

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175374	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER EASTRIDGE		STREET ADDRESS, CITY, STATE, ZIP 604 1ST STREET CENTRALIA, KS 66415	
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 - Few	<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, interviews, record review and policy review the facility failed to assure staff followed infection control policies related to transmission-based precautions, to prevent the spread of infections for one of five residents, (R)1, observed for infection control practices. A Certified Nurse Aide (CNA)1 cared for a COVID-19 ([MEDICAL CONDITION]) suspect resident in isolation, (R1), without wearing the appropriate personal protective equipment (PPE). This deficient practice had the potential to spread infections to other residents in the facility. The facility census was 29. Findings Include: Review of a Progress Note, dated 06/25/20 at 8:10 PM, found in the electronic medical record (EMR) under the Progress Note tab, showed that R1 did not feel well and reported she had chills, a cough, and a low-grade temperature of 99.7 degrees Fahrenheit (F). The nurse documented the resident had wheezing in the bilateral upper lobes and crackles (abnormal lung sounds) in the bilateral lower lobes. Review of another Progress Note, dated 06/26/20 at 11:19 AM, found in the EMR under the Progress Note tab, showed a COVID-19 test was performed and the resident would remain in isolation pending results of the test. During an observation on 06/29/20 at 9:43 AM, the door of R1's room had an isolation sign prominently displayed. The sign posted ISOLATION: PPE REQUIRED: MASK (NOT THE SAME ONE YOU ARE USING IN THE FACILITY), GOWN, SAFETY GLASSES, GLOVES. CNA1 was in R1's room at the bedside table adjacent to the resident's bed. CNA1 was not wearing a gown or goggles, as directed by the sign posted on the resident's door. The aide was wearing a blue surgical mask and gloves. When CNA1 exited the resident's room, she discarded the gloves and used alcohol-based hand rub. During an interview on 06/29/20 at 9:48 AM, CNA1 stated that she went into R1's room to give her some string and initially had a gown on, which she hung up in the resident's room; however, R1 called her back into the room. She said she went over to the bedside to give her the item that she wanted and slid it across the bedside table, without making any contact, and left the room. CNA1 said she was aware the resident was on isolation precautions, which required the use of a mask, gown, goggles and gloves in the resident's room. During an interview on 06/29/20 at 3:20 PM, Director of Nursing (DON), responsible for the Infection Prevention and Control (IPC) program, stated that R1 was on isolation for new respiratory symptoms. The DON revealed a COVID test was obtained, and the results were pending. She said staff were expected to wear full PPE when they provided care to R1. The DON stated that it was not okay for CNA1 to return to the resident's bedside and provide care without donning (putting on) a mask, goggles or gloves. She stated all staff were trained months ago, when the pandemic was issued on COVID infection control and were required to pass competencies on donning and doffing (taking off) PPE. Review of the facility's policy titled, Novel Coronavirus (Covid 19), dated 03/31/20, noted for isolation precautions .staff will follow full PPE precautions for airborne agents when in the room at all times including gown, gloves, eye protection, face covering, surgical mask.</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.