

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEWTON PRESBYTERIAN MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 E 7TH STREET NEWTON, KS 67114</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility reported a census of 50 residents. Based on observation, interview and record review, the facility failed to ensure staff provided proper sanitation for four residents (R)3, R4, R5 and R6 humidifiers, to prevent the spread of infection for these four residents. Findings included: - Observation, on 07/01/2020 at 10:00 AM, revealed a humidifier in resident (R) 1's room with six gallon containers of distilled water directly on the floor. Interview, on 07/01/2020 at 10:45 AM, with Certified Nurse Aide (CNA) M confirmed R1 used the humidifier and the bottles on the floor contained distilled water. CNA M thought maintenance took care of the humidifiers. Further observations, on 07/01/2020 at 10:50 AM, revealed humidifiers in R 4, R5 (who had 5 gallons of distilled water directly on the floor) and R6 residents' rooms. Interview, on 07/01/2020 at 02:45 PM, with Maintenance staff U, revealed he inspected and cleaned the humidifiers on a monthly basis, but would clean them more frequently if needed. Interview, on 07/01/2020 at 2:50 PM, with Administrative staff A, confirmed maintenance staff provided monthly inspection/cleaning of the resident's humidifiers. Administrative staff A stated the facility did not have a policy for weekly or more frequent cleaning of the residents' humidifiers. Interview, on 07/01/2020 at 03:00 PM, with Certified Medication Aide (CMA) S, revealed he added water to the residents' humidifiers when needed. Interview, on 07/01/2020 at 03:30 PM, with Licensed Nurse (LN) R, revealed maintenance takes care of cleaning the residents' humidifiers, but nursing would turn the filter at times. Interview, on 07/01/2020 at 03:45 PM, with CNA N, revealed she thought the charge nurse takes care of the humidifiers. Interview, on 07/01/2020 at 04:05 PM, with CNA O, revealed the CMA should put distilled water in the humidifier and clean the humidifier but did not know how often. Interview, on 07/01/2020 at 04:12 PM, with LN H, revealed he did not know who was responsible for care of the residents' humidifiers. The facility provided Inspections Completed by Environmental Services undated, which instructed staff to check the humidifiers once a month for proper operation and cleanliness. Review of the various manufacturer's recommendations for the residents' humidifiers instructed the consumer to clean the humidifiers weekly for adequate sanitation. The facility failed to ensure staff provided weekly cleaning of the residents' humidifiers to prevent the spread of infection for these four 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.