

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175415	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER ELMHAVEN EAST		STREET ADDRESS, CITY, STATE, ZIP 1400 S 15TH STREET PARSONS, KS 67357	
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	Provide and implement an infection prevention and control program. The facility reported a census of 33 residents. Based on observation and interview the facility failed to follow the Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC) recommended practices to prevent transmission of COVID-19. The facility failed to ensure all staff used proper infection control measures when all staff failed to wear face masks while in the facility. Findings included: . On 07/23/2020 at 9:50 AM, Administrative Nurse D walked down the South Hall without a mask. The mask was pinned to her shirt. She stated that when staff are in their own offices and if going down the halls where there is no contact with residents, she had always done this. On 07/23/2020 at 10:27 AM, in another office was Licensed Nurse (LN) G and activity staff Z. Neither staff wore a mask. On 07/23/2020 at 10:30 AM, LN G stated staff in offices do not have to wear masks and can go through the halls without masks if there is no resident contact. On 07/23/2020 at 10:40 AM, Administrative Nurse D walked from her office, around the nurse desk to the administration office without a mask. The COVID-19 Prevention and Preparedness Plan, updated 05/08/2020, documented Center for Disease Control (CDC) guidelines supersedes current infection control policies for Personal Protective Equipment (PPE). The CMS/CDC COVID-19 Long-Term Care Facility Guidance, dated 04/02/2020, instructed for the duration of the state of emergency all long-term care facility personnel should wear a facemask while they are in the facility. The facility failed to ensure all staff wore a mask while in the facility to prevent the potential spread of COVID-19 and in accordance to CMS/CDC guidelines.		

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.