

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/27/2020
NAME OF PROVIDER OR SUPPLIER MAPLE HEIGHTS NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE RR 2 E IOWA STREET HIAWATHA, KS 66434		
(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 A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on October 27, 2020. The facility was found not to be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total residents:49	F 000			
F 880 SS=E	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, but are not limited to:	F 880			

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.

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F 880	Continued From page 1 (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. This REQUIREMENT is not met as evidenced by:	F 880			

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F 880	Continued From page 2 Based on observation, interview, and record review the facility failed to ensure Nurse Aide (NA1) washed her hands prior to serving meals to two residents (R1, R2) who were quarantined to their rooms for COVID-19. NA2 failed to sanitize her hands before donning personal protective equipment (PPE) and entered R3's room. R3 was in quarantine for COVID-19 observation. Upon exiting R3's room, NA2 failed to sanitize her hands after removing her PPE. Licensed Practical Nurse (LPN1) removed his mask, placed it on top of the storage cart outside R3's room and did not sanitize his hands before entering R3's room. The facility failed to ensure staff used the appropriate germicidal disinfectant for the blood glucose meters shared for 13 residents who required blood glucose monitoring. The facility reported a census of 49 residents. Findings include: On 10/27/20 at 12:01pm, observation revealed a cart with PPE supplies outside of R3's room. Without sanitizing her hands, NA2 put on a gown, combination mask with face shield, and gloves and entered R3's room. NA2 assisted R3 with cares and summoned the nurse. LPN1 came to R3's doorway, removed his mask and placed it on top of the PPE supply cart. Without sanitizing his hands, LPN1 put on PPE and entered R3's room. NA2 exited R3's room, removed her PPE and placed the gloves and mask in the trash can. Without sanitizing her hands, NA2 removed the gown and removed a can of sanitizing spray. NA2 held the gown up and sprayed it with the sanitizing spray and hung it up on a hook on the wall. She did not spray the entire gown. NA2 placed the disinfectant can back into the drawer of the cart, removed the trash bag from the trash	F 880			

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F 880	Continued From page 3 can, tied the bag and took it down the hall to the soiled utility room without sanitizing her hands. During an observation on 10/27/20 at 12:05pm, NA1 entered the kitchenette through a closed gait. Without washing her hands, NA1 poured a liquid into a Styrofoam cup and served up food into a Styrofoam container. NA1 opened the gate and took the food into R1's room. NA1 exited the room, went to the refrigerator to get a "Boost" supplemental shake and took it into R1's room. NA1 exited R1's room without sanitizing her hands, adjusted her face mask and went into the kitchenette through the gate. NA1 poured a liquid into a Styrofoam cup and served up food into a Styrofoam container. NA1 opened the gate and took the food into R2's room without sanitizing her hands. NA1 exited the room without sanitizing her hands. LPN1 requested NA1 locate a larger trash can with a red bag to replace the small trash can in front of R3's room. NA1 exited the secured unit without washing or sanitizing her hands, then came back to the unit with a trash can. NA1 washed her hands when she re-entered the kitchenette. During an interview on 10/27/20 at 1:17pm, LPN3 indicated that staff should sanitize their hands before and after contact with a resident and before putting on PPE and after taking PPE off. LPN3 indicated she cleaned equipment such as the blood glucose meter with alcohol wipes or a germicidal type wipe and did not have individual meters for each resident. LPN2 opened the treatment cart to show the alcohol wipes were readily available. The germicidal wipes were not on the cart. The Administrator brought the germicidal wipes to the cart stating they were also available for use on the blood glucose meter and	F 880			

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F 880	Continued From page 4 staff used either alcohol wipes or the germicidal wipes to clean the meter. During an interview on 10/27/20 at 5:00pm, the Director of Nursing (DON) indicated staff should wash their hands upon entering the kitchenette to serve and distribute food to residents and prior to donning and after doffing PPE. The DON indicated staff should hang their mask on a hook on the wall outside the room instead of laying it on top of the PPE cart. The DON indicated staff should spray the entire gown before hanging it on the wall for reuse. The DON stated that she was not aware that alcohol wipes were not an effective way of cleaning the blood glucose meter. The facility did not provide a policy for disinfecting the blood glucose meter. According to https://wayback.archive-it.org/7993/20191216124905/https://www.fda.gov/medical-devices/vitro-diagnostics/letter-manufacturers-blood-glucose-monitoring-systems-listed-fda, it is not recommended to share blood glucose meters. If a facility must share meters then the meters must be cleaned and disinfected after every use following the guidelines provided in the device labeling. The disinfection solvent you choose should be effective against HIV, Hepatitis C, and Hepatitis B virus. Outbreak episodes have been largely due to transmission of Hepatitis B and C viruses. However, of the two, Hepatitis B virus is the most difficult to kill. Please note that 70% ethanol solutions are not effective against viral bloodborne pathogens and the use of 10% bleach solutions may lead to physical degradation of your device. The facility's 9/30/19 Isolation Precautions Standard Infection Precautions Policy and	F 880			

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F 880	Continued From page 5 Procedure recorded the following under the title of Policy: "Standard infection precautions will be used by all employees with all residents. These precautions assume that any resident may have a communicable disease. Using these precautions will protect the residents who live in the community and the employees and their families. Infection control is a responsibility of every employee." Under the title of Procedure: "1. Standard precautions are to be used when caring for all residents. Below is a list of principles that must be followed to protect residents, team members and others in the community. a. Hand washing i. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items regardless of whether gloves are worn. ii. Wash hands immediately after gloves are removed, between resident contacts, between infected wound sites and when necessary to avoid transfer of microorganisms to other residents or environments. iii. Use plain (non-anti-microbial) soap or an alcohol based hand antiseptic when indicated during an outbreak such as influenza. b. Gloves v. Wash hands each time gloves are removed." Instructions for proper donning and doffing PPE for healthcare workers at https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html, directs staff when to sanitize their hands: "How to Put On (Don) PPE Gear More than one donning method may be	F 880			

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F 880	Continued From page 6 acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning. 1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training). 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel. 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.* Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears. 5. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common. 6. Put on gloves. Gloves should cover the cuff (wrist) of gown.	F 880			

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F 880	Continued From page 7 7. Healthcare personnel may now enter patient room. How to Take Off (Doff) PPE Gear More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing. 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. * 3. Healthcare personnel may now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.* Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. 7. Perform hand hygiene after removing the	F 880			

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F 880	Continued From page 8 respirator/facemask and before putting it on again if your workplace is practicing reuse.* * Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices."	F 880			