

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175409</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKVIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>811 N 1ST STREET OSBORNE, KS 67473</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 0576  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure residents have reasonable access to and privacy in their use of communication methods.</b></p> <p>The facility had a census of 46 residents. The sample included 12 residents. Based on record review and interview, the facility failed to deliver mail to the residents on Saturdays. Findings included: - On 09/23/20 at 03:00 PM, during the resident council meeting, the residents verbalized mail was not delivered on Saturdays. On 09/24/20 at 04:10 PM, Administrative Staff A verified the facility had not delivered the residents' mail on Saturdays. Administrative Staff A stated at times activity staff would pick up the mail at the post office but they did not have a designated person or system in place to obtain the mail for delivery to the residents. Administrative Staff A verified mail should be delivered to the residents on Saturdays. The facility's Mail Delivery policy, dated 03/07/18, documented the facility would provide each individual resident with a means of privacy in written communications, including the right to send and receive unopened mail promptly. The policy recorded mail would be collected and distributed to resident's on Saturday's, except federal holidays falling on a Saturday, by a designated staff member. The facility failed to deliver mail to the residents on Saturdays, placing the residents at risk for not receiving mail promptly.</p>		
F 0801  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</b></p> <p>The facility had a census of 46 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to employ a certified dietary manager to oversee the functions of the food and nutrition services for the 46 residents who resided in the facility and received meals from the facility kitchen. Findings included: - On 09/23/20 at 10:37 AM, observation revealed Dietary Staff (DS) BB prepared the pureed meal in the facility's kitchen. On 09/22/20 at 09:11 AM, DS BB verified she was not a certified dietary manager and currently enrolled in the course. The facility's Nutrition Services Director policy, dated 05/01/19, documented the director of the Nutrition Services Department for the facility would be licensed or certified to the extent of the requirements of state and federal regulations. The facility failed to employ a certified dietary manager to oversee the functions of the food and nutrition services, placing the 46 residents who resided in the facility and received meals from the facility kitchen at risk for inadequate or poor nutrition.</p>		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>The facility had a census of 46 residents. Based on observation, record review, and interview, the facility failed to store and prepare food in accordance with professional standards for food service safety in the facility kitchen. Findings included: - On 09/22/20 at 09:11 AM, observation during initial kitchen tour revealed the following: Freezer #4 - one undated and unlabeled bag of link sausages, Refrigerator #3 - one undated and unlabeled bag of sliced ham, Freezer #5 - one undated and unlabeled bag of frozen cinnamon rolls, Freezer #2 - one undated and unlabeled bag of frozen cookie dough, and two undated and unlabeled bags of flat bread. Pantry Room - one box of potatoes stored on floor. On 09/22/20 at 09:14 AM, review of the July-September 2020 Freezer Temperature Logs lacked temperatures for four of seven freezers. On 09/22/20 at 09:20 AM, Dietary Staff (DS) CC and DS BB verified the above findings and stated the bag of link sausages, bag of sliced ham, and bag of frozen cinnamon rolls should be labeled, dated, and discarded. DS BB stated the two bags of frozen flat bread should be labeled and dated, and placed a date of 08/21/20 on the flat bread per the invoice date. DS BB verified the box of potatoes should not be stored on the floor and placed them on a cart. On 09/22/20 at 02:17 PM, DS BB verified she did not have temperature logs for the four freezers located in the pantry and was unable to provide freezer temperature logs from previous months. DS BB verified August 28-31, 2020 temperature logs lacked documentation for three of seven freezers and two of two refrigerators. The facility's Nutrition Services Storage policy, dated 04/10/19, documented storage of all food and non-food items is in accordance with State Sanitation Laws and Regulations governing food sanitation, delivered food items are marked with the date when the item was received, no item(s) are stored directly on the floor. The facility's Refrigerator/Freezer Temperatures policy, dated March 2009, documented all refrigerator and freezer temperatures are monitored and recorded twice daily, a chart is posted monthly by the Dietary Manager that identifies freezers and refrigerators to be monitored, the temperatures of each refrigerator and freezer are recorded daily at the beginning of the shift and at the end of the day and the Dietary Manager monitors records daily for changes, consistency and accuracy of documentation. The facility failed to store and prepare food in accordance with professional standards for food service safety, placing the 46 residents who received food from the facility kitchen at risk for food borne illness.</p>		
