

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER INFINITY PARK POST-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6515 W 103RD STREET OVERLAND PARK, KS 66212	
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	<p>Provide and implement an infection prevention and control program.</p> <p>The facility identified a census of 98 residents. The sample included six residents. Based on observation, interview and record review, the facility failed to ensure staff were screened for possible exposure, travel to high risk areas, and signs and symptoms of COVID-19 (a highly infectious respiratory disease caused by a new coronavirus). The facility further failed to ensure staff were wearing their face mask correctly or ensure that staff were sanitizing their hands appropriately to reduce the risk of exposure to the residents. Findings included: - Review of the Employee Daily Screening Questionnaire from 07/28/2020 to 08/03/2020 showed where staff printed their name, put the date, the shift working, current temp, their signature. The form also included an area for staff verifying the screening data to place their initials. At the time of review, there were 210 signatures on the log in sheets and only nine of those screenings had verification check initials noted on them. The screening questionnaire lacked documentation showing that any of those 210 signatures answered and/or were screened for questions related to possible exposure to COVID-19, high risk travel, and signs and symptoms of COVID-19. On 08/03/2020 at 09:45 A.M. Social Service X opened the door to allow this surveyor into the building. She then proceeded to locate the administrative staff to get further direction. Upon getting directions from administrative staff Social Service X indicated a front office to work in without screening. When this surveyor questioned if screening was needed Social Service X then returned and proceeded to take a thermometer and directed this surveyor to take her own temperature. Social Service X noted that there were no alcohol swabs to disinfect the thermometer. Once alcohol swabs were located, the thermometer was disinfected. This surveyor's temperature was obtained and thermometer disinfected after use. Upon completion, this surveyor further inquired if any further screening in regard to COVID-19 including exposure, travel, signs and symptoms needed to be answered. Social Service X expressed confusion regarding additional information other than temperature for the screening process. Social Service X stated she was not aware of any questions that needed to be answered when being screened. Social Service X further revealed that she did not answer any type of COVID-19 screening questions when she came to work. On 08/03/2020 at 01:50 P.M. Licensed Nurse (LN) G stated that when she entered the building, she takes her own temperature, but does not answer any questions. LN G stated that every day someone takes and reviews the sheet. She further stated that sometimes there are alcohol swabs at the screening station to disinfect the thermometer and everyone's mask is always up covering both their nose and mouth. On 08/03/2020 at 01:55 P.M. Dietary BB stated that she takes her own temperature upon arrival, puts her mask on and goes to work. She stated she does not answer questions related to COVID-19 exposure, travel, signs or symptoms. Dietary BB stated that you cannot work if you have a fever. Observation on 08/03/2020 at 01:56 P.M. revealed unidentified dietary staff to have her face mask down below her chin with her mouth and nose uncovered in the main dining area where residents were seated. Administrative Nurse D handed the unidentified dietary staff a tray and did not address the position of the face mask. On 08/03/2020 at 01:59 P.M. Social Worker X was observed to be speaking with a resident in her office within two feet of the resident and did not have a mask on. On 08/03/2020 at 02:03 P.M. observed unidentified kitchen staff had his mask hanging on one ear with his mouth and nose uncovered. On 08/03/2020 at 02:05 P.M. Administrative Staff A stated that both unidentified staff members should have their masks on, covering their nose and mouth. She further stated that Administrative Nurse D was expected to correct staff that did not have their masks on appropriately. On 08/03/2020 at 02:35 P.M. LN G was observed seated at the nurse station with her mask under her chin putting a spoon of something into her mouth. LN G noted to place the spoon into an uncovered cup that set in her scrub top pocket. LN G was observed to stand and change positions at the nurse station and continued to have her mask down. Once LN G was in the new position, she was observed to take the spoon out of the uncovered cup in her scrub top pocket, placed the spoon in her mouth and then return the spoon to the uncovered cup in her scrub top pocket. LN G pulled her mask up, and covered her nose and mouth. At no time during this observation did LN G perform any type of hand hygiene. On 08/03/2020 at 02:38 P.M. Administrative Staff A stated that no nurse should pull their mask down at the nurse station to eat something. On 08/03/2020 at 02:40 P.M. Social Services X stated that she should not have had her mask off in her office speaking with the unidentified resident. On 08/03/2020 at 3:00 P.M. LN G stated that she was not eating food. LN G stated she had placed nicotine gum on that spoon and into her pocket. She further revealed that she does this throughout the day because she cannot smoke at the facility. LN G stated that she should not have pulled her mask down. On 08/03/2020 at 02:40 P.M. Certified Nurse Aide (CNA) M entered the building, took her own temperature, signed into the log, and then walked to 300 hall to the time clock. CNA M failed to sanitize the thermometer, failed to put a face mask over her nose and mouth, and failed to do hand hygiene. On 08/03/2020 at 02:48 P.M. Activity AA called BINGO in the dining room with her mask pulled down around her chin exposing