STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175302	A. BUILDING _____ B. WING _____	07/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWTON PRESBYTERIAN MANOR	1200 E 7TH STREET NEWTON, KS 67114

(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 citation represents the findings of a Targeted Infection Control Survey/COVID-19 Focused Survey conducted by the Kansas Department on Aging and Disability (KDADS) on behalf of the Centers for Medicare & Medicaid Services (CMS) on 07/01/2020. This 2567 was electronically sent to the facility on 7/8/2020.	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,	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 07/07/2020

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 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.	F 880		

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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 50 residents. Based on observation, interview and record review, the facility failed to ensure staff provided proper sanitation for four residents (R)3, R4, R5 and R6 humidifiers, to prevent the spread of infection for these four residents.

Findings included:

- Observation, on 07/01/2020 at 10:00 AM, revealed a humidifier in resident (R) 1's room with six gallon containers of distilled water directly on the floor.

Interview, on 07/01/2020 at 10:45 AM, with Certified Nurse Aide (CNA) M confirmed R1 used the humidifier and the bottles on the floor contained distilled water. CNA M thought maintenance took care of the humidifiers.

Further observations, on 07/01/2020 at 10:50 AM, revealed humidifiers in R 4, R5 (who had 5 gallons of distilled water directly on the floor) and R6 residents' rooms.

Interview, on 07/01/2020 at 02:45 PM, with Maintenance staff U, revealed he inspected and cleaned the humidifiers on a monthly basis, but would clean them more frequently if needed.

Interview, on 07/01/2020 at 2:50 PM, with Administrative staff A, confirmed maintenance staff provided monthly inspection/cleaning of the resident's humidifiers. Administrative staff A stated the facility did not have a policy for weekly or more frequent cleaning of the residents' humidifiers.

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F 880	Continued From page 3	F 880		

Interview, on 07/01/2020 at 03:00 PM, with Certified Medication Aide (CMA) S, revealed he added water to the residents' humidifiers when needed.

Interview, on 07/01/2020 at 03:30 PM, with Licensed Nurse (LN) R, revealed maintenance takes care of cleaning the residents' humidifiers, but nursing would turn the filter at times.

Interview, on 07/01/2020 at 03:45 PM, with CNA N, revealed she thought the charge nurse takes care of the humidifiers.

Interview, on 07/01/2020 at 04:05 PM, with CNA O, revealed the CMA should put distilled water in the humidifier and clean the humidifier but did not know how often.

Interview, on 07/01/2020 at 04:12 PM, with LN H, revealed he did not know who was responsible for care of the residents' humidifiers.

The facility provided "Inspections Completed by Environmental Services" undated, which instructed staff to check the humidifiers once a month for proper operation and cleanliness.

Review of the various manufacturer's recommendations for the residents' humidifiers instructed the consumer to clean the humidifiers weekly for adequate sanitation.

The facility failed to ensure staff provided weekly cleaning of the residents' humidifiers to prevent the spread of infection for these four residents.