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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>175399</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                      | (X3) DATE SURVEY COMPLETED<br><b>10/19/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>CHENEY GOLDEN AGE HOME</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>724 N MAIN PO BOX 370<br/>CHENEY, KS 67025</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<br><br><b>Level of harm - Immediate jeopardy</b><br><br><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>The facility reported a census of 38 residents with 29 residents in the designated COVID-19 unit. Based on observation, interview, and record review the facility failed to protect all residents residing in the facility by having Licensed Nurse (LN) C with a positive COVID-19 test and symptoms of the illness work on the COVID-19 unit against the recommendation the County Health Department. The COVID-19 positive, symptomatic, LN who was in the commons area to perform documentation exposed other staff who were negative for COVID-19 to [MEDICAL CONDITION] in a commons area. All facility staff (including the COVID -19 LN) were screened for signs and symptoms of COVID-19 at the same designated area. The facility failed to ensure LN C remained in full personal protective equipment (PPE) during her shift. These failures allowed all facility staff to potentially come into contact with the symptomatic LN C, who was positive for COVID-19. This placed all residents in the facility in immediate jeopardy. Findings included: - Review of the employee testing for COVID-19 completed on 10/08/20 revealed LN C had a positive COVID-19 test. Review of the e-mail sent to the facility from the Sedgwick County Health Department (SCHD) on 10/08/20 revealed: Because the facility was short-staffed, staff who have tested positive may work, however, we need to make sure that several provisions are made to protect the rest of your facility and the community. Positive staff who are working must be well enough to work; this means that they must not be symptomatic. Positive staff must always wear full PPE (Personal Protective Equipment); I sent you a link to apply for assistance with this if needed. Positive staff must remain isolated from staff who are not positive. They must remain in a separate area of the facility, caring for separate residents, using separate bathrooms and breakrooms, etc. Positive staff must care only for residents who have tested positive. Positive staff remain under isolation; they cannot go anywhere but work and home. I hope these provisions will allow your facility to maintain safe staffing levels and to protect those who are not ill. Review of the screening sheets utilized by the facility for all employees, families, visitors, and government officials titled Screening Checklist - COVID-19 revealed question #3 asked Do you have any of the following: and then listed the following signs and symptoms of COVID-19: fever, chills, malaise/fatigue, myalgia (muscle pain), headache, sore throat, diarrhea, new olfactory and taste disorders (loss of taste or smell), muscle and body aches, congestion or runny nose, nausea or vomiting, lower respiratory illness (cough, shortness of breath or difficulty breathing), and an area to mark YES or NO. The form then read IF YES CALL to Supervisor - DO NOT ENTER and a small paragraph: They may or may not have COVID-19, and the potential consequences to COVID-19 entering the building is serious enough to ask them to not enter even though they may not have it. Many populations outside of the elderly do not show any symptoms but are able to transmit [MEDICAL CONDITION] to others. Review of the screening sheets completed for all employees on duty for 10/13/20 revealed LN C documented having symptoms of a sore throat, myalgia, and a headache. Review of the screening sheets completed for all employees on duty for 10/14/20 revealed LN C documented having diarrhea, malaise, myalgia, and a headache. Review of the screening sheets completed for all employees on duty for 10/15/20 revealed LN C documented having diarrhea and myalgia. Review of the Nursing Schedule indicated LN C worked an eight-hour shift on all three days (10/13/20, 10/14/20, 10/15/20). The facility assigned LN C to care for residents on the designated COVID-19 unit. Observation on 10/15/20 at 01:00 PM revealed LN C sat at the nurses' station in the commons area between all three hallways (two closed hallways labeled as COVID-19 units and a third hall was closed and labeled for Non-COVID-19 residents). The dietary department, dining room, all the main offices, and therapy room also opened to the commons area. LN C had an N-95 rated mask on (particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles) and no other PPE (gown, gloves, faceshield) as she worked on the computer at the nurses station. LN C had a plus sign on the side of her mask, which indicated she was COVID-19 positive. During an interview on 10/15/20 at 12:00 PM LN C reported she had tested positive on 10/08/20 which was why she had a plus sign drawn on her mask. She reported she was at the nurse's station in the common area because that was where her computer was, and she needed to do her charting. She stated she felt a little better today but was still sick. She said she had been having nausea, vomiting, diarrhea, and was very exhausted, but was not running a fever so the DON and administrator wanted her to work. LN C reported she worked the last 3 days. All staff used the same entrance in the front except the staff working the non-COVID-19 unit (which had a separate entrance, breakroom, and bathroom). During an interview on 10/15/20 at 02:29 PM Certified Nursing Assistant (CNA) D stated when she arrived at the facility for work she rang the doorbell; all staff were screened to include temperature and oxygen (O2) saturation. She put on a new mask, gown, goggles, and sanitized her hands. CNA D said she had been tested multiple times, had COVID-19, and was at home for 10 days in quarantine. CNA D stated she now only works on the COVID-19 positive unit and has not been on the non-positive unit. CNA D reported that