

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRIT RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation represents the findings of an infection control survey at the above named facility conducted on 6/24/20, 6/25/20, 6/29/20 and 6/30/20.	S 000		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident 's food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents.	S3305		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRIT RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (b) The facility reported a census of 51 residents. The sample included 4 residents. Based on record review and interview for all sampled residents #1, #2, #3 and #4, who tested positive for COVID-19 with the potential to affect all residents, the administrator failed to ensure staff followed the facility's policy which required monitoring of residents every 12 hours for signs of COVID-19 (temperatures, lung sounds and oxygen saturations). Findings included: - Record review for resident #1 recorded an admission date of 8/23/18 with diagnoses of dementia, arthritis, postherpetic trigeminal neuralgia, vitamin D deficiency, mixed hyperlipidemia, hearing loss, hypertension, atherosclerotic heart disease, and benign prostatic hyperplasia. Weights and vitals summary recorded a temperature of 97.9F (degrees Fahrenheit) (tympanic) on 5/5/20, next temperature recorded on 6/9/20 of 98.6F (tympanic). Record lacked documentation of monitoring of resident's vital signs (temperature, lung sounds and oxygen saturation) every 12 hours per facility policy. Progress notes, (nurses notes) recorded: 6/16/20 at 7:35am: "This resident was found by night shift staff, behind his apartment door, he	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRITE RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 2 was not responding, when they came into the room, the wife was yelling for help, the ambulance was called, (wife) of the resident called (family member), the resident left by ambulance to hospital for further assessment." Signed by licensed nurse #B 6/16/20 at 10:01am: "Admitted to ...hospital for elevated temperature, elevated labs." Signed by licensed nurse #B. 6/21/20 at 2:39pm: "Resident still remains in the hospital for positive COVID." Signed by licensed nurse #B. Interview on 6/24/20 at 2:40pm with operator #A, stated resident #1 is the ground zero case, he fell after getting up in the middle of the night,(which was) not like him, he hit his head, emergency services noted a fever, the hospital tested him for COVID, and notified the facility on 6/16/20 that he was COVID positive. - Record review for resident #2 recorded an admission date of 8/23/18 with diagnoses of dementia, arthritis, disc degeneration, malignant neoplasm of the breast, hyperlipidemia, epilepsy, glaucoma and hypertension. Weights and vitals summary recorded a temperature of 98.5F (degrees Fahrenheit) (tympenic) on 5/5/20, next temperature recorded on 6/5/20 of 98.6F(tympenic). Record lacked documentation of monitoring of resident's vital signs (temperature, lung sounds and oxygen saturation) every 12 hours per facility policy. Resident's temperature was recorded every 12 hours starting 6/19/20, results ranged from 97.3 to an elevated temperature on 6/23/20 at	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRIT RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 3 10:25am of 99.5F orally. Resident was listed on facility line listing as COVID positive for 6/17/20 testing. Progress notes dated 6/23/20 at 5:05pm: "This nurse was called and informed of this resident having a temperature of 101.2 ...resident is COVID positive-her temperature has been climbing today from 99.5 and at noon 99.4. Her cough is stable with clear this phylum, cough sounds like she is barking. With these progressive symptoms it was decided that she should be sent out to the hospital for further assessment ...resident's departure to the hospital at approximately 5:05pm." Signed by licensed nurse #B. - Record review for resident #3 recorded admission date of 4/14/18 with diagnoses of constipation, atherosclerotic heart disease, transient ischemic attach, hypothyroidism, hypercholesterolemia, hypertension and spinal stenosis. Weights and vitals summary recorded one value on 6/2/20 of 95.9F (degrees Fahrenheit). Progress notes recorded on 6/16/20 at 10:29am: "Voice message left for [nurse practitioner] that she states she has been coughing for the last 2 days, she has wheezing sounds in her chest, oxygen saturation 93% and no temperature. Request made for chest x-ray..." Signed by licensed nurse #B 6/16/20 at 5:04pm: "Per nurse with [nurse practitioner] they want to see [resident] or take her to urgent care. Voice mail left for family." Signed by licensed nurse #F.	