

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

PRINTED: 11/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>175537</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/08/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYS MEDICAL CENTER LTCU</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 SW CANTERBURY DRIVE<br/>HAYS, KS 67601</b>                     |                      |   |
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| F 000   | INITIAL COMMENTS  | F 000   |   |                      |   |
| F 241<br>SS=D   | <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 11 residents. The sample included 12 residents, 6 current residents and 6 closed records. Based on observation, record review, and interview, the facility failed to enhance or promote dignity and respect for 2 of 6 residents sampled for dignity. Residents #65 and #66, who had uncovered urinary catheter bags.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #65's medical record included diagnoses of diabetes mellitus 2 (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), urinary retention with 2 failed voiding trials (lack of ability to urinate and empty the bladder), overactive bladder (a problem with storing urine in the bladder that causes a sudden urge to urinate), and chronic lower urinary tract infections (an infection in the urinary system).</li> </ul> <p>The 5 day (MDS) Minimum Data Set assessment, dated 10/24/16, indicated the resident with intact cognition, required extensive assistance of 2 staff</p> | F 241   |   |                      |   |

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 241   | <p>Continued From page 1</p> <p>for bed mobility, and extensive assistance of 1 staff for dressing, toileting, and hygiene. The MDS further indicated the resident had a urinary catheter (a tube that collects urine from the bladder).</p> <p>The altered urinary elimination care plan, dated 10/19/16, directed staff to ensure the resident maintained adequate urinary output, but did not provide information on the care of the urinary catheter.</p> <p>On 10/19/16 at 4:20 PM, observation revealed the resident's urinary catheter bag, hanging from the bed frame, with no catheter bag cover in place. Observation further revealed the bag suspended approximately 6 inches above the floor, on the side of the bed, and was visible through the room door from the hallway. The catheter bag was half full and contained clear yellow urine.</p> <p>On 10/19/16 at 4:30 PM, Nurse D stated the resident had urinary retention, failed 2 voiding trials, and had frequent loose bowel movements. Nurse D verified the physician orders did not include catheter care instructions, or a catheter bag cover.</p> <p>On 10/27/16 at 3:50 PM, Nurse Aide B stated the staff emptied the catheter bag at the end of each shift. Nurse Aide B further stated the staff do not use catheter bag covers on the catheter bags in the resident rooms or when transporting the resident into the hallway and public areas.</p> <p>On 10/27/16 at 4:00 PM, Administrative Nurse A reviewed the physician's order for the urinary catheter and verified the orders did not include catheter care instructions and use of a catheter</p> | F 241   |   |                      |   |

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| F 241   | <p>Continued From page 2</p> <p>bag cover, stating the facility did not use catheter bag covers. Administrative Nurse A stated the nurse receiving the order would need to clarify, for more specific instructions.</p> <p>The facility's 10/3/16, Resident Dignity policy, stated the Skilled Care Unit promotes care of residents in a manner and in an environment that maintains and/or enhances each resident's dignity and respect in full recognition of his/her individuality.</p> <p>The facility failed to maintain and promote dignity for Resident #65, when staff failed to cover the urinary catheter bag, placing him/her at risk for low self-esteem.</p> <p>- Resident #66's admission (MDS) Minimum Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 indicating intact cognition. The MDS further revealed the resident had an indwelling catheter (a tube inserted into the bladder to provide continuous urine drainage) and was always continent of bowel. The functional status section of the MDS was not completed at this time.</p> <p>The Indwelling Catheter and Incontinence (CAA) Care Area Assessment, dated 10/26/16, revealed the resident required assistance with (ADLs) Activities of Daily Living and mobility for safety, due to weakness and non-weight bearing status of his/her left leg. The CAA further indicated the resident had a Foley catheter in place due to immobility.</p> <p>The 10/14/16 care plan instructed staff to</p> | F 241   |   |                      |   |

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| F 241   | <p>Continued From page 3</p> <p>implement an elimination regimen to monitor for incontinence, encourage emptying bladder, and monitor for signs and symptoms of urinary tract infection. The care plan further instructed staff to monitor the indwelling catheter for patency (open or unobstructed), provide Foley (a type of catheter) care each shift, and evaluate for removal of the Foley.</p> <p>The 10/14/16 physician's directed staff to insert a Foley catheter and the resident may continue the Foley catheter to dependent drainage, for immobility.</p> <p>The 10/19/16 nurse's note stated a new Foley catheter (16 French-10 (cc) cubic centimeters balloon) was inserted using sterile technique, catheter patent to dependent drainage, with urine yellow and clear.</p> <p>On 10/19/16 at 4:28 PM, observation revealed the resident lying in his/her bed with the catheter bag attached to the bed frame. Observation further revealed the catheter bag did not have a cover over it and visible from the hallway.</p> <p>On 10/26/16 at 8:29 AM, observation revealed the resident seated in his/her straight back chair with his/her bedside table in front of him/her. Observation further revealed the catheter bag, without a cover, attached to the side of his/her chair, and visible from the hallway.</p> <p>On 10/26/16 at 2:15 PM, Nurse Aide B stated the resident is not able to walk, and the catheter is emptied at least once during his/her shift (7 AM-3 PM). Nurse Aide B verified catheter bag covers are not used.</p> | F 241   |   |                      |   |

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| F 241   | Continued From page 4<br>On 10/26/16 at 3:02 PM, Nurse D stated the resident had the catheter for immobility, but he/she is able to get up and move around more. Nurse D further stated the catheter was to be removed that day because the resident was becoming more mobile. The catheter is checked, emptied at least twice a day, and monitored at least every 4 hours.<br><br>On 10/27/16 at 4:00 PM, Administrative Nurse D verified catheter bags covers are not used in the facility.<br><br>The facility's 10/3/16 Skilled Care Unit-Resident Dignity policy states the Skilled Care Unit promotes care of residents in a manner and in an environment that maintains and/or enhances each resident's dignity and respect in full recognition of his/her individuality.<br><br>The facility failed to provide necessary care to promote dignity for Resident #66, when staff failed to cover the catheter drainage bag, placing the resident at risk for low self esteem. | F 241   |   |                      |   |
| F 243<br>SS=D   | 483.15(c)(1)-(5) RIGHT TO PARTICIPATE IN RESIDENT/FAMILY GROUP<br><br>A resident has the right to organize and participate in resident groups in the facility; a resident's family has the right to meet in the facility with the families of other residents in the facility; the facility must provide a resident or family group, if one exists, with private space; staff or visitors may attend meetings at the group's invitation; and the facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.  | F 243   |   |                      |   |

