

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265845	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER University Health Lakewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 Lee's Summit Road Kansas City, MO 64139	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21003</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were followed to prevent contamination and spread of infection for one sampled resident (Resident #4) who was on contact droplet isolation for Respiratory Syncytial Virus (RSV - a respiratory virus that infects the lungs and breathing passages and can be serious, especially for infants and older adults) out of two sampled residents who were on isolation on the third floor south unit. The sample was five residents. The facility census was 145 residents.</p> <p>Review of the facility's Isolation Precautions policy and procedure, dated 2/20/23, showed:</p> <ul style="list-style-type: none"> -The facility will use contact precautions in addition to standard precautions based on the disease or infection transmission as outlined by the Department of Health and by the long term care federally regulatory agency to assist health care personnel in preventing and controlling the spread of organisms and communicable diseases. -Standard precautions include treating the blood, body fluids, and other potentially infectious materials such as contaminated equipment, linen, trash and supplies as if potentially infectious. The facility chooses personal protective equipment (PPE) appropriate for the task and the potential for exposure as barriers to protect them from the moist body substances of all patients. -Practice hand hygiene by washing hands with soap and water or using alcohol-based hand sanitizer before and after patient contact even if wearing gloves. -Appropriate use of Personal Protective Equipment Contact Attire: Don (to put on) gown and tie at neck and waist before entering the room. Remove before leaving the room. Gloves: perform hand hygiene then don gloves. Remove gloves and perform hand hygiene before leaving the room. Mask: Mask with shield or mask with goggles when there is anticipated exposure to sprays, blood or body fluids. Remove and discard mask before leaving the room. -Contact precautions: use gown gloves and mask with shield or mask with goggles when there is anticipated exposure to sprays, blood or body fluids. -Airborne precautions: use N95 mask, gown and gloves only as needed for standard precautions or with handling infectious materials. <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>-Discontinuation of Contact Requirements: Modify the contact order after clearing of disease colonization, discontinuation may be done by the physician. The decision to discontinue airborne contact precautions in the absence of three negative tests can only be made by an attending physician and in consultation with a member of the long term care staff.</p> <p>1. Review of Resident #4's Face Sheet showed he/she was admitted on [DATE], with diagnoses including diabetes, balance disorder, anemia (low iron), schizophrenia (a mental condition characterized by thoughts or experiences that seem out of touch with reality, disorganized speech or behavior, and decreased participation in daily activities) and myeloma (a tumor).</p> <p>Review of the resident's Nursing Notes on 3/23/24 showed the resident complained of cough, was lethargic and exhibited a low grade fever. The nurse called the physician and obtained a physician's order for Mucinex and swab (test for infection) this morning. The test result came back positive for RSV. The nurse called the physician (and informed him/her of the test result) and obtained a physician's order for Tylenol as needed, isolation and vital signs. The nurse informed the resident of the test result.</p> <p>Review of the resident's Infectious Serology Test dated 3/23/24 showed the resident tested positive for RSV.</p> <p>Review of the resident's Physician's Order Sheet dated 3/2024 showed a physician's order for contact and droplet isolation for 7 days. Complete vital signs (blood pressure, temperature, respirations and pulse) every shift with oxygen levels for 7 days for RSV (ordered on 3/23/24).</p> <p>Review of the resident's Nursing Notes dated 3/24/24 showed the resident continued on isolation for positive RSV. He/she has an occasional, non-productive cough. The resident stated he/she was feeling better, denied pain and discomfort and had a good appetite. Resident eats all meals in his/her room.</p> <p>Observation on 3/27/24 at 11:00 A.M. showed:</p> <p>-The door to the resident's room showed there was a stop sign that notified anyone entering that the resident was on isolation and showed instruction and diagram showing what PPE to put on and how to put it on. Beside the door was a cart that included disposable gowns, disposable gloves, masks, a stethoscope, and thermometer on the cart. The door to the resident's room was open (not closed for isolation).</p> <p>-Observation and interview of the resident showed the resident was laying in his/her bed, dressed for the weather and was alert and oriented and said that he/she was getting over an infection and could not come out of his/her room but he/she was feeling better.</p> <p>-At 11:06 A.M. the resident turned on his/her call light and Certified Nursing Assistant (CNA) A went to the resident's room wearing a mask, and without washing his/her hands or using sanitizer, putting on gloves or a gown. He/She did not close the door behind him/her.</p> <p>-At 11:10 A.M. CNA A came out of the resident's room and did not wash or sanitize his/her hands before leaving. He/she pulled the resident's door closed.</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>During an interview on 3/27/24 at 11:10 A.M., CNA A said:</p> <ul style="list-style-type: none"> -The resident had a respiratory infection last week and was on isolation, but he/she did not know for sure if the resident was still on isolation. -He/She always wore a mask but did not put on the gown and gloves because he/she did not think the resident was still on isolation precautions. <p>During an observation and interview on 3/27/24 at 11:15 A.M., Licensed Practical Nurse (LPN) A said:</p> <ul style="list-style-type: none"> -The resident was exhibiting symptoms and so they tested him/her for a possible infection and the test results were positive for RSV on 3/23/24. -RSV was a contagious infection. -They notified the physician who put the resident on isolation precautions. -When residents are placed on isolation for airborne infections, they should keep the door closed and they put the stop sign on the door instructing staff of the type of precautions and PPE they should use prior to entering the resident's room. -Staff should wash or sanitize their hands, glove, gown and put on a mask prior to entering the resident's room and remove them before leaving the resident's room and wash or sanitize their hands. -The resident was supposed to be on isolation for 7 days and would not come off of isolation until 3/29/24 at the earliest. -They would re-test the resident to ensure he/she was not still infected before removing him/her from isolation. -The resident's door should remained closed when they were on isolation, but the resident was a high risk for falls and that may be why the resident's door was open. -Observation at this time showed the resident turned his/her call light on. CNA A responded and he/she was wearing a mask but without washing or sanitizing his/her hands, he/she put on gloves and a gown prior to entering the resident's room. Upon leaving the resident's room he/she had discarded the gown and gloves inside of the resident's room and used hand sanitizer as he/she left the resident's room. -LPN A said CNA A should have washed or sanitized his/her hands prior to putting on the gloves and gown. <p>During an interview on 3/27/24 at 11:35 A.M., CNA A said:</p> <ul style="list-style-type: none"> -He/she had not put the appropriate PPE on the first time he/she entered the resident's room because he/she was not sure the resident was still on isolation. <p>(continued on next page)</p>		

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