

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 212 N 5th Ave Anthony, KS 67003	

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 - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50659</p> <p>The facility reported a census of 23 residents. The sample included 12 residents. Based on observation, interview, and record review, the facility failed to develop and implement, including an annual review, of the facility's infection control policy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During an interview on 04/10/25 at 12:19 PM, Administrative Nurse B reported that the facility lacked an annual review of the infection control policy that was last reviewed on 11/22/20. Additionally, she expected staff to remove the PPE correctly to prevent cross-contamination. <p>The facility's policy Infection Control dated 11/22/2020 documented the facility would facilitate safe care for all elders and staff with known or suspected communicable diseases by establishing and maintaining an infection prevention and control program. The program would follow the accepted national standards.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>51332</p> <p>The facility reported a census of 23 residents. Five Certified Nurse Aide (CNA) staff, CNA G, CNA O, CNA P, CNA Q, and Social Services Designee (SSD)/CNA K, who worked in the facility for over a year, were reviewed for required annual in-service training. Based on interview and record review, the facility failed to develop, implement, and permanently maintain an in-service training program for CNAs with the required topics and no less than 12 hours per year. Five CNAs lacked the required training topics, and five CNAs lacked the required 12 hours per year of in-service training. This placed the residents at risk for decreased quality of care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 04/08/25 at 03:32 PM, a review of training records for five CNAs employed by the facility for more than one year revealed all five CNAs had less than 12 hours of documented in-service training for the previous 12 months. The records that were reviewed were from the year 2024. Additionally, on 04/09/24, Social Services Designee (SSD)/CNA K had Abuse, Neglect, and Exploitation training was the only record located for education. On 04/08/25 at 03:32 PM, a review of training records for five CNAs employed by the facility for more than one year revealed all five CNAs did not have the required topics for in-service training for the previous 12 months. During an interview on 04/08/25 at 04:10 PM, Administrative Nurse B and Administrative Nurse C reported they were aware they may not have all the required in-service hours for CNAs. They recently acquired a new program to help with this problem in the future and have just started using it. On 04/09/25 at 05:30 PM, Administrative Staff A reported that she expected the staff to have the required services and the required 12 hours completed each year. <p>The facility's policy, Required Training and In-Service of Staff, dated 04/02/25, documented that all nurse aide personnel participate in regularly scheduled in-service training classes, which are no less than 12 hours per employment year and include training in dementia management and abuse prevention.</p>