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| F 243   | <p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 11 residents. The sample included 12 residents, 6 in the facility and 6 discharged residents. Based on record review and interview the facility failed to provide the right to organize and participate in resident groups for 2 of 6 sampled residents residing in the facility. (#60, #70)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 10/20/16 at 2:41 PM, Resident #60 stated he/she did not know who attended a resident council group and the purpose for the group.</li> </ul> <p>On 10/27/16 at 1:43 PM, Resident #70 stated staff did not explain, during the admission process, that each resident had the ability to organize and form a resident council group. Resident #70 further stated no one had visited his/her room and/or provided information on resident council.</p> <p>On 10/19/16 at 1:30 PM, during the entrance conference interview, Administrative Nurse A stated the facility did not have a resident council group. He/she stated, in the past, the facility staff had educated residents and asked them to form a resident council and no one was interested at that time. Administrative Nurse A stated the facility stopped offering to assist the residents to form a resident council and did not discuss resident council, during the admission process, with the current residents.</p> <p>The facility's admission form, revised in October</p> | F 243   |   |   |

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| F 243   | Continued From page 6 of 2016, stated residents have the right to voice their suggestions and concerns without fear of reprisal. If a resident has a suggestion or concern they should contact the supervisor of the skilled care unit or the case manager.<br><br>Upon request, the facility did not provide a policy and procedure for resident council.<br><br>The facility failed to inform Residents #60 and #70 of his/her right to form a resident council group, which placed the residents at risk to be able to voice suggestion and/or concerns in a group setting.  | F 243   |   |                      |   |
| F 248<br>SS=D   | 483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES<br><br>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 11 residents. The sample included 12 residents, 6 residents in the facility and 6 discharged residents. Based on observation, record review, and interview, the facility failed to provide individualized activities to meet the residents' interests for 2 of 12 sampled residents. (#62, #60)<br><br>Findings included:<br><br>- Resident #62's admission (MDS) Minimum | F 248   |   |                      |   |

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| F 248   | <p>Continued From page 7</p> <p>Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15, which indicated intact cognition and a mood severity score of 3, indicating minimal depression. The MDS further revealed the resident felt activities were somewhat important, including listening to music he/she liked, doing things with groups of people, doing his/her favorite activities, going out to get fresh air when the weather is good, and participating in religious services or practices. The MDS further indicated the resident was totally dependent on 1 staff for locomotion on and off the unit, required limited assistance of 1 staff for transfers, walking in room and corridor, supervision with setup help only for dressing, toilet use, personal hygiene, supervision with no setup help for bed mobility and bathing, and independent with eating. The MDS further indicated the resident used a walker and wheelchair for mobility.</p> <p>The medical record revealed the resident was admitted to the facility on 10/8/16.</p> <p>The medical record revealed no documentation of an activity (CAA) Care Area Assessment.</p> <p>The psychosocial well-being care plan, dated 10/8/16, directed staff to encourage activities as tolerated, encourage participation in activities out of room 3 times a week, assist with finding meaning or purpose in activity participation, and include the resident in planning his/her daily schedule.</p> <p>The 10/24/16 initial activity assessment (16 days after admission to the facility) revealed the resident was able to read and write, enjoyed</p> | F 248   |   |                      |   |

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| F 248   | <p>Continued From page 8</p> <p>crocheting, shopping, listening to music, and watching television.</p> <p>The 10/24/16 activity progress note revealed the facility had a group activity with the objective of socialization, which the resident participated in. The note indicated the activity director visited with the resident and completed his/her activity assessment.</p> <p>On 10/25/16 at 12:40 PM, observation revealed the resident in his/her bed, in his/her room, facing the window with the curtains open, and no music or television turned on. Observation further revealed there were no activities going on at this time.</p> <p>On 10/27/16 at 8:04 AM, observation revealed the resident in his/her room, lying in bed with eyes closed, with no music or television turned on. Observation further revealed there were no activities going at this time.</p> <p>Review of the 10/2016 activities calendar revealed a variety of scheduled daily individual/group activities.</p> <p>On the 6 of 6 days on site in the facility, multiple observations revealed no staff initiated individual or group activities.</p> <p>On 10/26/16 at 2:15 PM, Activity Staff B stated the resident does not go to activities. He/she stated the facility has an activity scheduled every day, does not always end up doing the scheduled activity, but staff tries to provide some type of activity every day. Activity Staff B stated the staff will ask the residents if they want to go to activities, but Resident #62 doesn't like to go to</p> | F 248   |   |                      |   |

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| F 248   | <p>Continued From page 9</p> <p>activities, he/she is very quiet and keeps to himself/herself.</p> <p>On 10/26/16 at 3:02 PM, Nurse D stated the resident had a hard time going to activities, because he/she shakes a lot. He/she further stated staff try to do things with the resident 1:1 in his/her room, and staff try to do something with the residents at least every other day. The facility offers activities every day, sometimes staff gets a group that doesn't want to come out of their rooms, and sometimes it is just for a meal. Nurse D further stated a couple of times, he/she heard the resident say that he/she wanted to go to activities and the activities person will usually ask him/her.</p> <p>The facility's 10/3/16 Skilled Care Unit-Activity Program policy states that an ongoing program of meaningful activities appropriate to the needs and interests of patients will be offered. The program is designed to offer patients the opportunity of choices among a variety of activities. Participation in activities is voluntary. An assessment about the patient's interests will be done upon admission to the Skilled Care Unit, as a result, an individualized care plan for activities will be developed for each patient.</p> <p>The facility failed to provide an ongoing activity program, designed to meet Resident #62's needs, placing him/her at risk for not meeting his/her highest psychosocial well-being.</p> | F 248   |   |                      |   |

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| F 248   | <p>Continued From page 10</p> <p>- Resident #60's admission (MDS) Minimum Data Set assessment, dated 10/17/16, revealed the resident required extensive assistance of 1 staff member for (ADLs) Activities of Daily Living, with minimal assistance of 1 staff for bed mobility, and total dependence to move from location to location. The MDS revealed the the resident stated the importance of participating in outdoor activities and religious services were important to him/her.</p> <p>The 10/17/16 (CAAs) Care Area Assessment summary indicated the resident expressed a decreased interest in his/her usual activities, preferred one on one time in his/her room, and had a good family support system. The CAA further indicated the staff invite the resident to activities outside of his/her room.</p> <p>The 10/5/16 care plan stated the resident required minimal assistance of 1 staff with ambulation, and use of a walker. The care plan revealed staff encouraged the resident to participate in activities outside of hisher room, 2 times per week, and directed staff to include the resident in planning his/her daily schedule.</p> <p>Although requested, the facility did not provide an activity assessment for the resident or an activity log for attendance.</p> <p>On 10/19/16 at 4:30 PM, observation revealed Nurse Aide B sitting at the nurse's station with a blank October calendar and the aide added a single entry, listing an activity, into approximately</p> | F 248   |   |                      |   |