before going into a resident's room staff must put on a surgical mask over their N95 mask and wear gloves. She stated there was hand sanitizer in each resident room and the staff use it before coming out of the resident room and washed their hands in a bathroom on the unit. She stated she was not aware of any other staff working at the facility who have symptoms of COVID-19. During an interview on 10/15/20 at 02:59 PM Housekeeping (HS) staff E stated when she arrived to the main entrance of the facility, she used hand sanitizer and would self-screen for COVID-19 signs or symptoms and take her temperature, O2 level, and put on an N95 mask. HS E said she only worked in the COVID-19 positive units and did not go to the non-positive unit. Before going into the positive unit hallway, she put on a gown and made sure she had her face shield on. HS E stated she had been tested about 20 times and had been negative. During an interview on 10/15/20 at 03:18 PM, LN F stated she came through the front entrance and filled out a screening form, checked her temperature and oxygen saturation. She then put on the N95 mask and a LN or certified medication aide (CMA) verified her form. Currently employees were tested once a week, but were tested twice a week, prior. LN F stated she had not tested positive for COVID-19. She stated that she worked only the COVID-19-positive units and the non-positive units had their own designated staff. She stated she worked at the same nurses' station as LN C, approximately 3 feet apart on separate computers. Before going to the unit, she will put on a gown. LN F stated that it used to be that if you tested positive you had to self-quarantine for 14 days, but since the outbreak if you are asymptomatic but positive you can work, but these staff still follow social distancing guidelines. During an interview on 10/15/20 at 1:30 PM Administrative Staff A reported LN C was allowed to work because she talked to the SCHD and was advised if LN C's symptoms were better, she could work because they had no other LN to take her shifts. She reported the staff member was sent home now. During an interview on 10/15/20 at 02:55 PM Administrative Nurse B reported she had talked to Consultant H at the SCHD about staffing and he had told her if LN C could work with COVID-19 positive residents. The SCHD called the nurse daily for updates and knew LN C was at work. During an interview on 10/15/20 at 03:08 PM Consultant H revealed that he had spoken to the facility and he had advised them that asymptomatic COVID-19 staff could return early, but they had to be asymptomatic. He reported the facility had said they were severely short staffed and that is why staff could return when they were asymptomatic. He reported that LN C should not have been the LN on duty due to her symptoms. During an interview on 10/15/20 at 04:30 PM Administrative Nurse G stated she came into the back entrance and took temperatures, O2, and filled out the screening tool. She then put on an N95 and</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.

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| F 0880<br><br><b>Level of harm - Immediate jeopardy</b><br><br><b>Residents Affected - Many</b>                                    | <p>(continued... from page 1)</p> <p>used hand sanitizer prior to entering the main facility. Administrative Nurse G stated she has been tested multiple times for COVID-19 and has been negative. There are designated staff available to work the non-COVID-19 unit that must test negative or have already completed their 10-day quarantine and do not currently have symptoms. She stated that SCHD said any staff who are positive, if the staff felt like they were feeling better, were able to work, and did not have any fever for 24 hours they could come back to work on all units. Review of the 10/20 (Facility) Guidance On When Staff Can Return to Work policy revealed this policy was pertinent to staff with confirmed COVID-19 (including symptoms of respiratory infection cough, sore throat, shortness of breath, fever). Staff must call the Infection Control Nurse (ICN) and/or Director of Nursing (DON) to see if they qualify to return to work. The ICN/DON screened the staff member for any signs/symptoms of respiratory illness and return to work criteria for staff with confirmed COVID-19. Staff would be excluded from work until the resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and for staff who tested positive, asymptomatic and without fever, may return to work, if needed, on a COVID-19 dedicated hall to care for elders who have also tested positive. In the event of severe staffing shortages COVID-19 positive staff may be allowed to work if shortages continued despite other mitigation strategies, implementing criteria to allow staff with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all return to work criteria to work. If staff can work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties. The facility allowed staff with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff), such as in telemedicine services. Allow staff with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting. As a last resort, allow staff with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19. The facility failed to protect all residents residing in the facility by having a LN with a positive COVID-19 test and symptoms of the illness to work on the COVID-19 unit and perform other duties in the common area shared with other staff members without full PPE as directed by the local health department. The facility presented an acceptable plan of removal of the immediate jeopardy on 10/16/20 at 12:16 PM which included staff members entering each distinct unit using different doors. The screening forms would be reviewed by the LN staff prior to allowing staff to enter the facility and document any findings on the back of the form. LN staff were advised if there were questions or concerns regarding an answer, they were to contact the infection preventionist. However, LN staff were instructed to send any staff member home that indicated signs or symptoms of COVID-19. The deficient practice remained at a scope and severity of an F</p> |   |   |