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRITE RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 4 6/17/2020 at 8:00am: "This nurse was informed this morning of this resident having a fall There were no injuries noted at this time ...Temperature 97.4F ...oxygen saturation (SPO2) 90%..." signed by licensed nurse #B 6/17/20 at 8:42am: "This nurse called the [family] this am with concerns of her fall and her wheezing-cough and her increased confusion. SPO2 at 90%. This nurse felt that the resident needed to go to the emergency room with these issues today. [family] in agreement with this. She will be here at 9:30 to pick this resident up." Signed by licensed nurse #B 6/17/20 at 1:46pm: "Voice mail received from daughter that [resident] is being admitted. Her lung X-ray was fine but her O2 (oxygen) is low and she is dehydrated. They will keep her for a few days." Signed by licensed nurse #F 6/21/20 at 2:41pm: "This resident still remains at St. Francis hospital for positive COVID" signed by licensed nurse #B 6/27/20 at 2:17pm: "Family notified apartment director that [resident] passed away today." Signed by licensed nurse #F - Record review for resident #4 recorded admission date of 4/14/18 with diagnoses of vitamin B12 deficiency, hypothyroidism, Parkinson's, hypertension, congestive heart failure, cerebrovascular disease, peripheral vascular disease, gastro-esophageal reflux disease, muscle weakness, right femur fracture and cardiac pacemaker. Weights and vitals summary recorded the following temperatures: 6/3/20-98.8F (degrees	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRIT RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 5 Fahrenheit) next temperature recorded 6/19/20-98.8F. Resident listed on line-listing as COVID negative after 6/17/20, was tested on 6/19/20- results positive. 6/20/20 at 1:35pm: "Nursing staff reporting that resident was not himself. He was having difficulty sitting up. He had a temp of 99.4 and coughing. His wife is currently in the hospital for COVID so staff is watching him closely ...[doctor's] office paged. [nurse practitioner] called back and asked for STAT (immediate) labs...temperature 98.3F, O2 (Oxygen) 99% clear lung sounds ...information reported to [nurse practitioner]and informed lab would not come out due to temperature and cough ...[nurse practitioner] said to continue to monitor him, taking vitals every 4 hours and to encourage fluids ..." Signed by licensed nurse #F (No documentation for admission to the hospital.) 6/21/20 at 5:04pm: "This nurse received this information from the nurse whom is taking care of him. He has an elevated temperature, elevated white blood cell count, on antibiotics, very weak ...COVID results were not back yet ..." Signed by licensed nurse #F 6/27/20 at 12 noon: "This CN (charge nurse) received call from family requesting to come in and get important paperwork regarding funeral arrangement due to his parent's decline ..." Signed by licensed nurse #F (operator #A on 6/29/20 via email, confirmed resident had died)	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRITE RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 6 Facility has a total of 56 staff. Review of sample of facility staff training titled "Competency Test-for Novel Corona virus COVID 19", for 2 staff: #C and #D, recorded the following answers on both staff documents: 10) What items are we monitoring on the residents every 12 hours? (staff answers) temperature, lung sounds and oxygen saturation. Start of shift employee screening logs recorded: staff member #E worked 6/7/20 and 6/11/20, her temperature was 98.1 and 98.4 respectively. She answered "no" to all screening questions: cough, sore throat, new shortness of breath or difficulty breathing, vomiting and/or diarrhea, chills and/or repeated shaking with chills, muscle pain, headache, new loss of taste or smell. Review of facility policy titled, "Novel Coronavirus (2019-nCoV) (COVID-19)" recorded: "Resident Care: Identifying and assessing for 2019 Novel Coronavirus: "This facility will vigilantly monitor residents throughout the day for any signs and symptoms. The facility will monitor approximately every 12 hours and as needed the following: Temperature, lung sounds, oxygen saturation. Any resident with a temperature of 100.4 degrees, a cough, fever or sore throat will be considered symptomatic and transmission-based precautions will be implemented immediately ..." The facility failed to follow this policy. Interview on 6/24/20 with operator #A at 2:30pm stated: A temporary (outside agency) certified staff member (#E) was in another facility that had a positive COVID-19 case and #E tested positive. June 11th, was the last day #E was in the building and had not been back. She confirmed certified staff #E provided care to resident #1. Operator #A stated staff #E was asymptomatic and #E did not	S3305		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OR SUPPLIER MCCRIT RETIREMENT ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1608 SW 37TH STREET TOPEKA, KS 66611		
(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) COMPLETE DATE
S3305	Continued From page 7 complete the COVID-19 competency test as she was agency staff. Operator #A confirmed facility failed to monitor residents' temperatures every 12 hours prior to the outbreak. For residents #1, #2, #3 and #4, who tested positive for COVID-19 and with the potential to affect all residents of the facility, the administrator failed to ensure staff followed the facility's policy which required residents to be monitored every 12 hours for signs of COVID-19 (temperatures, lung sounds and oxygen saturations).	S3305		