

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER HOLIDAY RESORT		STREET ADDRESS, CITY, STATE, ZIP 2700 W 30TH STREET EMPORIA, KS 66801	
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>The facility reported a census of 105 residents. The sample of five residents, included two residents reviewed during cares provided by direct care staff. Based on observation, interview and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention. (CDC) recommended practices to prevent transmission of COVID-19, dated 04/02/2020. The facility failed to provide or offer a face mask or tissue to cover the nose/mouth of the two residents reviewed, Resident (R) 4 and R5, prior to staff providing them with direct cares. The failure to provide the residents masks or a facial covering during cares increased the risk of transmission of the pandemic COVID-19 virus to the residents of the facility. Finding included: - Observation, on 06/23/2020 at 04:52 PM, revealed Certified Nurse Aide (CNA) M, assisted R4 to his room per wheelchair. She removed the resident's oxygen tubing and turned on the oxygen concentrator. Staff positioned the slide board so the resident could transfer from the wheelchair to the recliner and assisted with removing his shoes. The resident was not offered a mask to wear or tissue to cover his nose/mouth during these cares by the staff member. Staff failed to provide the resident education related to the need to prevent transmission of the pandemic COVID-19. On 06/23/2020 at 4:52 PM, CNA I reported, the resident as independent with transfers, but would let staff assist him at times. CNA I further explained that the residents who resided in the facility did not wear masks, unless the residents requested a face mask. Observation, on 06/23/2020 at 04:55 PM, revealed CNA M assisting R5 to his room per wheelchair. CNA M assisted the resident with his oxygen concentrator, lowered his bed and adjusted the covers to his liking. The resident transferred self to the bed with standby assist. CNA M assisted the resident to remove his clothing, socks and shoes. The resident was not offered a mask or tissue to cover his nose and mouth during cares. Staff failed to provide the resident education related to the need to prevent transmission of the pandemic COVID-19. On 06/23/2020 at 02:58 PM, CNA N reported, staff should wear a mask at all times, but the residents did not have to wear a mask, unless they wanted to. The facility kept the residents' facemask in the room, but the residents did not have to wear it. On 06/23/2020 at 04:30 PM, Administrative Nurse D reported, the residents do not have to wear a mask unless they want to, they do not wear a mask during cares unless they want to. On 06/23/2020 at 04:52 PM, CNA O reported, when she assisted R4 from the wheelchair to the chair with a slide board. The resident was not offered a mask or tissue to cover his nose/mouth during cares. On 06/25/2020 at 11:30 AM, Administrative staff A explained the facility lacked adequate quantity of personal protective equipment (PPE) for all of the residents to use each time a staff member provided them with any direct cares. With the expatriation to staff A that each resident would need a facemask for themselves and they could reuse the facemask whenever the staff entered the resident's room for cares, then staff A verified he misunderstood the regulations and that the mask could be reused. Administrative staff A verified the facility lacked a system to provide a facemask for each resident when they received cares. The Centers for Medicare and Medicaid Services, titled COVID-19 Long-term Care Facility Guidance, dated 04/02/2020, documented . When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouth when staff are in the room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical face masks unless they are COVID-19 positive or assumed to be COVID-19 positive . The facility failed to encourage or offer a face mask or tissue to cover the nose/mouth of these two sampled residents, prior to provision of cares, to prevent the spread of respiratory infections. The facility failed to educate the residents related to the need to prevent transmission of the pandemic COVID-19.</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.