her mouth and nose. Activity AA handled a resident's BINGO card within arms reach to her right side while her mask was pulled down. Activity AA was observed pulling her mask up to cover her nose and mouth and no hand hygiene performed when she completed pulling her mask up and continued to call out BINGO numbers. On 08/03/2020 at 03:03 P.M. Licensed Nurse (LN) H observed to enter the facility and take her temperature, sign into employee log, head to the nurse station and log onto the computer. LN H failed to perform hand hygiene or put on a face mask when she completed screening process. While LN H was seated at the nurse station, Administrative Staff A observed that LN H was not wearing a face mask. At that time LN H was directed to Administrative Staff A's office. LN H was observed to leave the nurse station and sit in the front lobby. When Administrative Staff A approached LN H, LN H was heard stating she would not wear a mask as it caused her skin to break out. Administrative Staff A asked about different types of masks, at which LN H stated that she could not wear them. Administrative Staff A offered to get LN H a face shield. On 08/03/2020 at 3:27 P.M. Administrative Staff A directed Licensed Nurse (LN) I to help screen individuals that entered the building. On 08/03/2020 at 03:30 P.M. Certified Nurse Aide (CNA) M observed entering the building, going to the screening station to take her own temperature, put on her mask and then proceed to work. CNA M failed to disinfect the thermometer, perform hand hygiene or answer any screening questions related to COVID-19 exposure, travel, signs or symptoms. After CNA M had left the area, Consultant GG was observed with her mask on to take her temperature with an unsanitized thermometer, sign into the log, then sanitize the thermometer and perform hand hygiene. On 08/03/2020 at 03:40 P.M. CNA M stated that when she entered the facility, she did her own temperature, made sure her mask was on, signed in and then headed to work. She further stated that no one asked her any questions or asked her to read any questions related to COVID-19 exposure when she entered today or any other day. On 08/03/2020 at 03:40 Activity Z observed to be walking around in the activity room with her face mask down around her chin and a popsicle in hand. An unidentified resident in his wheelchair noted to be within three feet of her. Activity Z was noted to pull her mask up over her nose and mouth but failed to perform hand hygiene after her mask was reapplied. On 08/03/2020 at 03:41 P.M. Activity Z stated that while in the activity room she could have her mask down and her nose and mouth exposed as long as there were no residents in the room. Activity Z further stated she only needed to make sure her mask was on in the main part of the building. Activity Z then stated she was not walking closely to the unidentified resident in the wheelchair. On 08/03/2020 at 03:44 P.M. Administrative Staff A stated that staff are to wear masks in the activity room and the mask should not be pulled down or off their face unless there are no residents in the</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER INFINITY PARK POST-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6515 W 103RD STREET OVERLAND PARK, KS 66212	
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	<p>(continued... from page 1)</p> <p>activity room. On 08/03/2020 at 03:50 P.M. LN I stated that she came up earlier to screen people entering the facility but Consultant HH came and started to screen. LN I stated she was unsure what to do at that time, she left and did not screen, due to Consultant HH screened the individuals at the door. When staff enter the building, they are to be asked questions related to COVID-19 exposure, signs and symptoms and have their temperature checked. If their temperature is above 99 degrees Fahrenheit, they need to contact Administrative Nurse D or Administrative Nurse E. On 08/03/2020 at 04:15 P.M. Administrative Staff A stated that the thermometer is to be cleaned after each use and staff are to answer the questionnaire. The questionnaire is reviewed by Administrative Nurse E, but she is off right now so Administrative Staff A was not sure who is looking at those. Administrative Staff A revealed she had not been focused on reading updated from the Centers for Disease Control and Prevention (CDC) or the state's Department of Health and Environment (DHE) for the last few weeks as she had had a family member exposed and she was concerned about that. The undated facility guide Staff Screening Guide documented the facility would screen staff at the arrival to their shifts per the questionnaire, to include taking temperatures. If the staff person has a temperature or answers yes to any of the questions on the questionnaire the individual will be reviewed further with a nurse. The undated facility policy Novel Coronavirus (2019-nCoV) (COVID-19) documented training to be done on how to keep residents, visitors and staff safe by using correct infection control practices including but not limited to hand hygiene, appropriate selection and use of personal protective equipment (PPE), and restriction from exposure. The policy further documented per CDC guidelines healthcare personnel will use an alcohol-based rub or wash with soap and water following clinical indications after touching a resident or resident's immediate environment. The policy documented that all staff will be screened upon coming to work. The facility failed to provide evidence that staff were screened for COVID-19 exposure, travel, signs or symptoms prior to reporting to their work area. The facility further failed to ensure that staff wore their mask covering mouth and nose in work areas and resident common areas. The facility failed to ensure staff performed hand hygiene when adjusting, removing or handling their face mask. The deficient practice placed the residents at risk for transmission and/or development of COVID-19 and other communicable disease.</p>		