

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER PARKWAY OPERATOR LLC		STREET ADDRESS, CITY, STATE, ZIP 749 BLAKE STREET EDWARDSVILLE, KS 66111	
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>The facility identified a census of 40 residents. The sample included six residents. Based on observations, record reviews, and interviews the facility failed to ensure the use of standard infection control precautions (infection prevention practices which include but are not limited to hand hygiene and use of gloves) while performing blood glucose (blood sugar levels) for one Resident (R) 1 and failed to ensure the use of standard infection control precautions for the proper use of protective face masks for source control during a state of emergency for COVID-19 pandemic as put forth by the Centers for Medicare and Medicaid Services (CMS-the Federal department which oversees healthcare programs) guidelines. Findings included: - On 06/24/20 at 11:20 AM Licensed Nurse (LN) G performed blood sugar monitoring for R1. LN G donned gloves and placed the glucometer (instrument used to measure blood sugar levels), an alcohol pad, bottle of test strips (paper strip placed in the glucometer after blood is obtained), a tissue, and a lancet (a needled device used to obtain blood) on the dining table. LN G failed to place a clean barrier in between the table and supplies. She cleansed R1 finger with the alcohol pad, used the lancet to obtain a blood specimen, and placed the used lancet and alcohol pad on the tissue. LN G placed the glucometer directly on the table after using it. LN G then gathered all supplies, placed the used glucometer on a piece of paper on the medication cart, and disposed of the alcohol pad, tissue, test strip and lancet. LN G then doffed her gloves, picked up the used glucometer and wrapped it in a Sani-wipe (towel with disinfectant used to kill bacteria). On 06/24/20 at 11:40 AM Dietary Staff BB wore a cloth face mask placed under her chin with the straps on her ears. Her mouth and nose were uncovered. She prepped resident food in the kitchen and spoke with other staff members while her mask remained under her chin and her mouth and nose uncovered. On 06/24/20 at 11:51 AM Dietary Staff BB stated she had been instructed, by the administrative staff, the masks were not required unless they were in direct contact with residents. On 06/24/20 at 12:30 PM Administrative Staff A stated facility had heard on a conference call with the Centers for Disease Control and Prevention (CDC) that facility staff only needed to wear masks when they were with the residents and not in the kitchen. On 6/25/20 at 03:07 PM Administrative Nurse D stated there should have been a barrier between the table and the glucometer. The facility's Infection Control Committee policy dated 01/2020 documented the facility maintained on premises current CDC, and State/Federal regulations, guidelines, and recommendations relative to infection control issues in healthcare facilities. The CMS COVID-19 Long Term Care Facility Guidance dated 04/02/2020 directed that for the duration of the state of emergency in their state, all long-term care facility personnel should wear a facemask while in the facility. The facility failed to use proper infection control practices while obtaining blood sugar levels and failed to use standard infection control precautions for the proper use of protective face masks, as directed by CMS. This had the potential of increasing the risk for the spread of infections, including COVID-19, to the residents.</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.