STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175506	A. BUILDING _____ B. WING _____	**05/20/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ANDBE HOME, INC	**201 W CRANE STREET NORTON, KS 67654**

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 -** Immediate jeopardy **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** The facility had a census of 63 residents. Based on observation, record review, and interview the facility failed to implement The Centers for Medicare and Medicaid Services (CMS) and The Centers for Disease Control and Prevention (CDC) recommended infection control practices to control and prevent potential spread of COVID-19 (a mild to severe respiratory illness caused by a new strain of coronavirus, characterized by fever, cough, shortness of breath.) between residents and staff. The facility staff lacked appropriate facemask covering for source control while in the facility, COVID-19 infection control staff education, and a COVID-19 policy to prevent the potential spread of the disease placing all 63 residents in the facility in immediate jeopardy. Findings included: - On 05/20/2020 at 10:30 AM, review of the facility's infection control program revealed lack of action and education to prevent the spread of COVID-19. The facility had no documented residents with respiratory illness. Review of the CDC recommendations, dated 4/02/2020, Key Strategies to Prepare for COVID-19 in Long Term Care Facilities, documented to following to prevent the spread of COVID-19: Ensure all residents wear a face covering for source control whenever they leave their rooms or are around others, including whenever they leave the facility for essential medical appointments. Ensure all Health Care Personnel wear a face mask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personnel protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face mask coverings should NOT be worn instead of a respirator or facemask if more than source control is required. On 05/20/2020 at 09:35 AM, observation revealed all facility staff, except one, walked up and down the halls, in the dining room, in residents' rooms, and at the nurse's station lacked a face mask covering. On 5/20/2020 at 11:30 AM, observation revealed Housekeeping Staff (HS) U, cleaning the handrails on the Greenacres hall with bleach water. On 05/20/2020 at 09:35 AM, Administrative Staff A verified staff did not wear a mask in the facility and had not since the COVID-19 disease precautions started in March. Administrative Staff A verified the facility had not provided training, classes, or in-services regarding COVID-19 to inform staff of recommended precautions. Administrative Staff A verified the Administrator had a notebook in her office with COVID information, but they had not developed any COVID-19 policies. On 05/20/2020 at 09:40 AM, Administrative Nurse D verified she did not have staff wear mask, and stated the facility was putting together a COVID-19 training notebook but had not completed any training. On 05/20/2020 at 10:10 AM, HS U, verified she was not told to wear a mask. HS U stated she had not received training on COVID-19, however housekeeping staff were using more bleach on the handrails when cleaning. On 5/20/2020 at 10:30 AM, Certified Nurse Aide (CNA) M verified she had not received training on COVID-19, did not know if staff should wear mask, and had not been informed by management. On 05/20/2020 at 10:40 AM, Activity Staff (AS) Z verified the facility had discussed COVID-19 in the morning Department Head meetings but lacked any COVID training. AS Z stated he wore a mask by choice, and it was not mandated by the facility. On 05/20/2029 at 10:45 AM, Licensed Nurse (LN) G verified she had not received training regarding COVID-19 and none of the facility staff wore masks. On 05/20/2020 at 03:35 PM, Administrative Nurse D verified the facility had not provided staff COVID-19/infection control education in March, April, or May 2020. Administrative Nurse D verified the facility had no residents with active COVID -19. Upon request the facility lacked a policy for COVID-19. The facility failed to develop and implement COVID-19 policies and procedures, as well as education to staff to prevent transmission of COVID-19 which can cause serious or fatal respiratory illness. This deficient practice placed the 63 residents in the facility in immediate jeopardy. The facility removed the immediate jeopardy on 05/21/2020 at 10:48 AM, when the facility implemented a COVID-19 policy according to CDC/CMS guidance, educate and train staff on COVID-19 guidelines, and required all staff to wear a facial mask. The deficient practice remained at a scope and severity of a F.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE