

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DIVERSICARE OF COUNCIL GROVE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 SUNSET DRIVE COUNCIL GROVE, KS 66846</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility reported a census of 56 residents. The sample included eight residents reviewed for infection control issues. Based on observation, interview and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC) recommendations practices to prevent transmission of COVID-19. The facility failed to provide a face mask or tissue to five of the eight sampled, Resident (R) 1, R3, R5, R6 and R8, prior to staff providing direct cares. The failure to provide the residents masks or a facial covering during cares increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable residents of the facility. Findings included: - Observation on 07/09/2020 at 03:26 PM, revealed staff go into R1's room as she turned on her call light. She was sitting on the side of the bed. R1 did not know if she needed to go to the bathroom or not and Certified Nurse Aide (CNA) O and CNA P assisted her from the bed to the bathroom. The resident toileted independently and staff assisted her with peri care. At no time during the cares did CNA O or CNA P offer the resident a face mask or tissue to cover her face and nose. There was a disposable mask hanging on the handle of the wheelchair. Further observation with R1, on 07/13/2020 at 09:58 AM, revealed CNA N and CNA M asked R1 if she needed to use the bathroom. The staff transported R1 in her wheelchair from the day room to the common bathroom, assisted her to sit on the toilet and provided peri care hygiene by the staff. The resident did not have on a face mask nor did the staff offer her the face mask that was on the arm of her wheelchair. Observation, on 07/09/2020 at 01:06 PM, revealed License Nurse (LN) G assisted R6 with a mechanical lift to use the toilet. The resident during this time had a mask in place over his mouth, but his nose remained uncovered. LN G failed to instruct R6 to cover his nose and she failed to cover R6's nose with the mask, during the cares. Observation, on 07/09/2020 at 01:18 PM, revealed CNA S assisted R5 with finding and placing her shoes on her feet. Another staff member assisted CNA S to transfer the resident to and from the toilet. Neither CNA offered the resident a face mask or tissue during the cares. Observation, on 07/09/2020 01:31 PM, revealed LN G entered the room of R8 and was near the bedside table when the resident's face mask fell off of the table directly onto the floor. LN G told the resident she would get him a new face mask. However, CNA S entered the room and they assisted him with a mechanical lift transfer, from his wheelchair to the bed to provide incontinence hygiene cares. Prior to providing the resident with cares, LN G failed to obtain another face mask or offer the resident a tissue to cover his nose/mouth. The staff provided the resident with cares without the face mask or a tissue. Observation, on 07/09/2020 at 04:21 PM revealed CNA R assisted R3 with transfer to and from the wheelchair for toileting, then back to the wheelchair and to the recliner. There was a mask hanging on the handle of the wheelchair. However, CNA R did not offer R3 the mask or a tissue to cover her nose and mouth during these cares. On 07/09/2020 At 03:29 PM, CNA P reported the facility asked the staff to put masks on the residents before going out of their room, but the residents did not have to wear a face mask while in their rooms or while receiving cares. On 07/09/2020 At 03:34 PM, CNA O reported we try to have the residents wear a face mask, but due to confusion or dementia they may not keep it on. They should wear a face mask when outside of their rooms. On 07/13/2020 at 10:01 AM, CNA M reported and CNA N agreed, the residents are offered a face mask. Some residents will leave it on and some will not. They have to wear the face mask when out of their rooms. When the residents are in their room or during cares they do not have to wear one. On 07/13/2020 at 10:05 AM, CNA T reported anytime the residents are out and about in the halls or the living room or when staff are in close contact with cares the residents are to wear a face mask. On 07/13/2020 at 10:10 AM, LN H, reported the residents wear face masks anytime they are out of their rooms. On 07/13/2020 at 01:32 PM, Administrative Nurse D reported on one of the two wings it was easier to have the residents wear their face mask. The staff try to get them all to wear a mask, and some do and some do not wear them. The staff do the best they can with the residents wearing masks. The facility policy entitled, COVID-19 Education, Prevention and Response Guide, dated May 27, 2020, directed the staff to, recognize that some residents can not or will not wear face mask, if at all possible the residents should wear a mask when out of their rooms. The residents in a private room should wear a mask when a team member was providing cares. The residents in a semi-private room should wear a mask when the privacy curtain was not pulled. The centers for Medicare and Medicaid Services, titled COVID-19 Long-term Care Facility Guidance, dated 04/02/2020, documented. When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical face masks unless they are COVID-19-positive or assumed to be COVID-19-positive. The facility failed to provide or offer a face mask or tissue for these five residents, prior to provision of cares. This deficient practice had the potential to affect all residents of the facility for transmission of the COVID-19 virus.</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.