STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175304	A. BUILDING _____ B. WING _____	06/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMPORIA PRESBYTERIAN MANOR	**2300 INDUSTRIAL ROAD EMPORIA, KS 66801**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the finding of a Targeted Infection Control/Covid-19 Survey was conducted by the Kansas Department for Aging and Disability Services (KDADS), on behalf of the Centers for Medicare and Medicaid Services (CMS) on 06/24/2020. This 2567 was electronically sent to the facility on 6/30/2020.	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 880	Continued From page 1	F 880		

but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.

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F 880	Continued From page 2	F 880		

This REQUIREMENT is not met as evidenced by:
The facility reported a census of 42 residents. The sample included five for review of infection control issues. 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. The facility failed to provide a face mask or tissue to three of the five residents sampled, Resident (R) 2, R4, and R5, prior to staff providing 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 vulnerable residents of the facility.

Finding included:

- Observation, on 06/24/2020 at 11:18 AM, revealed staff went into R4's room. License Nurse (LN) H and Certified Nurse Aide (CNA) O, assisted the resident to the toilet with a mechanical lift, performed perineal hygiene and returned her to the recliner. The staff did not offer the resident a tissue or a mask to cover her nose/mouth during the cares.

Observation, on 06/24/2020 at 01:20 PM, CNA O entered R2's room. CNA O assisted her to the bathroom with a walker and a gait belt, then CNA O performed perineal hygiene with toileting completed. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares.

Observation, on 06/24/2020 at 01:39 PM, revealed LN H and CNA N entered R4's room

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F 880	Continued From page 3	F 880		

with a mechanical lift. The staff assisted the resident to toilet and performed perineal hygiene when completed. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares.

Observation, on 06/24/2020 at 03:32 PM, revealed CNA M and CNA P assisted R5 on and then off of the bedpan and performed perineal hygiene. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares.

Observation, on 06/24/2020 at 04:03 PM, revealed CNA P was in R2's room, the resident was using the toilet. When completed the staff member assisted R2 to stand and performed perineal hygiene. The staff did not offer the resident a tissue or mask to cover her nose/mouth during the cares.

On 06/24/2020 at 12:28 PM, LN H reported, the healthcare residents do not wear mask during bathing, personal cares, or toileting.

The policy titled, "Infection Control," revised 05/11/2020, lacked direction to staff in reference to staff providing the residents with covering of their nose/mouth with a tissue or mask during 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,

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F 880	Continued From page 4 non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19 positive or assumed to be COVID-19 positive ..." The facility failed to provide or offer a face mask for these three residents, prior to multiple provision of cares. This deficient practice had the potential to affect all residents of the facility for the transmission of the COVID-19 virus.	F 880		