

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER PITTSBURG OPERATOR LLC		STREET ADDRESS, CITY, STATE, ZIP 1005 E CENTENNIAL DRIVE PITTSBURG, KS 66762	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 65 residents. Based on record review and interview, 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 with the failure to ensure all visitors were properly screened for the 2019 Novel Coronavirus (COVID-19), by not completing all questions on the Visitor Screening log on five of the 41 logs reviewed. The facility also failed to ensure all employees were properly screened for the 2019 Novel Coronavirus (COVID-19), by not completing all questions on the Employee Screening log for eight of the 41 logs reviewed. Findings included: - Review of the facility's Visitor Screening - Only [MEDICATION NAME] Visitation log, included columns for the date, name of visitor, international travel last 14 days (yes or no), signs/symptoms of respiratory illness (cough, fever greater than 100.4, sore throat or new shortness of breath) record temperature yes or no, contact with someone with or under investigation for COVID-19 yes or no, name and room # of whom visiting, and cleared for limited visitation with PPE (masks). The facility failed to complete the Visitor Screening - Only [MEDICATION NAME] Visitation log questions before allowing five visitors to enter the facility, from 06/18/2020 through 07/29/2020. Further review of the Employee Screening, Kansas - If A Positive Answer to Any of the Questions, No Work, Must Leave Wearing a Mask log, included columns for the date, name of employee, contact with someone with or under investigation for COVID-19 including in another workplace yes or no, international travel including cruises on or after March 15, signs/symptoms of respiratory illness (cough, fever or sore throat) yes or no (yes, out), received notification from public health related to close contact with COVID-19, closer than 6 feet for greater than 10 min out, temperature reading (no one greater than 100.4) (out if 100.4 or greater) per CMS/CDC, ok to work?, not ok to work and reason. The facility failed to complete the Employee Screening, Kansas - If A Positive Answer to Any of the Questions, No Work, Must Leave Wearing a Mask log questions before allowing eight employees to enter the facility, to work with the residents, from 06/18/2020 through 07/29/2020. On 07/30/2020 at 02:30 PM, Certified Nurse Aide (CNA) M, reported staff were required to be screened before every shift. The staff are required to get their temperatures taken and fill out the screening questionnaire completely before going to work. On 07/30/2020 at 05:25 PM, Administrative Nurse D verified the above findings. She reported that she audited the screening logs and that the staff should be filling them out completely. Whoever answers the front door should be staying with the visitor signing in and making sure all the information on the log was filled out. The facility policy Pandemic Plan - COVID-19, Staff and Visitor Screening, revised 07/2020, directed that staff will be screened at the point of entry into the community and the community will follow CDC, CMS, State and Local Health Department guidelines for the screening of staff members and visitors. The facility failed to perform complete visitor and employee screening that included screening questions and assessment of illness for five visitors and eight employees out of 41 logs reviewed, from 06/18/2020 through 07/29/2020. The failure to perform complete screenings increased the risk of transmission of the pandemic COVID-19 virus to the vulnerable 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.