

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY AT SALINA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>623 S 3RD STREET SALINA, KS 67401</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility reported a census of 36 residents. The sample included 4 residents reviewed for infection control practices. Based on observation, interview, and record review, the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prevent transmission of COVID-19 during cares for one of four sampled residents (R) 4. The facility failed to ensure appropriate use of personal protective equipment (PPE) and hand hygiene, to prevent cross-contamination during donning and doffing of PPE after use in R4's room, who was a re-admission into the facility and in quarantine. This deficient practice created the potential for the spread of the Covid-19 virus to all the residents of the facility. Findings included: - On 07/06/2020 at 02:24 PM, observation revealed Certified Medication Aide (CMA) R, donning a clean face mask after doffing a soiled one and leaving it on the top of the PPE cart outside of R4's quarantine room. CMA R did not perform hand hygiene between face mask changes. CMA R continued to don a gown, a face shield from a drawer in the PPE cart, and gloves. She collected a biohazard bag from the PPE cart and went into the resident's room. At 02:44 PM, CMA R left R4's room after doffing her gown and gloves. She removed the soiled face shield and face mask, failed to perform hand hygiene, and donned gloves. She cleaned the face shield with a disinfectant wipe and returned it to the drawer in the PPE cart. She did not don another face mask until questioned. She donned a new face mask and went into the utility room to wash her hands. On 07/06/2020 at 02:50 PM, Certified Medication Aide (CMA) R reported that she should have thrown away the soiled face mask, performed hand hygiene between mask and glove changes, and put on a clean face mask after doffing a soiled one. On 07/07/2020 at 11:44 AM, Administrative Nurse D reported that it would be her expectation that the staff perform hand hygiene between mask and glove changes and soiled masks should be immediately discarded and not left on the PPE cart. Staff should be putting on new masks after doffing soiled ones. The facility policy (Facility Name) Policy and Procedure [MEDICAL CONDITION], revised 06/17/2020, directed the staff that infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. The staff will adhere to all Standard, Contact, Airborne, and Droplet Precautions, including the use of Eye Protection. Standard precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Healthcare personnel must practice the appropriate use of PPE prior to caring for the patient. The facility failed to ensure appropriate use of personal protective equipment (PPE) and hand hygiene, during donning and doffing of PPE after resident care in R4's quarantine room, to prevent cross-contamination and the possible transmission of the COVID-19 virus to the residents of the facility.</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.