

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Diversicare of Haysville		STREET ADDRESS, CITY, STATE, ZIP CODE 215 N Lamar Avenue Haysville, KS 67060	
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>46960</p> <p>The facility identified a census of 84 residents which included four residents. Based on observation, interview, and record review, the facility failed to maintain an effective infection control program that included Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) and failed to implement adequate infection control and hand hygiene measures during wound care for one resident in the facility, Resident (R) 1. This deficient practice placed R1 at risk for wound infection and related complications.</p> <p>Findings Included:</p> <p>- During an observation on 05/20/25 at 11:20 AM, Licensed Nurse (LN) G entered R1's room to perform wound care. LN G performed hand hygiene and donned clean gloves but did not don a gown. LN G removed the old dressing from R1's leg wound. LN G then doffed the gloves, performed hand hygiene, and applied new gloves. LN G then cleansed R1's coccyx (small triangular bone at the base of the spine) wound with wound cleanser. LN G removed the gloves, performed hand hygiene, and then donned new gloves. LN G then placed Skin-prep (liquid skin protectant) along the borders of R1's coccyx wound and placed Derma Blue (a highly absorbent vertically wicking foam primary dressing embedded with three proven antimicrobials) into the coccyx wound bed. LN G then removed the gloves and donned new gloves without performing hand hygiene. LN G then placed a boarder-gauze dressing and ABD pad (a large pad to absorb drainage) on the coccyx wound. LN G then placed Triad cream (a topical cream used to assist in the healing of superficial wounds) on R1's leg wound and covered the wound with an ABD pad. LN G then doffed her gloves and performed hand hygiene.</p> <p>During an interview on 05/20/25 at 11:25 AM, LN G said that hand hygiene only needed to be performed between glove changes when transitioning between the dirty and clean phases of wound care or when transitioning between different wounds. Additionally, LN G confirmed that she failed to wear a gown to complete the requirements for EBP during wound care. LN G stated that wound care should be completed from start to finish on one wound before transitioning between wounds. LN G confirmed that she initiated treatment on R1's leg wound before transitioning to R1's coccyx wound, completed wound care on R1's coccyx wound, then transitioned back to R1's leg wound and completed care of the leg wound.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/20/25 at 12:32 PM, Administrative Nurse E stated that from an infection control perspective, wound care should be performed while wearing EBP and said wound care should be completed on one wound before moving on to any additional wounds and hand hygiene should be performed with each glove change.</p> <p>During an interview on 05/20/25 at 01:07 PM, Administrative Nurse D revealed the facility's expectation is that EBP would be used for all dressing changes and wound care would be completed for one wound before initiating wound care on any additional wounds. Administrative Nurse D said staff should follow the order of operation listed on the Clean Dressing Change Audit form. Administrative Nurse D said hand hygiene would be performed between each glove change.</p> <p>The facility's Policies and Practices - Infection Control policy dated 11/01/17 documented that the facility's infection control policies and practices were intended to maintain a safe and sanitary environment to prevent and manage the transmission of infections. All team members would be trained on hire and periodically thereafter. EBP included the use of a gown and gloves which would be used for residents with wounds.</p>		