

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175250</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WELLSVILLE MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>304 W 7TH ST WELLSVILLE, KS 66092</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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>A Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Kansas Department for Aging and Disability Services (KDADS) on May 14, 2020. The facility reported a census of 55 residents with three residents on droplet precautions. Based on observation, interview, and record review, the facility failed to follow CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19. The facility failed to maintain a sanitary environment, when facility staff, cleaning the room of a resident placed on droplet precautions related to being a new admission from out of state, failed to allow the cleaning product to remain for the proper wet time, to ensure prevention and transmission of the infection. This practice created the potential of spread of the infection to all 55 residents of the facility. Findings included: - On 05/14/2020 at 09:30 AM, Administrative Nurse D reported that there were three residents on transmission-based precautions, which included Resident (R)1 who was a new admission. The Electronic Medical Record (EMR), under the face sheet tab, revealed R1 admitted to the facility on [DATE]. On 05/14/2020 at 09:37 AM, revealed R1's door to her room had a sign posted to wear a mask and gloves while in the room. Outside the room had gloves and hand sanitizer available. On 05/14/2020 at 10:05 AM, observation of housekeeping staff U, revealed she was preparing to clean R1's room and identified the chemical Multi-quat 64 xtra (EPA# 1839-169- ) to be used for cleaning. She sprayed a rag with the chemical, did not saturate the rag, entered the room, and began cleaning high touch surfaces such as the door handle, closet door handles, handrail, call light, overbed table. The surfaces dried quickly. On 05/14/2020 at 10:12 AM, housekeeping staff U when questioned what the wet time was of the chemical was she reported that it had a wet time, however, she wasn't sure of what it was, but it dried fast. On 05/14/2020 at 10:14 AM, housekeeping staff U proceeded to clean the bathroom. She sprayed the sink with the Multi-quat 64 xtra chemical, wiped with a rag, then sprayed the outer surface of the toilet and wiped with a rag. On 05/14/2020 at 10:45 AM, housekeeping staff V reported that the product Multi-quat 64 xtra had a wet time of 10 minutes. There was not a method that the staff used to time the wet contact time, by the time they spray the surfaces for the cleaning process it has been long enough for the appropriate wet time, and that it works out that way. Furthermore, she would expect the staff to leave surfaces wet for 10 minutes. Also, audits of the cleaning process to ensure it was done appropriately are done after an employee first starts, after that she will look to see if a room is clean or not but does not watch the process. On 05/14/2020 at 02:26 PM, Administrative Nurse C, responsible for infection control, confirmed that she does not perform audits of room cleaning. The facility policy Cleaning Isolation Rooms or Cleaning Special Care Areas, dated 03/14/2020, directed the staff that EPA-approved antimicrobial products effective against infective microbials and all cleaning solution products will be used appropriately per manufacturer recommendations. The Pro-con systems turquoise 3, one step neutral disinfectant, undated, which also included the Multi-quat 64 xtra (EPA# 1839-169- ) instructed the staff for contact time directions to allow the surface to remain wet for 10 minutes. 05/15/2020 at 05:00 PM, Administrative staff A confirmed cleaning products should be used according to manufacturer guidelines. The facility failed to properly sanitize R1's room, a newly admitted resident from out of state placed on droplet precautions to rule out Covid-19 infection. Staff failed to allow the cleaning product to remain for the proper wet time, to ensure prevention and transmission of the infections. This practice created the potential of spread of the infection to all 55 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.