

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 17A029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER ST LUKE LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 535 SOUTH FREEBORN MARION, KS 66861	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>The facility reported a census of 29 residents with three selected for review. Based on interview, observation and record review, the facility failed to maintain an effective infection control program, to the extent possible, to prevent the spread of respiratory infection for two of the three sampled residents including, Resident (R) 2 for failure to properly clean and store nebulizer chamber and oxygen tubing, and R3 for failure to properly store the oxygen tubing. Findings included: - On 06/23/2020 at 10:45 AM, observation revealed Resident (R) 2's oxygen nasal cannula and tubing lying directly on the floor. In addition, R2's nebulizer (a device for administering a respiratory type medication by spraying a fine mist) chamber and tubing set stored directly on the bedside table, without a barrier. The nebulizer chamber remained connected to the tubing. On 06/23/2020 at 02:08 PM, observation revealed R2's oxygen nasal cannula tubing remained on the floor. Furthermore, the nebulizer remained attached to the tubing, stored directly on the bedside table, and without a barrier. The nebulizer medication chamber contained clear liquid fluid and was not in current use of the resident. On 06/23/2020 at 03:33 PM, observation revealed R2's oxygen nasal cannula tubing remained directly on the floor. On 06/23/2020 at 10:48 AM, observation revealed R3's oxygen nasal cannula tubing was directly on the recliner, with the nasal cannula touching directly to the back of the recliner. On 06/23/2020 at 02:22 PM, observation revealed R3's oxygen nasal cannula tubing remained directly on the recliner. On 06/23/2020 at 02:25 PM, Certified Medication Aide, (CMA) M, stated the oxygen nasal cannula tubing should be placed over the oxygen concentrator machine or on a paper towel when not in use. On 06/23/2020 at 02:28 PM, Certified Nursing Aide (CNA) N, stated the oxygen nasal cannula tubing should be coiled under the handle on top of the oxygen concentrator. On 06/23/2020 at 02:52 PM, Administrative Nursing Staff (D), verified the staff failed to keep the oxygen cannula tubing in a plastic bag when not in use as well as failed to store the medication nebulizer in a plastic bag, marked with the date and resident's name. The facility's policy for Infection Control COVID-19, dated 04/01/2020, revealed that staff should store the residents' oxygen cannula tubing in a plastic bag when not in use. Furthermore, the staff should store the nebulizer chamber in a plastic bag, marked with the date and resident's name, between uses. The facility failed to maintain an effective infection control program, to the extent possible, to prevent the spread of respiratory infections for Resident (R) 2 with the failure to clean and store nebulizer chamber and oxygen nasal cannula tubing in a sanitary manner, and for R3 with the failure to store the oxygen nasal cannula tubing in a sanitary manner.</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.