

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Baptist Homes of Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46890</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective infection control program that included tracking and trending of facility resident infections and to use proper hand hygiene between glove changes; to ensure perineal care was completed per facility policy to prevent Urinary Tract Infections(UTI) and placed soiled linen directly on floor for one sampled resident (Resident #7) out of three sampled residents. The facility census was 59 residents.</p> <p>1. Review of the facilities policy Surveillance for Infections revised 9/2017 showed:</p> <p>-The Infection Preventionist (IP) will conduct ongoing surveillance for healthcare-associated infections and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions and other preventative interventions.</p> <p>-The purpose of the surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and healthcare-associated infections, to guide appropriate interventions, and prevent future infections.</p> <p>Review of the facility infection surveillance dated 2/1/23 - 2/1/24 showed:</p> <p>-The facility had no information regarding or record of analysis of infection data including no trends/patterns in location /types/rates of infection and no comparison of previous months/years infection data.</p> <p>Review of the facility policy Perineal (area between the thighs that marks the boundary of the pelvis and is occupied by the urinary and genital ducts and rectum) Care for Incontinent Residents not dated showed:</p> <p>-Collect your equipment.</p> <p>-Wash hands and put on a clean pair of gloves.</p> <p>-Put your patient on their back or side.</p> <p>-Place clean towel under their hips.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Baptist Homes of Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	
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 - Some</p>	<ul style="list-style-type: none"> -Use a sheet to cover your patient for modesty. -Expose their perineal area. -Start with patients inner thighs to gently cleanse the area. -Clean outer and work inwards. -Use front to back technique. -Use a clean area of the washcloth for each stroke. -Use a clean towel to gently pat dry the areas that you cleaned. -Remove towel. -Remove and dispose of your equipment. -Take off your gloves and wash your hands. -Assist patient into a comfortable position. <p>Review of the facility policy Linen Disposed of Properly not dated showed:</p> <ul style="list-style-type: none"> -Always follow proper hand washing procedure. -Always wear reusable rubber gloves before handling soiled linen. -Never carry soiled linen against body. Always place it in the designated container. -Never place soiled linen on the floor. -Carefully roll up soiled linen to prevent contamination of the air, surfaces, and cleaning staff. Do not shake linen. -If there is any solid excrement on the linen, such as feces or vomit, scrape it off with a flat, firm object and put it in the commode or designated toilet/latrine before putting linen in the designated container. -Place soiled linen into a clearly labeled, leak-proof container (e.g. bag, bucket) in the patient care area. Do not transport soiled linen by hand outside the specific patient care area from where it was removed. -Reprocess (i.e., clean and disinfect) the designated container for soiled linen after each use. <p>1. Review of Resident #7's face sheet showed he/she admitted to the facility on [DATE] with the following diagnoses:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Baptist Homes of Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	
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 - Some</p>	<p>-Need for assistance with personal care.</p> <p>-Chronic Obstructive Pulmonary Disease (COPD- a group of lung diseases that block airflow and make it difficult to breath).</p> <p>-Communication deficit</p> <p>Review of the resident's Admission Minimum Data Set (MDS- a federally mandated assessment tool completed by the facility staff for care planning), dated 1/30/24 showed:</p> <p>-He/She was cognitively impaired.</p> <p>-He/She needed set-up or clean up assistance with toileting.</p> <p>-He/She was frequently incontinent of bladder.</p> <p>-He/She was occasionally incontinent of bowel.</p> <p>During an interview 2/13/24 at 9:30 A.M., Licensed Practical Nurse (LPN) A said:</p> <p>-He/She had worked at the facility since 8/2023.</p> <p>-He/She had no recent perineal care training.</p> <p>-He/She believed urinary tract infections had increased.</p> <p>Observation on 2/13/24 at 10:52 A.M., of the resident's perineal care by Certified Nursing Assistant (CNA) A showed:</p> <p>-He/She used one perineal cleansing wipe when wiping front to back five swipes without using a new surface or replacing the perineal cleansing wipe.</p> <p>-He/She had removed gloves and had not washed his/her hands, touched the resident door handle to go and retrieve clean linen from the clean linen closet.</p> <p>-He/She had put soiled linen directly on the resident floor without a barrier.</p> <p>During an interview 2/13/24 at 11:15 A.M., the CNA A said:</p> <p>-He/She has worked for facility since 10/2023.</p> <p>-He/She had perineal care training upon hire to the facility.</p> <p>-He/She should had used a clean part of the wipe with each wipe.</p> <p>-He/She should had wash hands every time his/her soiled gloves are removed and prior to leaving the resident room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Baptist Homes of Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	

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 - Some</p>	<p>-He/She should have not place soiled linen directly on the floor.</p> <p>During an interview 2/13/24 at 11:30 A.M., the Director of Nursing (DON) said:</p> <p>-He/She was new DON at the facility since 12/2023.</p> <p>-He/She was not aware that infection monitoring had not been tracked for past year and it would be his/her responsibility to ensure it was completed.</p> <p>-He/She was not aware the facility percentage of urinary tract infections was above average.</p> <p>-He/She had not given recent perineal care training to nursing staff.</p> <p>-He/She would expect soiled linen to placed in a bag and not directly on the floor.</p> <p>-He/She would expect staff to wash hands prior to leaving a resident room and after removing soiled gloves.</p> <p>MO 00231711</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2024
NAME OF PROVIDER OR SUPPLIER Baptist Homes of Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 17451 Medical Center Parkway Independence, MO 64057	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>46890</p> <p>Based on interview and record review, the facility failed to have an antibiotic stewardship program that addressed antibiotic use protocols and a system to monitor antibiotic use. The facility census was 59 residents.</p> <p>Review of the facility's policy Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes revised 12/2016 showed:</p> <p>-Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship.</p> <p>-As part of the facility antibiotic stewardship program, all clinical infections treated with antibiotic will undergo, review by the Infection Preventionist (IP), or designee.</p> <p>-The IP or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics.</p> <p>1. Review of the facility's 2/1/23-2/1/24 Antibiotic Stewardship Program (ASP) showed no documentation the facility was utilizing an ASP.</p> <p>During an interview on 2/13/24 at 11:30 A.M., the Director of Nursing (DON) said:</p> <p>-He/She was hired 12/2023 and a new DON.</p> <p>-He/She was not aware that the facility needed an ASP and thought pharmacy had kept tract of antibiotics related to infections.</p> <p>-He/She would be getting his/her IP certification and was not sure who was doing the IP tasks currently.</p> <p>-He/She would be responsible to audit that ASP is being done per facility policy.</p> <p>During an interview on 2/13/24 at 11:45 A.M., the Administrator said:</p> <p>-He/She was unable to locate ASP documentation.</p> <p>-The former Minimum Data Set (MDS- a federally mandated assessment tool completed by facility staff for care planning) Coordinator whose last day was 2/12/24 was the facility IP and responsible for the ASP.</p> <p>-The Corporate Nurse will start 2/14/24 as facility IP and MDS Coordinator and would be responsible for the ASP.</p> <p>MO 00231711</p>