

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER OSWEGO OPERATOR, LLC		STREET ADDRESS, CITY, STATE, ZIP 1104 OHIO STREET OSWEGO, KS 67356	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review and interview, the facility failed to maintain an effective and ongoing infection control program that identified, tracked, and trended infections of residents and staff that may be affected by COVID-19. Two staff had elevated temperatures but were not included on the March 2020 infection control log. This failure had the potential to affect all 30 residents that resided in the facility. Findings include: Review of the Infection Control Log and Antibiotic Usage Surveillance Tool for January 2020 revealed the facility documented 13 infections for the month. All residents documented failed to have an admitted . Of the 13 infections, 10 received a culture, but no infections had a follow-up culture completed. The facility failed to document signs or symptoms of infection for any of the infections. Review of the Infection Control Log and Antibiotic Usage Surveillance Tool for February 2020 revealed the facility documented eight infections for the month. Two residents were missing documented admitted s, two residents received cultures but not follow-up cultures, and none of the eight infections had documented signs or symptoms of infection. Review of the Infection Control Log and Antibiotic Usage Surveillance Tool for March 2020 revealed the facility documented five infections for the month. Of the five infections, none had documented admitted s. One infection received a culture, but no follow-up culture was obtained. The facility failed to document signs or symptoms for any of the infections. Review of the Infection Control Log and Antibiotic Usage Surveillance Tool for April 2020 revealed that the facility logged four infections for the month. Of the four infections, three had resolution dates for in the future: 4/25/20, 4/26/20, and 4/28/20. None of the infections had documented signs or symptoms of infection. Review of employee screening forms, dated 3/9/20, documented seven staff with a cough, and one with a sore throat. The information was not included on the March 2020 Infection Control Log. Review of employee screening forms, dated 3/11/20, documented one staff person with a cough. The information was not included on the March 2020 Infection Control Log. Review of employee screening forms, dated 3/18/20, documented one staff person with a cough. The information was not included on the March 2020 Infection Control Log. Review of employee screening forms, dated 3/25/20, documented one staff person with a cough and a runny nose. The information was not included on the March 2020 Infection Control Log. Review of the form Employee Absences related to COVID-19 form documented two staff, Registered Nurse (RN1) and RN2, who were absent beginning on 3/24/20 and ending on 3/28/20 and 3/29/20, respectively. The form did not include any outcome information, did not list signs or symptoms of possible infection, and failed to indicate if RN1 or RN2 were tested for COVID-19, and if so, what the results were. This information was not included on the March 2020 Infection Control Log. On 4/23/20 at 10:50am, Medication Aide (MA1) stated that he called in sick last Friday due to GI (gastrointestinal) issues. This information was not included on the April 2020 Infection Control Log. On 4/23/20 at 1:03pm, the Infection Control Nurse (ICN) indicated that she documented signs and symptoms of infection on an individual assessment for each resident, located in their chart. The ICN indicated that the Infection Control Logs failed to have a place to document signs and symptoms of infection. The ICN indicated that she failed to track the infections of facility employees, but that the Business Office Manager (BOM) tracked if an employee called in or not for payroll reasons. The ICN reported that RN1 and RN2 had elevated temperatures in March (which were not included on the March 2020 infection control log). The ICN indicated that the April 2020 infections with resolution dates in the future were done so because that was the day the antibiotic prescription ended, and that all infections in the facility resolved the same day their antibiotics finished. Review of the facility policy dated 03/2020, titled Infection Prevention and Control Program F 880, documented the following: The Infection Control Committee shall oversee the internal community system for the preventing, identifying, reporting, investigating, and controlling of infections and communicable diseases for all staff, volunteers, visitors, and other individuals providing services under contractual agreement.</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.