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| F 248   | <p>Continued From page 11</p> <p>one third of the dates for the month. Nurse Aide B verified he/she was filling out the activity calendar for the month of October. Nurse Aide B stated the type of activity and the resident attendance was not documented in any other location and explained the form was being completed from memory.</p> <p>On 10/25/16 at 5:10 PM, observation revealed the resident seated in the recliner in the corner of the room, with the footrest elevated. The resident's spouse sat in a chair next to the resident. The TV on, the volume low, as the resident and his/her spouse visited.</p> <p>On 10/20/16 at 2:41 PM, the resident stated the facility did not offer activities, and continued by stating if there were any activities, it would be few, and he/she was not informed about the activities. The resident explained the facility did not offer an activity in the evenings or on the weekends.</p> <p>On 10/27/16 at 3:35 PM, Nurse Aide C stated the resident has gone to the dining/activity room for meals a few times with his/her family present. Nurse Aide C stated the resident did not want to participate in activities the previous day. Nurse Aide C was unable to state the activities offered the previous day to the resident, or provide the attendance log. Nurse Aide C stated activities do not happen very often.</p> <p>On 10/27/16 at 3:50 PM, Nurse Aide B stated the resident did eat 1-2 meals, with visitors present,</p> | F 248   |   |                      |   |

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| F 248   | Continued From page 12<br>in the dining room, and did not perform self-initiated activities other than watching television. Nurse Aide B stated staff scheduled an outdoor activity on 10/26/16, but none of the residents attended. Nurse Aide B clarified that only 4 of the 12 current residents received an invitation to go to the outdoor activity.<br><br>The facility's 10/3/2016 Activity Program policy stated:<br><br>The facility has an on-going program of meaningful activities appropriate to the needs and interests of residents. The program is designed to offer residents the opportunity for choices among a variety of activities. Participation in activities is voluntary.<br><br>An assessment about the residents' interests will be done upon admission to the facility and as a result, an individualized care plan for activities will be developed for each resident.<br><br>The nursing staff and/or the activity designee will complete documentation of resident participation in the activity provided.<br><br>The facility failed to provide an ongoing activity program, designed to meet Resident #60's needs, placing the resident at risk to not meet his/her highest psychosocial well-being. | F 248   |   |                      |   |
| F 279<br>SS=D   | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS<br><br>A facility must use the results of the assessment to develop, review and revise the resident's   | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 13 comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 11 residents. The sample included 6 residents in the facility and 6 discharged residents. Based on observation, record review, and interview, the facility failed to develop a comprehensive care plan for 2 of 12 sampled residents for activities, #60 and #62, and 1 sampled resident for care of an indwelling urinary catheter, #65.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #62's admission (MDS) Minimum Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15, which indicated intact cognition and a mood severity score of 3, indicating minimal depression. The MDS further</li> </ul> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 14</p> <p>revealed the resident felt activities were somewhat important, including listening to music he/she liked, doing things with groups of people, doing his/her favorite activities, going out to get fresh air when the weather is good, and participating in religious services or practices. The MDS further indicated the resident was totally dependent on 1 staff for locomotion on and off the unit, required limited assistance of 1 staff for transfers, walking in room and corridor, supervision with setup help only for dressing, toilet use, personal hygiene, supervision with no setup help for bed mobility and bathing, and independent with eating. The MDS further indicated the resident used a walker and wheelchair for mobility.</p> <p>The medical record revealed the resident was admitted to the facility on 10/8/16.</p> <p>The medical record revealed no documentation of an activity (CAA) Care Area Assessment.</p> <p>The psychosocial well-being care plan, dated 10/8/16, directed staff to encourage activities as tolerated, encourage participation in activities out of room 3 times a week, assist with finding meaning or purpose in activity participation, and include the resident in planning his/her daily schedule.</p> <p>Review of the medical record revealed no individualized activity care plan reflecting the facility's initial activity assessment of the resident.</p> <p>The 10/24/16 initial activity assessment (16 days after admission to the facility) revealed the resident was able to read and write, enjoyed crocheting, shopping, listening to music and</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 15 watching television.</p> <p>The 10/24/16 activity progress note revealed the facility had a group activity with the objective of socialization, which the resident participated in. The note indicated the activity director visited with the resident and completed his/her activity assessment.</p> <p>On 10/25/16 at 12:40 PM, observation revealed the resident in his/her bed, in his/her room, facing the window with the curtains open, and no music or television turned on. Observation further revealed there were no activities going on at this time.</p> <p>On 10/27/16 at 8:04 AM, observation revealed the resident lying in his/her bed with eyes closed, and no music or television turned on. Observation further revealed there were no activities going at this time.</p> <p>On 10/26/16 at 2:15 PM, Activity Staff B stated the resident does not go to activities. He/she stated the facility has an activity scheduled every day, does not always end up doing the scheduled activity, but staff tries to provide some type of activity every day. Activity Staff B stated the staff will ask the residents if they want to go to activities, but Resident #62 doesn't like to go to activities, he/she is very quiet and keeps to himself/herself.</p> <p>On 10/26/16 at 3:02 PM, Nurse D stated the resident had a hard time going to activities, because he/she shakes a lot. He/she further stated staff try to do things with the resident 1:1 in his/her room, and staff try to do something with the residents at least every other day. The facility</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 16</p> <p>offers activities every day, sometimes staff gets a group that doesn't want to come out of their rooms, and sometimes it is just for a meal. Nurse D further stated a couple of times, he/she heard the resident say that he/she wanted to go to activities and the activities person will usually ask him/her.</p> <p>On 10/27/16 at 3:31 PM, Administrative Nurse A stated that every resident should have an activity care plan.</p> <p>The facility's 10/3/16 Skilled Care Unit-Care Plan Policy indicated a care plan addressing the needs of the resident will be developed to consider care involving nursing, social services, activities, therapy, and the physician.</p> <p>The facility failed to develop a comprehensive care plan for Resident #62, for activities, placing the resident at risk for not receiving staff assistance with attending his/her desired activities of choice.