R1's noon meal. NA1 placed the meal tray on a countertop near the sink in the unused dining area. NA1, already wearing a disposable surgical facemask, donned an isolation gown, gloves, and a reusable faceshield. NA1 then picked up R1's lunch tray and took it into R1's room. R1 indicated to NA1 that she needed to use the restroom. NA1 indicated that he would assist R1, and shut the door. At 12:15pm, NA1 exited R1's room, wearing his PPE. NA1 then walked across the hall to the disposal bins and removed his PPE while standing in the hallway. NA1 then took his reusable face shield, wiped it down with bleach wipes, and placed it in a plastic bag for storage. NA1 then washed his hands in the sink. On 6/30/20 at 12:17pm, NA1 indicated that R1 was on observation for signs and symptoms of COVID-19, and that if staff wanted to provide care to R1, they must don full PPE before entering her room. NA1 indicated that the PPE required was an isolation gown, gloves, facemask, and reusable faceshield. NA1 indicated that when facility staff left R1's room, they would walk across the hall and remove the PPE while standing in the hallway. NA1 recalled that this practice had been in place for quite some time. On 6/30/20 at 2:15pm, the Director of Nursing (DON) indicated that the expectation of staff would be to remove PPE while in the resident's room, as to not potentially contaminate the outside areas. - Review of CMS guidance, titled Guidance for Limiting the Transmission of COVID-19 for Nursing Homes, dated 3/4/20, documented the following: How should facilities monitor or limit visitors? Facilities should screen visitors for the following: 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. Has had contact with someone with or under investigation for COVID-19. How should facilities monitor or restrict health care facility staff? The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). Review of the facility's Wellness Self Check form documented that facility staff were provided a new form each week that they must sign in with. The form had each individual weekday listed, with areas for temperature, respiratory rate, and oxygen saturation levels. Facility staff would then indicate yes or no to the following question: If they had flu symptoms, including cough, sneezing, fever, sore throat, nausea, vomiting, diarrhea, body aches, loss of appetite, loss of smell or taste, fatigue, or malaise. Staff would then indicate yes or no the following question: if they had been in contact with someone in the last 14 days who had flu like symptoms, or if they had traveled outside of the state or local area in the last 14 days. Staff would complete an end-of-shift temperature check, and initial the form. Review of individual employee completed Wellness Self Check forms revealed the following: 1) On 3/28/20, a staff person failed to answer the screening questions. 2) On 4/18/20, two staff people failed to answer the screening questions. 3) On 4/23/20, a staff person failed to answer the screening questions. 4) On 4/24/20, a staff person failed to answer the screening questions. 5) On 4/20/20, a staff person failed to answer the screening questions. 6) On 4/25/20, a staff person documented a temperature of 100.4F, and that they experienced shortness of breath. Review of the employee's timecard for that day documented the employee completed their shift. 7) On 6/2/20, a staff person failed to answer the screening questions. On 6/30/20 at 2:15pm, the DON indicated that staff screened themselves when they came into work, and that the Administrator would review the forms daily. In the absence of the Administrator, the DON would review the forms. The DON indicated that she was not aware of any issues with facility staff failing to complete the screening forms. The DON indicated that there was one staff person who reported to work with a temperature of 100.4F, and reported shortness of breath. The DON indicated that facility staff notified the administration of the high temperature and shortness of breath. The DON indicated that the staff person in question had shortness of breath from a pre-existing condition, and that the staff person was cleared to work their scheduled shift that day.</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.