

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/11/2020
NAME OF PROVIDER OF SUPPLIER MEDICALDODGES POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6500 GREELEY AVENUE KANSAS CITY, KS 66104	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst residents and staff. On 5/8/20, multiple facility staff entered the rooms of residents under observation for COVID-19 while failing to wear appropriate personal protective equipment (PPE). Specifically, the staff failed to wear gowns and eye protection (goggles or face shields) when entering these residents' rooms. Additionally, the facility failed to report an outbreak of influenza A among the residents in February, 2020. Findings include: I. Failure to wear personal protective equipment (PPE) On 5/8/20 at 9:20am, the Administrator indicated that all new admissions, readmissions, and residents who attend [MEDICAL TREATMENT] lived on the 100 hall of the facility, under isolation restrictions. The Administrator indicated that these residents were under observation and indicated that staff wore surgical masks and gloves when interacting with the residents. On 5/8/20 at 10:28am, licensed practical nurse (LPN1) indicated that any new admission, readmission, or resident who went out of the facility for appointments was quarantined on the 100 hall, and that if they exited their rooms, the residents must wear a surgical mask. LPN1 indicated that if a resident began displaying any signs or symptoms of a respiratory infection, they would be immediately placed on droplet precautions. LPN1 indicated that no residents in the facility were experiencing a fever or other respiratory symptoms. LPN1 indicated that the facility had a sufficient amount of personal protective equipment (PPE). On 5/8/20 at 11:34am, nurse aides (NA1 and NA2) indicated that they were assigned to work the 100 hall. NA1 and NA2 both wore surgical masks. NA1 and NA2 indicated that the residents on the 100 hall were free of any signs or symptoms of respiratory infections, but were on restrictions. NA1 and NA2 indicated that they must wear facemasks and gloves when interacting with the residents, and practice good handwashing. If a resident developed signs or symptoms of a respiratory infection, that resident would be placed on droplet precautions. NA1 and NA2 indicated that the facility had a sufficient amount of PPE. On 5/8/20 at 11:38am, LPN2 indicated that the facility had a sufficient amount of PPE. LPN2 indicated that no residents in the facility experienced any symptoms of a respiratory infection or a fever, but if they did, they would be placed on droplet precautions on the 100 hall for isolation. On 5/8/20 at 1:00pm, the Director of Nursing (DON) indicated that new admissions and readmissions were placed on isolation for 14 days, and that staff must follow contact precautions when interacting with them. If any resident developed a fever or respiratory symptoms, that resident would immediately be placed on droplet precautions. The DON indicated that the facility had a sufficient amount of PPE, but in the past ran low on supplies. The DON indicated that all new admissions and readmissions were not all tested for COVID-19, but that the facility had a strict questionnaire that was completed for all admissions and readmissions. On 5/8/20 at 1:16pm, NA1 entered the room of R1, under observation and not displaying any signs or symptoms of a respiratory infection. NA1 wore a surgical mask and gloves. NA1 asked R1 if he needed anything, then stepped out of the room. NA1 disposed of her gloves and performed hand hygiene. On 5/8/20 at 1:27pm, the Infection Control Nurse (ICN) indicated that all new admissions, readmissions, and residents going to [MEDICAL TREATMENT] must be under isolation on the 100 hall. Facility staff were expected to wear surgical masks and gloves when providing assistance to those residents. If a resident developed signs or symptoms of a respiratory infection, including fever, that resident would be placed on droplet precautions. The ICN indicated that all new admissions or readmissions were screened prior to admission by the administrative staff, and the hospitals were required to report if they had any positive COVID-19 cases, if so, if the potential facility admission was in a room near that patient, and if any hospital staff including maintenance and janitorial staff were shared between the potential resident and that patient. The ICN indicated that the questionnaire was completed for each resident who was not tested for COVID-19 prior to admission. On 5/8/20 at 2:30pm, the administrator indicated that he completed the questionnaires for the potential admissions, and was very strict about the questionnaires being completed because he did not want to expose any residents to a possible case of COVID-19. The administrator indicated that he requested COVID-19 testing for new admissions, but that the hospitals usually refused because the potential admissions were asymptomatic. The administrator indicated that if a resident developed signs or symptoms of a respiratory infection, including fever, that resident would immediately be placed on droplet precautions on the 100 hall. The Administrator indicated that the facility followed the CDC and CMS guidance for staff wearing PPE while caring for residents under observation. Review of CDC recommendations, dated 4/15/20, titled Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, documented: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP. II. Failure to report an influenza A outbreak Review of the facility's Infection Control Log for February 2020 documented that five residents tested positive for influenza A. Per the Infection Control Log, all five residents received treatment with [MEDICATION NAME] (an [MEDICAL CONDITION] drug that can treat and prevent the flu). All five residents recovered from their infections. On 5/8/20 at 1:27pm, the ICN indicated that the facility experienced an outbreak of the flu in February, 2020. The ICN indicated that all residents of the facility were treated with [MEDICATION NAME], as a [MEDICATION NAME] measure. The ICN indicated that the facility failed to notify the Health Department of the outbreak, as required. Review of the facility policy, dated 11/2017, titled Infection Control Surveillance, documented that the infection preventionist would notify the local health department of required reportable diseases.</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.