</p> <p>- Resident #60's admission (MDS) Minimum Data Set assessment, dated 10/17/16, revealed the resident required extensive assistance of 1 staff member for (ADLs) Activities of Daily Living, with minimal assistance of 1 staff for bed mobility, and total dependence to move from location to location. The MDS revealed the the resident stated the importance of participating in outdoor activities and religious services were important to him/her.</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 17</p> <p>The 10/17/16 (CAAs) Care Area Assessment summary indicated the resident expressed a decreased interest in his/her usual activities, preferred one on one time in his/her room, and had a good family support system. The CAA further indicated the staff invite the resident to activities outside of his/her room.</p> <p>The 10/5/16 care plan stated the resident required minimal assistance of 1 staff with ambulation, and use of a walker. The care plan revealed staff encouraged the resident to participate in activities outside of his/her room, 2 times per week, and directed staff to include the resident in planning his/her daily schedule. The care plan did not include individualized direction for the resident's preferred activities of choice. (upon request, the facility did not provide an activity assessment for the resident's preferred activities, used to develop an individualized care plan)</p> <p>On 10/19/16 at 4:30 PM, observation revealed Nurse Aide B sitting at the nurse's station with a blank October calendar and the aide added a single entry, listing an activity, into approximately one third of the dates for the month. Nurse Aide B verified he/she was filling out the activity calendar for the month of October. Nurse Aide B stated the type of activity and the resident attendance was not documented in any other location and explained the form was being completed from memory.</p> <p>On 10/25/16 at 5:10 PM, observation revealed the</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 18</p> <p>resident seated in the recliner in the corner of the room, with the footrest elevated. The resident's spouse sat in a chair next to the resident. The TV on, the volume low, as the resident and his/her spouse visited.</p> <p>On 10/20/16 at 2:41 PM, the resident stated the facility did not offer activities, and continued by stating if there were any activities, it would be few, and he/she was not informed about the activities. The resident explained the facility did not offer an activity in the evenings or on the weekends.</p> <p>On 10/27/16 at 3:35 PM, Nurse Aide C stated the resident has gone to the dining/activity room for meals a few times with his/her family present. Nurse Aide C stated the resident did not want to participate in activities the previous day. Nurse Aide C was unable to state the activities offered the previous day to the resident, or provide the attendance log. Nurse Aide C stated activities do not happen very often.</p> <p>On 10/27/16 at 3:50 PM, Nurse Aide B stated the resident did eat 1-2 meals, with visitors present, in the dining room, and did not perform self-initiated activities other than watching television. Nurse Aide B stated staff scheduled an outdoor activity on 10/26/16, but none of the residents attended. Nurse Aide B clarified that only 4 of the 12 current residents received an invitation to go to the outdoor activity.</p> <p>On 10/27/16 at 3:31 PM, Administrative Nurse A</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 19</p> <p>stated that every resident should have an activity care plan.</p> <p>The facility's 10/3/16 Skilled Care Unit-Care Plan Policy indicated a care plan addressing the needs of the resident will be developed to consider care involving nursing, social services, activities, therapy, and the physician.</p> <p>An assessment about the residents' interests will be done upon admission to the facility and as a result, an individualized care plan for activities will be developed for each resident.</p> <p>The facility failed to develop a comprehensive care plan for Resident #60, for activities, placing the resident at risk for not receiving staff assistance with attending his/her desired activities of choice.</p> <p>- Resident #65's medical record included diagnoses of diabetes mellitus 2 (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), urinary retention with 2 failed voiding trials (lack of ability to urinate and empty the bladder), overactive bladder (a problem with storing urine in the bladder that causes a sudden urge to urinate), and chronic lower urinary tract infections (an infection in any part of the urinary system) due to bladder outlet obstruction.</p> <p>The 5 day medicare (MDS) Minimum Data Set assessment, dated 10/24/16, indicated the resident had intact cognition, required extensive assistance of 2 staff for bed mobility, and extensive assistance of 1 staff for dressing,</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 20</p> <p>toileting, and hygiene. The MDS further indicated the resident received diuretic medications for 6 days of the observation period, had a urinary catheter (a tube that allows urine to drain from the bladder), and a toileting program for bowel movements.</p> <p>The altered urinary elimination care plan, dated 10/19/16, directed staff to ensure the resident maintained adequate urinary output, but did not provide information on the urinary catheter size, frequency of catheter changes, or instructions to staff for care of the urinary catheter.</p> <p>The 10/14/16 at 10:04 PM, History and Physical, stated the resident had urinary retention, failed 2 voiding trials, and directed staff to continue the urinary catheter.</p> <p>The 10/15/16, physician note stated the resident had a weak urine stream, urgency and frequency, with a urinary catheter placed due to large post void residual (a test measuring the amount of urine remaining in the bladder after urination). The resident's history included bladder surgery to treat urinary problems.</p> <p>The 10/20/16 at 1:06 PM, physician's order directed staff to discontinue the resident's urinary catheter.</p> <p>The 10/21/16 at 12: 57 PM, physician's order directed staff to reinsert a urinary catheter. The order lacked the size of the urinary catheter and the care instructions.</p> <p>On 10/19/16 at 4:20 PM, observation revealed a urinary catheter bag, hanging from the bed frame, with no catheter bag cover in place. Observation</p> | F 279   |   |                      |   |

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| F 279   | <p>Continued From page 21</p> <p>further revealed the bag suspended approximately 6 inches above the floor, on the side of the bed, and was visible through the room door. The catheter bag half full and contained clear yellow urine.</p> <p>On 10/19/16 at 4:30 PM, Nurse D stated the resident had urinary retention, failed 2 voiding trials, and had frequent loose bowel movements. Nurse D reviewed the physician's order and verified the orders did not contain the urinary catheter size and did not include catheter care instructions.</p> <p>On 10/27/16 at 4:00 PM, Administrative Nurse A reviewed the physician's order for the urinary catheter and verified the orders did not provide a diagnosis for use of the catheter and did not include catheter care instructions. Administrative Nurse D stated the nurse receiving the order would need to clarify with the physician, for more specific instructions regarding the catheter. Administrative Nurse A stated Resident #65 should have a urinary elimination care plan addressing catheterization. Administrative Nurse A verified the care plan did not address urinary catheterization.</p> <p>The facility's 6/15/16, Urinary Catheter Guidelines policy, provided guidelines for use of an indwelling urinary catheter, which included management of acute urinary retention and urinary obstruction.</p> <p>The facility's 10/3/16 Skilled Care Unit-Care Plan Policy indicated a care plan addressing the needs of the resident will be developed to consider care involving nursing, social services, activities, therapy, and the physician.</p> | F 279   |   |                      |   |

