

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175531</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ATCHISON SENIOR VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1419 N 6TH STREET ATCHISON, KS 66002</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>Based on interview, record review, and policy review, the facility failed to ensure that five of five residents (R) 1, R2, R3, R4, and R5), reviewed for new admission or readmission to the facility were placed on 14 day quarantine isolation to monitor for development of COVID-19 signs and/or symptoms. This failure had the potential to expose all 43 residents and staff members to the COVID-19 virus. Findings Include: 1. Review of R1's Admission Record showed an admitted to the facility of 06/13/20, with medical [DIAGNOSES REDACTED]. Review of R1's Progress Notes located in the electronic medical record (EMR) did not show any indication that isolation precaution or 14 day quarantine was initiated on admission to the facility. Review of R1's care plan did not show any indication that precautionary isolation was initiated on admission to the facility. Review of the hospital transfer documentation showed a COVID-19 test form was filled out on 06/13/20 that showed that R1 had a negative COVID-19 test result, but did not document the date of the test. 2. Review of R2's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. Review of R2's EMR Progress Notes did not show any indication that isolation precaution or 14 day quarantine was initiated upon admission. A Progress Note dated 06/11/20 at 4:21 AM showed that a negative COVID-19 test was received from the laboratory at 3:30 AM. Review of the COVID-19 test collected on 06/09/20 showed a Not Detected that was reported on 06/10/20. A COVID-19 test collected on 06/10/20 was verified Not Detected on 06/11/20. Review of R2's care plan did not show any indication that precautionary isolation was initiated upon admission to the facility. 3. Review of R3's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. Review of R3's EMR Progress Notes did not show any indication that isolation precaution or 14 day quarantine was initiated upon admission. The facility provided a COVID-19 test result that showed it was collected on 05/29/20 with a verified Not Detected on 05/30/20. 4. Review of R4's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. Review of R4's EMR Progress Notes did not show any indication that isolation precaution or 14 day quarantine was initiated upon admission. The facility provided a COVID-19 test result that showed it was collected on 05/30/20 and a final result of Not Detected dated 05/30/20. 5. Review of R5's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. Review of R5's EMR Progress Notes did not show any indication that isolation precaution or 14 day quarantine was initiated upon admission. The facility provided a COVID-19 test result that showed it was collected on 05/21/20 and a final result of Not Detected on 05/22/20. During an interview on 06/29/20 at 1:21 PM, Licensed Practical Nurse (LPN) 5 when asked about new admissions being isolated, stated, (R3's name) was put on isolation, in the middle of the night, the test result came in that was negative, so (R3) was on isolation less than 12 hours. During an interview on 06/29/20 at 1:35 PM, the Director of Nursing (DON) stated Covid testing is usually done like the day before discharge at the hospital. If they (residents) have a negative test, they (new admissions) don't get quarantined. If no negative test, they are quarantined for 14 days. The re-admit policy is the same as admission policy. At 2:50 PM, the DON clarified If they have a negative test, they are not put on a 14 day quarantine. During an interview on 06/29/20 at 3:55 PM, the Infection Preventionist (IP) stated Only (R3's name) was on isolation that was for about five hours when they (laboratory) faxed the negative results. None of the others (R1, R2, R4, and R5) were (placed) on (14 day quarantine) isolation. Review of the facility undated policy titled, Admission Policies indicated, .7. Upon admission to Atchison Senior Village persons will be requested to have a COVID-19 test. 8. If persons is (sic) symptom free and does (sic) not have a COVID-19 test, they will be under quarantined to room for 14 days. The facility undated COVID-19 Protocol, did not address what if any precautions would be implemented for admissions or re-admissions to the facility. Review of Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group (QSO) 20-14 NH (Nursing Home) memo, dated March 13, 2020 showed: .Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).</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.