

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Protection Valley Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 600 S Broadway Protection, KS 67127	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51332</p> <p>The facility reported a census of 40 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility.</p> <p>Findings included:</p> <p>- On 03/03/25 at 10:44 AM during an initial tour of the main kitchen, refrigerator and dry food storage areas with Dietary Manager DD, the following areas of concern were observed:</p> <p>One unsealed/open box of outshine popsicles with an expiration date of 5/31/24 in snack freezer.</p> <p>One ten pound-bag of hamburger dethawing dated 2/23/24 in walk in freezer.</p> <p>On 03/03/25 at 10:36 AM, an interview with Dietary Manager DD revealed she expected staff to label, and date opened food items. Dietary Manager DD confirmed the concerns.</p> <p>The facility policy For Snack Refrigerator dated 06/12/2023 revealed Resident's personal items will be properly labeled and dated, will be monitored and disposed of as need be.</p> <p>The facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility.</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>Provide and implement an infection prevention and control program.</p> <p>41302</p> <p>The facility identified a census of 40 residents. The sample included 12 residents. The facility identified residents on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high contact care). Based on record review, observations, and interviews, the facility failed to ensure the EBP residents were identified for staff and visitors. Further the facility failed to ensure staff used appropriate hand hygiene between glove changes and to follow infections for trends. These deficient practices placed the residents at risk for infectious diseases.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 03/03/25 at 11:02 AM, observation of Certified Nurse Aide (CNA) M and CNA O provided care for Resident (R) 8. CNA M changed gloves from dirty to clean and did not perform hand hygiene. CNA O changed gloves following cares with no hand hygiene between. On 03/03/25 at 11:17 AM, CNA M revealed she should have performed hand hygiene between glove change. CNA M confirmed she had not performed hand hygiene when changed her gloves from dirty to clean. On 03/05/24 at 09:03 AM, CNA O revealed she should have performed hand hygiene with glove change. CNA O confirmed she had not performed hand hygiene between change of gloves. On 03/05/25 at 08:10 AM, tour of the facility revealed three residents on EBP with no signs on their doors. On 03/05/25 at 09:03 AM, CNA O revealed the residents on EBP would have a sign on their door and there was a list in the breakroom on the bulletin board. On 03/05/25 at 09:05 AM CNA P shows that there was a list of residents with EBP in the breakroom on the bulletin board, she confirmed there would also be a sign on their doors. On 03/05/25 at 09:45 AM, Licensed Nurse (LN) I confirmed each resident with EBP should have a sign on their door and supplies in their rooms. LN I revealed there was a list of EBP residents in the breakroom. On 03/05/25 at 08:27 AM, Administrative Nurse D revealed every resident with EBP should have a sign on their door and supplies in their room. She confirmed some residents without signs on their doors that were on the EBP list. <p>The facility's Enhanced Barrier Precautions (EBP) policy dated 10/04/24 documented that the policy of the facility was to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms, that employ targeted gown and glove use during high contact resident care activities.</p> <p>(continued on next page)</p>		

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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>The facility failed to ensure staff followed infection prevention protocols and place signs on EBP resident room doors to advise staff and visitors of precautions. This deficient practice placed the residents at risk for infection.</p>