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| F 279   | Continued From page 22   | F 279   |   |                      |   |
| F 280<br>SS=D   | <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The facility failed to provide necessary care instruction for Resident #65's urinary catheter use, placing the resident at risk for chronic urinary tract infections.</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 11 residents. The sample included 12 residents of which included 6 residents residing in the facility and 6 discharged residents. Based on observation, record review, and interview, the facility failed to review and revise the plan of care for 1 of 12 sampled</p> | F 280   |   |                      |   |

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| F 280   | <p>Continued From page 23</p> <p>residents who received antianxiety, antidepressant, and antipsychotic medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #62's admission (MDS) Minimum Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15, which indicated intact cognition and a mood severity score of 3, indicating minimal depression, with no behaviors. The MDS further indicated the resident was totally dependent on 1 staff for locomotion on and off unit, required limited assistance of 1 staff assist for transfers, walking in room and corridor, required supervision with setup help only for dressing, toilet use, personal hygiene, supervision with no setup help for bed mobility and bathing, and independent with eating. The MDS further indicated the resident's balance was not steady, able to stabilize without staff assistance, no functional limitation in (ROM) Range of Motion in upper and lower extremities, used a walker and wheelchair for mobility, always continent of bladder, and occasionally incontinent of bowel. The MDS further indicated the resident received antianxiety (used to calm and relax) and antidepressant (used to treat mood disorders) medications.</li> </ul> <p>The Psychotropic Drug Use (CAA) Care Area Assessment, dated 10/20/16, indicated the resident had a history of depression (feeling sad, hopeless, and unimportant) and anxiety (a feeling of worry, nervousness, or unease).</p> | F 280   |   |                      |   |

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| F 280   | Continued From page 24<br><br>The 10/8/16 care plan indicated the resident had Black Box Warnings for the following medications: Acetaminophen (pain medication), and Hydrocodone/Acetaminophen (narcotic pain medication).<br><br>The 10/8/16 physician order directed staff to administer Ativan (medication to treat mental or emotional reactions characterized by apprehension, uncertainty and irrational fear), 0.25 (mg) milligrams, every 6 hours, (PRN) as needed, for anxiety, last administered 10/26/16.<br><br>The 10/9/16 physician order directed staff to administer Prozac (medication to treat abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), 40 mg daily, for depression, with a (BBW) Black Box Warning of worsening or emergence of suicidal thoughts and behaviors, and increased mortality in elderly patients with dementia related psychosis.<br><br>The 10/9/16 physician's order directed staff to administer Latuda (medication to treat any major mental disorder characterized by a gross impairment in reality testing), 40 mg, daily for depression, with a BBW for increased mortality in elderly patients with dementia related psychosis.<br><br>The 10/10/16 physician's order directed staff to | F 280   |   |                      |   |

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| F 280   | <p>Continued From page 25</p> <p>administer Metoprolol Tartrate (medication to treat high blood pressure), 12.5 mg, (BID) twice a day, for headaches.</p> <p>Review of the medical record revealed no medication care plan containing Block Box Warnings, was initiated for the use of the antianxiety, antidepressant, or antipsychotic medications.</p> <p>On 10/25/16 at 12:40 PM, observation revealed the resident lying in his/her bed, in his/her room, on his/her left side, and facing the window with the curtains open.</p> <p>On 10/26/16 at 2:15 PM, Nurse Aide B stated the resident has a lot of anxiety, if staff see a new or unusual behavior, staff tell the charge nurse. Nurse Aide B further stated that staff can tell how he/she is feeling and how well his/her medication is working by the way he/she is acting and talking.</p> <p>On 10/26/16 at 3:15 PM, Nurse E stated the resident has underlying anxiety, but he/she will ask for Ativan if he/she needs it. Nurse E further stated staff have tried to use the television and repositioning to help the resident relax, but these interventions have not been effective. When the resident makes up his/her mind that he/she needs the medication, he/she doesn't think anything else works. Nurse E further stated that staff monitor the resident for symptoms and changes in his/her behavior.</p> | F 280   |   |                      |   |

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| F 280   | Continued From page 26<br>On 10/27/16 at 3:31 PM, Administrative Nurse A stated the resident does have a lot of anxiety, and the Ativan really seems to work well for her. Administrative Nurse A further stated that the diagnosis of headaches is not appropriate for Metoprolol, and Latuda is an antipsychotic medication, and not for depression.<br><br>The facility failed to review, revise, and implement a care plan for Resident #62 who received antianxiety, antidepressant, and antipsychotic medications placing the resident at risk for potential side effects from medications, due to staff not having accurate direction from the care plan.  | F 280   |   |                      |   |
| F 314<br>SS=D   | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 11 residents, the sample included 12 residents, 6 residents currently in the facility and 6 closed record reviews. Based on observation, record review and interview, the facility failed to provide necessary treatment and services to ensure effective wound | F 314   |   |                      |   |

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| F 314   | <p>Continued From page 27</p> <p>healing for 1 of 3 residents reviewed for pressure ulcers. (#28)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #28's physician's order sheet, dated 5/11/16, included diagnoses of severe sepsis (a life-threatening complication of an infection in the blood), diabetic ketoacidosis (a life threatening condition in which the body doesn't make enough insulin), osteomyelitis of ankle/foot (infection in a bone), diabetic neuropathy (high blood sugar can injure nerve fibers and cause damage with diabetes), right diabetic foot ulcer (an open sore or wound that occurs in a resident with diabetes and is commonly found on the bottom of the foot), and diabetes mellitus [a chronic condition that affects the way the body processes blood sugar (glucose)].</li> </ul> <p>The admission (MDS) Minimum Data Set assessment, dated 5/23/16, revealed the resident had intact cognition, required supervision of 1 staff for bed mobility, extensive assistance of 2 staff for transfers and extensive assistance of 1 staff for dressing and toileting. The MDS further revealed the resident had a balance impairment, required assistance of 2 staff to rebalance, (ROM) range of motion of motion impairment on 1 side of his/her lower extremities, used a walker and wheelchair. The MDS further revealed the resident had 1 stage 2 pressure ulcer (a superficial ulcer that presents as an abrasion, blister, or shallow crater), observed on 5/23/16. He/she received insulin 7 days, and intravenous (a medication administered into a vein)</p> | F 314   |   |                      |   |

