

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175258</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDICALDORGES FORT SCOTT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>915 S HORTON, PO BOX 510 FORT SCOTT, KS 66701</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>The facility reported a census of 46 residents. The sample included three residents reviewed for infection control practices. Based on observation, interview and record review, the facility failed to ensure appropriate hand hygiene and glove use, and proper handling of catheter equipment for two of the three residents reviewed, including Resident (R) 2 and R3, to prevent cross-contamination while emptying of catheter urine bags. Findings included: - On 09/10/2020 at 12:41 PM, observation revealed Direct Care Staff M entered R3's room, washed her hands, and donned gloves. She brought a urinal out of the bathroom and placed it underneath the resident's urine bag hanging on the side of her bed. Staff M unclashed the spout of the urine bag and emptied the urine into the urinal. She hung the bag back on the side of the bed, took the urinal to the bathroom and dumped the urine into the toilet. She rinsed and hung the urinal in a bag in the bathroom. Without washing her hands and changing gloves, she came out of the bathroom, grabbed a cleansing wipe out of a package, went over to the urine bag, moved the resident's bed sheet, unclashed the spout, and wiped off the end. She replaced the spout back into the bag and threw away the wipe. Staff M then removed her soiled gloves, discarded them into the trash, and washed her hands. On 09/10/2020 at 12:50 PM, observation revealed Direct Care Staff M entered R2's room, washed her hands and donned gloves. The resident was sitting in her wheelchair and the urine bag attached to her catheter hung in a dignity bag under her wheelchair. Staff M took the urine bag out of the dignity bag and unhooked the spout. She placed the end of the spout into a urinal and emptied the urine out of the bag. After replacing the spout back into the bag, she emptied the urinal into the toilet. She rinsed and hung the urinal in a bag in the bathroom. Without removing her gloves, washing her hands, and donning new gloves, she grabbed the handles of the resident's wheelchair and pushed the resident away from the door, replaced the urine bag back in the dignity bag, walked around to the sink, and touched the faucet handles. She also grabbed a plastic sack in the resident's room and threw it in the trash. She then removed her soiled gloves, threw them away in the trash can, and washed her hands. On 09/10/2020 at 01:03 PM, interview with Direct Care Staff M, verified the above findings. When she did catheter care for the residents, after dumping the urinal, she should change gloves and wash her hands. She stated she should not touch the resident's sink, wheelchair, and other personal items in the resident's room, before removing her gloves and washing her hands. On 09/14/2020 at 02:06 PM, Administrative Nurse D reported that it would be her expectation that the Certified Nurse Aides (CNA), after emptying and rinsing a resident's urinal, remove and discard their gloves, wash their hands, and don new gloves. The facility's procedure for Urinary Catheter Maintenance, undated, documented .III Proper Techniques for Urinary Catheter Maintenance .C. Use Standard Precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system. The facility failed to ensure appropriate hand hygiene and glove use and proper handling of catheter equipment, to prevent cross-contamination for these two residents rooms, during maintenance of their urinary catheters.</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.