

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175516	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Kansas Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 World War II Memorial Drive Winfield, KS 67156	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>The facility had a census of 84 residents. The sample included 18 residents. Based on observation, interview, and record review, the facility failed to ensure staff performed appropriate glove changing and hand hygiene for one resident, Resident (R) 78, when they did not remove their soiled gloves after urinary catheter care and continued to touch other surfaces and resident belongings. Findings included:- On 03/03/26 at 08:35 AM, Certified Nurse Aide (CNA) M donned a clean gown and gloves, and pulled down R78's sweatpants. CNA M informed R78 that she was going to perform catheter care. When CNA M finished, she did not remove her soiled glove and pulled up his sweatpants. CNA M pulled up R78's right pant leg, opened an alcohol wipe, and cleaned the spout of the leg bag. CNA M emptied the urine from the leg bag, used another alcohol wipe on the spout of the leg bag, with the same soiled gloves. CNA M dumped the urine in the toilet, pulled down R78's right pant leg over the catheter bag, adjusted his blankets, and then removed her gloves. On 03/03/25 at 08:45 AM, CNA M stated that it made sense to remove her gloves after catheter care and verified that she had forgotten to do so. On 03/05/25 at 10:36 AM, Administrative Nurse D stated the CNA recognized she should have removed her gloves after catheter care, sanitized her hands, and put on a pair of clean gloves. Administrative Nurse D stated she would provide extra training to the staff. The facility's Hand Hygiene for Staff, Residents, and Volunteers policy, dated 04/15/25, documented all staff members would comply with the current Centers for Disease Control and Prevention hand hygiene guidelines, as effective hand hygiene reduces the incidence of healthcare-associated infections. All personnel received training and competency validation on hand hygiene at the time of employment. If hands are not visibly soiled, an alcohol-based hand sanitizer may be used for routinely decontaminating hands before and after having direct contact with residents. Staff perform hand hygiene before donning gloves and after removing gloves. Staff change gloves during resident care if moving from a contaminated body site to a clean body site.</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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