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| F 314   | <p>Continued From page 28 medications.</p> <p>The (ADL) Activities of Daily Living (CAA) Care Area Assessment dated 6/23/16, revealed staff provided skilled care to the resident for therapy and intravenous antibiotics, for the right foot wound and osteomyelitis. Staff admitted the resident with non-weight bearing status to the right foot, and he/she required assistance with daily cares and mobility.</p> <p>The pressure ulcer CAA, dated 6/23/16, stated staff assessed the resident as a risk for skin breakdown, due to decreased mobility. The CAA further revealed the resident had a small open area to the buttocks, a right foot dressing, used a pressure relief cushion and changes position frequently.</p> <p>The 5/11/16 care plan, revealed the resident had impaired skin integrity, used a pressure relieving device, a mattress or air flotation device, and directed staff to turn and reposition the resident, but did not give a frequency. The care plan further directed staff to provide skin care using elbow protectors and a bed cradle (a device attached to a bed which keeps the sheets and blanket from touching or rubbing the legs), and to elevate the resident's affected extremity if needed. The care plan gave the Braden scale score as 16, a risk for skin breakdown. The care plan did not clarify and individualize the pressure relieving device or the frequency of repositioning.</p> <p>The Braden Scale (a tool used to assess a</p> | F 314   |   |                      |   |

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| F 314   | <p>Continued From page 29</p> <p>resident's risk for developing a pressure ulcer) score for the resident on 5/13/16 revealed a score of 16, placing the resident at risk for skin breakdown. The Braden Scale Score remained the same for each assessment done through 6/23/16.</p> <p>Review of the nursing entries from 5/11/16 to 6/23/16 revealed no measurements of the resident's wounds.</p> <p>On 5/11/16 at 5:29 PM, the physician ordered prealon boots (boots designed to relieve pressure to the feet when lying in bed) to be applied at bedtime, and to apply Ted hose (a compression stocking to increase blood flow) to the left leg at bedtime.</p> <p>The 6/8/16 wound nurse note stated staff applied aloe vera (a topical cream to treat dry skin) to the resident's coccyx and changed the dressing to the right foot. The note did not provide wound measurements.</p> <p>The 6/23/16 at 12:40 PM, nursing note stated staff observed the skin on the coccyx wound was intact.</p> <p>On 10/27/16 at 1:50 PM, Nurse F verified the resident did not have wound measurements documented during his/her stay. Nurse F stated the nurses changed the dressing to the resident heel, assisted the resident to wear prealon boots at night, provided a supplement, but did not</p> | F 314   |   |                      |   |

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| F 314   | <p>Continued From page 30 record wound measurements.</p> <p>On 10/27/16 at 4:00 PM, Administrative Nurse A stated the nurses are directed to measure each wound and record the findings. Administrative Nurse A did review the resident's medical record and verified the nurses did not measure the resident wounds during his/her stay, with no documentation found. Administrative Nurse A stated the wound needed to be care planned with specific interventions addressing the orders and the preventative wound care.</p> <p>The 4/10/2016 Skin Tear - Wound policy and procedure directed the nurses to document the following with each dressing change, or at least weekly:</p> <p>Date</p> <p>Location of ulcer and staging</p> <p>Size: length parallel with head to toe, width parallel left to right, and depth of the pressure ulcer wound</p> <p>Presence, location, and extent of any undermining or tunneling/sinus tract (a narrow opening underneath the skin that can extend in any direction through soft tissue)</p> <p>Presence of exudate ( a fluid rich in protein and cellular elements that oozes out of blood vessels)</p> <p>The facility failed to provide necessary treatment and services to ensure effective wound healing by</p> | F 314   |   |                      |   |

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| F 314   | Continued From page 31<br>failing to document wound measurements for Resident #28, placing him/her at risk for further skin breakdown.   | F 314   |   |                      |   |
| F 315<br>SS=D   | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER<br><br>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 11 residents. The sample included 6 residents in the facility and 6 discharged residents. Based on observation, record review, and interview, the facility failed to provide an appropriate diagnosis or instructions for use of a urinary catheter (hollow, partially flexible tube that collects urine from the bladder) for 2 of 2 sampled residents reviewed for urinary catheter use. (#66, #65).<br><br>Findings included:<br><br>- Resident #66's admission (MDS) Minimum Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15 indicating intact cognition. The MDS further revealed the resident had an indwelling catheter and was always | F 315   |   |                      |   |

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| F 315   | <p>Continued From page 32</p> <p>continent of bowel. The functional status section of the MDS was not completed at this time.</p> <p>The Indwelling Catheter and Incontinence (CAA) Care Area Assessment, dated 10/26/16, revealed the resident required assist with (ADLs) Activities of Daily Living and mobility for safety, due to weakness and non-weight bearing status of his/her left leg. The CAA further indicated the resident had a Foley catheter in place due to immobility.</p> <p>The 10/14/16 care plan instructed staff to implement an elimination regimen to monitor for incontinence, encourage emptying bladder, and monitor for signs and symptoms of urinary tract infection. The care plan further instructed staff to monitor the indwelling catheter for patency, provide Foley care each shift, and evaluate for removal of Foley.</p> <p>The 10/14/16 physician order stated: insert Foley catheter, may continue Foley catheter to dependent drainage for immobility.</p> <p>The 10/19/16 nurse's note stated a new Foley catheter (16 French-10 (cc) cubic centimeters balloon) was inserted using sterile technique, catheter patent to dependent drainage, with urine yellow and clear.</p> <p>On 10/26/16 at 8:29 AM, observation revealed the resident seated in his/her straight back chair with his/her bedside table in front of him/her. Observation further revealed the catheter bag attached to the side of his/her chair, with the drainage bag empty.</p> <p>On 10/26/16 at 2:15 PM, Nurse Aide B stated the</p> | F 315   |   |                      |   |

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| F 315   | <p>Continued From page 33</p> <p>resident is not able to walk, and the catheter is emptied at least once during her shift (7 AM-3 PM). Nurse Aide B stated the resident has had a very low urine output.</p> <p>On 10/26/16 at 3:02 PM, Nurse D stated the resident had the catheter for immobility, but he/she is able to get up and move around more. Nurse D further stated the catheter was to be removed that day because the resident was becoming more mobile. Nurse D stated the resident required 1-2 people to transfer him/her, staff used a slide board and the resident pivot transfers, but he/she was non-weight bearing on his/her left leg. Nurse D further stated the resident had the catheter when he/she came to the facility from acute care, due to immobility. The catheter is checked and emptied at least twice a day, and checked and monitored at least every 4 hours.</p> <p>On 10/27/16 at 3:31 PM, Administrative Nurse A verified the physician should have had a different diagnosis for the catheter other than immobility, or had it removed earlier.</p> <p>The facility's 6/26/15 Foley Catheter Guidelines Policy stated the guidelines for use of indwelling urinary catheter best practice as recommended by the Centers for Disease Control and Prevention: Urine output monitoring in critically ill patients, management of acute urinary retention and urinary obstruction, assistance in pressure ulcer healing for incontinent residents, perioperative: for selected surgical procedures (e.g. surgeries involving the Genitourinary Tract, anticipated prolonged surgery, operative patients with urinary incontinence, need for intraoperative hemodynamic monitoring, patients anticipated to</p> | F 315   |   |                      |   |

