

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175450</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ML-OP OXFORD, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 S OHIO OXFORD, KS 67119</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>	<b>Provide and implement an infection prevention and control program.</b>  The facility reported a census of 20 residents. Based on observation, interview, and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prevent transmission of COVID-19. The facility failed to ensure that all staff and visitors had a temperature recorded on the screening form 23 times from dates 03/23/20-06/29/20 and failed to ensure that the residents covered their nose and mouth when staff was present in their room. The failure to monitor staff and visitor temperatures and having the residents cover their nose and mouth when staff are present increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable residents of the facility. Findings included: - On 06/29/20 at 01:20, observation revealed Certified Medication Aide (CMA) M and CMA N providing Activities of Daily Living (ADL's) to a dependent resident. The staff failed to cover the resident's nose or mouth with a tissue or cloth or provide the resident a mask while providing ADL care. On 06/29/20 at 01:27 PM, CMA M revealed she was aware she needed to cover her nose and mouth but did not know anything about covering the resident's nose and mouth while providing care. On 06/29/20 at 01:40 PM, Administrative Staff A reported the facility instructed when a resident is in isolation they are to cover their nose and mouth, but not any of the other residents when staff were providing cares. On 06/29/20 at 02:10 PM, Administrative Staff A and Administrative Nurse D confirmed they were not aware that all long-term residents should have their nose and mouth covered regardless if they were having any symptoms of COVID-19 or not. The facility policy, Checklist for Controlling COVID-19 in LTC (Long term care) Facility, dated 04/03/20, lacked direction for the resident to have their nose and mouth covered when staff is present in their room. Additionally, review of the Covid-19 Screening form for employee/vendor/contractor/visitor, for dates 03/23/20-06/29/20 lacked a temperature to be recorded on the log form for three visitors and 20 staff. On 06/29/20 at 04:02 AM, Administrative Nurse D revealed that she was sure that all the temperatures were done and just forgot to record them. The employee writes their temperature down. Would expect the temperatures to be recorded on the screening forms. The facility policy Coronavirus 2019 (COVID-19), dated 06/19/20, directed that employees and other health care workers are required to complete a screening at the start of each shift, including taking a temperature. The facility failed to monitor staff and visitor temperatures and ensuring the residents covered their nose and mouth when staff are present, which increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable residents of the facility.		
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.