

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>17E294</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>F W HUSTON MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 DELAWARE STREET WINCHESTER, KS 66097</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility identified a census of 32 residents. The sample included 5 residents. Based on observation, record review, and interview, the facility failed to inform the resident or an interested family member when a treatment for the resident changed for 2 residents (#1 and #4).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The Physician's Order Sheet, signed 8/3/16, in the closed record for resident #1 included diagnoses of dementia with behavior disturbance (progressive mental disorder characterized by failing memory, confusion) and hypertension (high blood pressure). It documented an order for Lisinopril 10 milligrams (mg) to be given every day.</li> </ul> <p>The Annual Minimum Data Set (MDS) dated 2/25/16 documented a Brief Interview for Mental Status (BIMS) score of 0 (less than 8 indicated severely impaired cognition).</p> <p>The Quarterly MDS dated 8/26/16 documented a BIMS score of 1.</p> <p>The Care Area Assessment (CAA) dated 2/25/16 for cognition documented the resident was very confused and yelled from his/her room.</p> <p>The care plan dated 9/7/16 documented staff anticipated the resident's needs and allowed time for the resident to respond.</p> <p>Review of the nurse's note dated 7/7/16 at 2:12 PM documented staff received an order from the physician to start Lisinopril (medication for high</p>	F 157			

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F 157	<p>Continued From page 2 blood pressure) 10 mg daily.</p> <p>Review of the nurse's note 9/6/16 at 5:56 PM documented staff received orders from the physician to obtain a chest x-ray and start Albuterol breathing treatments (medication to open the airways in the lungs) every 4 hours as needed.</p> <p>The clinical record documented two family members that were to be notified of any changes.</p> <p>The clinical record lacked evidence the resident or interested family member were notified when staff received the new orders.</p> <p>On 10/20/16 at 3:35 PM, family member XX stated the facility did not notify him/her of the changes on 7/8/16 or on 9/6/16.</p> <p>On 10/20/16 at 3:58 PM, family member YY stated the facility did not notify him/her of the changes on 7/8/16 or on 9/6/16.</p> <p>On 10/19/16 at 1:21 PM, licensed nursing staff H stated the resident's family member was to be notified when there was a change in the resident's medications or treatments. He/she confirmed the clinical record lacked documentation of family notification when the new medications and treatments began.</p> <p>On 10/20/16 at 11:25 AM, administrative nursing staff D stated he/she expected staff to notify the resident's family member when there was a change in the medications or treatments and document said notification in the medical record. Staff D further confirmed the clinical record lacked documentation of family notification when</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>the new medications and treatments began.</p> <p>The facility's policy, "Change in Resident's Condition", revised 3/15/16, documented the charge nurse would notify the resident or the resident's representative when there was a change in the resident's physical status.</p> <p>The facility failed to notify the interested family member of the physician's orders for new medications and treatments on 7/7/16 and 9/6/16 for this cognitively impaired resident.</p> <p>- The Physician's Order Sheet, signed 10/6/16, for resident #4 included a diagnosis of dementia with behavior disturbance (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Admission Minimum Data Set (MDS) dated 7/11/16 documented a Brief Interview for Mental Status (BIMS) score of 10 (8 to 12 indicated moderately impaired cognition). The resident required limited staff assistance with Activities of Daily Living (ADLs).</p> <p>The Care Area Assessment (CAA) dated 7/11/16 for cognition documented the resident was forgetful.</p> <p>The care plan dated 8/18/16 directed staff to communicate with the resident and his/her family regarding his/her care.</p> <p>The nurse's note dated 9/6/16 at 5:36 PM documented the physician ordered a chest x-ray and an antibiotic for the resident.</p>	F 157			

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F 157	<p>Continued From page 4</p> <p>The clinical record documented the resident was to be notified of any changes in medications or treatments.</p> <p>The clinical record lacked evidence the resident or interested family member were notified when staff received the new orders.</p> <p>On 10/19/16 at 8:27 AM, the resident sat in a recliner.</p> <p>On 10/19/16 at 1:21 PM, licensed nursing staff H stated the resident's family member was to be notified when there was a change in the resident's medications or treatments. He/she confirmed the clinical record lacked documentation of family notification when the new medications and treatments began.</p> <p>On 10/20/16 at 11:25 AM, administrative nursing staff D stated he/she expected staff to notify the resident's family member when there was a change in the medications or treatments and document said notification in the medical record. Staff D further confirmed the clinical record lacked documentation of family notification when the new medications and treatments began.</p> <p>The facility's policy, "Change in Resident's Condition", revised 3/15/16, documented the charge nurse would notify the resident or the resident's representative when there was a change in the resident's physical status.</p> <p>The facility failed to notify the interested family member of the physician's orders for new medications and treatments on 9/6/16 for this cognitively impaired resident.</p>	F 157			