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| F 315   | <p>Continued From page 34</p> <p>receive large volume diuretics during surgery), as an exception, at a patient request, to improve comfort (i.e. end-of-life care).</p> <p>The facility failed to provide an appropriate diagnosis for use of an indwelling catheter for Resident #66, placing the resident at an increased risk for urinary tract infections.</p> <p>- Resident #65's medical record included diagnoses of diabetes mellitus 2 (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), urinary retention with 2 failed voiding trials (lack of ability to urinate and empty the bladder), overactive bladder (a problem with storing urine in the bladder that causes a sudden urge to urinate), and chronic lower urinary tract infections (an infection in any part of the urinary system) due to bladder outlet obstruction.</p> <p>The 5 day medicare (MDS) Minimum Data Set assessment, dated 10/24/16, indicated the resident had intact cognition, required extensive assistance of 2 staff for bed mobility, and extensive assistance of 1 staff for dressing, toileting, and hygiene. The MDS further indicated the resident received diuretic medications for 6 days of the observation period, had a urinary catheter (a tube that allows urine to drain from the bladder), and a toileting program for bowel movements.</p> <p>The altered urinary elimination care plan, dated 10/19/16, directed staff to ensure the resident maintained adequate urinary output, but did not provide information on the urinary catheter size, frequency of catheter changes, or instructions to</p> | F 315   |   |                      |   |

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| F 315   | <p>Continued From page 35<br/>staff for care of the urinary catheter.</p> <p>The 10/14/16 at 10:04 PM, History and Physical, stated the resident had urinary retention, failed 2 voiding trials, and directed staff to continue the urinary catheter.</p> <p>The 10/15/16, physician note stated the resident had a weak urine stream, urgency and frequency, with a urinary catheter placed due to large post void residual (a test measuring the amount of urine remaining in the bladder after urination). The resident's history included bladder surgery to treat urinary problems.</p> <p>The 10/20/16 at 1:06 PM, physician's order directed staff to discontinue the resident's urinary catheter.</p> <p>The 10/21/16 at 12: 57 PM, physician's order directed staff to reinsert a urinary catheter. The order lacked the size of the urinary catheter and the care instructions.</p> <p>On 10/19/16 at 4:20 PM, observation revealed a urinary catheter bag, hanging from the bed frame, with no catheter bag cover in place. Observation further revealed the bag suspended approximately 6 inches above the floor, on the side of the bed, and was visible through the room door. The catheter bag half full and contained clear yellow urine.</p> <p>On 10/19/16 at 4:30 PM, Nurse D stated the resident had urinary retention, failed 2 voiding trials, and had frequent loose bowel movements. Nurse D reviewed the physician's order and verified the orders did not contain the urinary catheter size and did not include catheter care</p> | F 315   |   |                      |   |

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| F 315   | Continued From page 36 instructions.<br><br>On 10/27/16 at 4:00 PM, Administrative Nurse A reviewed the physician's order for the urinary catheter and verified the orders did not provide a diagnosis for use of the catheter and did not include catheter care instructions. Administrative Nurse D stated the nurse receiving the order would need to clarify with the physician, for more specific instructions regarding the catheter.<br><br>The facility's 6/15/16, Urinary Catheter Guidelines policy, provided guidelines for use of an indwelling urinary catheter, which included management of acute urinary retention and urinary obstruction.<br><br>The facility failed to provide necessary care information for Resident #65, related to urinary catheter use, which included the size of the catheter and instructions for care. The lack of information in the resident orders and plan of care placed the resident at risk for continued chronic urinary tract infections. | F 315   |   |                      |   |
| F 329<br>SS=D   | 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS<br><br>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.<br><br>Based on a comprehensive assessment of a  | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 37</p> <p>resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 11 residents. The sample included 6 residents in the facility and 6 discharged residents, of which 5 residents were reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to adequately assess and monitor 3 of 5 sampled residents. Resident's #65 and #60 for effectiveness of (PRN) as needed medications and Resident #62 for inappropriate diagnoses for Metoprolol and Latuda.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #65's medical record included diagnoses of diabetes mellitus Type II (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), urinary retention with two failed voiding trials (lack of ability to urinate and empty the bladder), overactive bladder (a problem with storing urine in the bladder that causes a sudden urge to urinate), chronic lower urinary tract infections (an</li> </ul> | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 38</p> <p>infection in any part of the urinary system), diskitis (infection in the discs of the spine), venous insufficiency (the flow of blood through the veins is inadequate), and edema (swelling resulting from an excessive accumulation of fluid in the body tissues).</p> <p>The 5 day (MDS) Minimum Data Set assessment, dated 10/24/16, indicated the resident had intact cognition, required extensive assistance of 2 staff for bed mobility, and extensive assistance of 1 staff for dressing, toileting, and personal hygiene. The MDS further indicated the resident received insulin (a hormone produced by the body that regulates the amount of glucose (blood sugar) in the blood), antibiotics (a medicine that stops the growth of bacteria), hypnotics (a medicine that induces sleep), diuretic (a medicine that pulls water from the body) and PRN pain medications, and a toileting program for bowel movements.</p> <p>The 10/17/16 physician's order directed staff to administer Percocet (narcotic pain medication), 1-2 tablets, (PO) by mouth, every 6 hours, for pain.</p> <p>The October 2016 medical record revealed no documentation of follow up after the administration of Percocet on the following dates:<br/>10/16/16 administered at 4:58 PM, with no follow up until 9:13 PM (over 4 hours later)<br/>10/17/16 administered at 11:06 AM, with no follow up until 8:30 PM (over 9 hours later)</p> <p>The 10/20/2016 physician order directed staff to administer Oxycodone (narcotic pain medication), 5-10 (MG) milligrams, (PO) by mouth, every 4 hours, for pain.</p> | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 39</p> <p>The October 2016 medical record revealed no documentation of follow up after the administration of Oxycodone on the following dates:<br/>10/21/16 administered at 10:12 AM, with no follow up until 7:12 PM (9 hours later).</p> <p>On 10/19/16 at 4:20 PM, observation revealed the resident, lying in his/her bed, with the head of the bed elevated approximately 30 degrees. Further observation revealed the resident with pained facial expressions and tightening of his/her abdominal muscles. Observation further revealed the resident placed a cool, wet washcloth over his/her face and focused on relaxing until the pain subsided.</p> <p>On 10/24/16 at 1:30 PM, Nurse D stated the resident was transferred to the facility related to having muscle spasms, with the resident's pain level and frequency of pain increasing. Nurse D further stated that the nursing staff had frequently notified the physician and asked for the resident to be re-evaluated. Nurse D further stated the physician did not feel the symptoms were directly related to the resident's back surgery.</p> <p>On 10/27/16 at 3:35 PM, Nurse Aide C stated the resident had abdominal spasms frequently throughout the day and night, and staff have tried interventions such as applying heat and ice, and repositioning. Nurse Aide C further stated the aides inform the nurses when the resident complains of pain and have observed him/her having spasms.</p> <p>On 10/27/16 at 4:00 PM, Administrative Nurse A verified that nurses should follow-up after administering as needed mediations.</p> | F 329   |   |                      |   |