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>The facility had a census of 46 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to provide a safe sanitary environment to prevent the development and transmission of communicable diseases and infection. Findings included: - On 09/23/20 at 08:53 AM, observation revealed Housekeeping Staff (HS) U entered room [ROOM NUMBER], an isolation room. HS U cleansed her hands with alcohol based hand sanitizer and applied a surgical mask, goggles, and gloves. Observation revealed HS U dusted the room with furniture polish and a clean cloth, and changed the trash bags in the resident's room and bathroom. Observation revealed HS U sprayed Re-Juv-Nal (an Environmental Protection Agency (EPA) registered disinfectant) on a cleaning cloth and wiped down the door knobs, light switches, bedside table, and paper towel dispenser. Continued observation revealed HS U, using the same cloth, wiped down the soap dispenser, grab bars, bathroom sink, and toilet. HS U mopped the bathroom then exited the room and discarded her gloves and mask in the trash on her cleaning cart, cleaned her hands with alcohol based hand sanitizer, removed her goggles, and cleaned the goggles with alcohol pads. On 09/23/20 at 11:19 AM, HS V stated the kill time (the time it takes for [MEDICAL CONDITION] or bacteria to be killed after using disinfectant) for Re-Juv-Nal disinfectant cleaner was 99 seconds to two minutes. On 09/23/20 at 11:59 AM, HS V verified the kill time for the Re-Juv-Nal was ten minutes. On 09/23/20 at 12:18 PM, HS V stated the manufacturers guidance for Re-Juv-Nal documented the disinfectant was effective against Human Coronavirus (a respiratory infection with mild to severe flu-like symptoms) and [DIAGNOSES REDACTED]</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p> <p>F 0883</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>Associated Coronavirus (severe acute respiratory syndrome coronavirus, a strain of virus that causes severe acute respiratory syndrome). Re-Juv-Nal guidance documented for heavily soiled areas, a pre-cleaning step was required, apply solution with a cloth, mop, sponge, hand pump trigger sprayer or low-pressure coarse sprayer so as to wet all surfaces thoroughly, allow the surface to remain wet for 10 minutes, then remove excess liquid. HS V stated she planned an in-service with housekeeping staff to implement the 10 minute kill time. The facility's Cleaning and Disinfection of Environmental Services policy, dated 02/22/18, documented non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes. The facility failed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections, placing the residents at risk for infection.</p> <p><b>Develop and implement policies and procedures for flu and pneumonia vaccinations.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  The facility had a census of 46 residents. The sample included 12 residents with five reviewed for immunizations. Based on record review and interview, the facility failed to provide the current Centers for Disease Control and Prevention (CDC) pneumococcal and influenza vaccine information to make an informed decision for five of five sampled residents or their representatives, Resident (R) 26, R31, R32, R39, R44. Findings included: - On 09/24/20 at 02:13 PM, review of R26, R31, R32, R39, and R44's immunization records documented the use of the CDC's Inactive Influenza Vaccine, What You need to Know Vaccine Information Statement, dated 08/07/15, but lacked the current fact sheet dated 08/15/19, and the Pneumococcal [MEDICATION NAME] Vaccine (PPSV 23): What you need to Know Vaccine Statement, dated 11/05/15, but lacked the current fact sheet dated 10/30/19. On 09/24/20 at 02:13 PM, Licensed Nurse (LN) G verified the facility did not provide the residents or their representatives with the current CDC information for the administration of influenza and pneumococcal immunizations. The facility's Influenza and Pneumococcal Immunization policy, dated 01/28/20, stated informed consent will be obtained prior to vaccination and current vaccine information sheet from the CDC will be provided. The facility failed to provide R26, R31, R32, R39, and R44, or their representatives, with the current CDC influenza and pneumococcal immunization information, placing the residents at risk for making uninformed decisions.</p>		