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| F 329   | Continued From page 40<br><br>The facility's 7/12/16 Medication Administration policy states that after administration of any drug, the patient's reaction should be observed for an appropriate time interval based on the medication, patient, physician's protocol and documented to include the following, as appropriate: Desired results, such as reduction of pain, fever, etc. and unexpected side effects, adverse drug reaction.<br><br>The facility failed to ensure Resident #65 did not receive unnecessary drugs when the facility failed to monitor for effectiveness of pain medications, placing him/her at risk for potential side effects and unrelieved pain.<br><br>- Resident #60's admission (MDS) Minimum Data Set assessment, dated 10/17/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 14, indicating intact cognition. The MDS further indicated the resident required extensive assistance of 1 staff for transfers, dressing, toileting, personal hygiene, limited assistance for bed mobility and walking. The MDS further indicated the resident received diuretic (a medicine that pulls water from the body) and anticoagulant (a medicine that prevents the formation of blood clots) medications.<br><br>The 10/5/16 Impaired Mobility care plan indicated the resident required moderate assistance of 2 staff for bed mobility, minimal assistance for transfers, ambulation, dressing, and grooming, and used a walker for mobility.<br><br>The 10/5/16 Pain care plan instructed staff to use the pain scale appropriately, identify options for | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 41</p> <p>pain control (heat, ice, positioning, music, relaxation), develop a pain management program for the resident, monitor for signs and symptoms of side effects, and pain management prior to activities.</p> <p>The 10/5/16 physician's order directed staff to administer Tylenol, 650 (mg) milligrams, (PO) by mouth, every 6 hours (PRN) as needed.</p> <p>The October, 2016 medical record revealed staff administered Tylenol, to the resident, without follow up, on the following dates:<br/>10/6/16 at 8:25 AM<br/>10/7/16 at 5:06 PM<br/>10/12/16 at 9:44 PM<br/>10/23/16 at 11:58 AM<br/>10/24/16 at 7:55 AM<br/>10/25/16 at 3:34 AM, and 1:56 PM</p> <p>The 10/5/16 physician's order directed staff to administer Tramadol, 100 mg, PO (TID) three times a day, PRN.</p> <p>The October, 2016 medical record revealed staff administered Tramadol to the resident, without follow up, on the following dates:<br/>10/21/16 at 8:29 AM<br/>10/24/16 at 7:55 AM, and 1:57 PM</p> <p>The 10/5/16 physician's order directed staff to administer Norco, 5/325 mg, 1-2 tablets, PO, every 4 hours, PRN.</p> <p>The October 2016 medical record revealed staff administered Norco, to the resident, without follow up, on the following dates:<br/>10/21/16 at 5:23 PM</p> | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 42</p> <p>On 10/26/16 at 8:30 AM, observation revealed the resident in his/her room, conversing with visitors. Observation further revealed the resident presented in a calm manner, with no signs of pain or discomfort.</p> <p>On 10/27/16 at 1:50 PM, Nurse H stated the resident takes a lot of medications, but is stable on them. Nurse H further stated the resident had no behaviors, presented quiet and did not get anxious.</p> <p>On 10/27/16 at 3:00 PM, Administrative Nurse A verified that nurses should follow-up after administering as needed medications.</p> <p>The facility's 7/12/16 Medication Administration policy states that after administration of any drug, the patient's reaction should be observed for an appropriate time interval based on medication, patient, physician's protocol and documented to include the following, as appropriate: Desired results, such as reduction of pain, fever, etc. and unexpected side effects, adverse drug reaction.</p> <p>The facility failed to ensure Resident #60 did not receive unnecessary drugs when the facility failed to monitor for effectiveness of pain medications placing him/her at risk for potential side effects and unrelieved pain.</p> <p>- Resident #62's admission (MDS) Minimum Data Set assessment, dated 10/21/16, indicated the resident had a (BIMS) Brief Interview for Mental Status score of 15, which indicated intact cognition and a mood severity score of 3, indicating minimal depression, with no behaviors. The MDS further indicated the resident was totally dependent on 1 staff for locomotion on and off unit, required limited assistance of 1 staff assist</p> | F 329   |   |                      |   |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>175537</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/08/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYS MEDICAL CENTER LTCU</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 SW CANTERBURY DRIVE<br/>HAYS, KS 67601</b>                     |                      |   |
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| F 329   | <p>Continued From page 43</p> <p>for transfers, walking in room and corridor, supervision with setup help only for dressing, toilet use, personal hygiene, supervision with no setup help for bed mobility and bathing, and independent with eating. The MDS further indicated the resident's balance was not steady, able to stabilize without staff assistance, no functional limitation in (ROM) Range of Motion in upper and lower extremities, and used a walker and wheelchair for mobility. The MDS further indicated the resident received antianxiety and antidepressant medications.</p> <p>The Psychotropic Drug Use (CAA) Care Area Assessment, dated 10/20/16, indicated the resident had a history of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</p> <p>The 10/8/16 care plan indicated the resident had Black Box Warnings for the following medications: Acetaminophen (pain medication), and Hydrocodone/Acetaminophen (pain medication).</p> <p>The 10/8/16 physician order directed staff to administer Ativan (medication to treat mental or emotional reactions characterized by apprehension, uncertainty and irrational fear) 0.25 (mg) milligrams every 6 hours, (PRN) as needed, for anxiety, last administered 10/26/16.</p> | F 329   |   |                      |   |

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| F 329   | Continued From page 44<br><br>The 10/9/16 physician order directed staff to administer Prozac (medication to treat abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), 40 mg daily, for depression.<br><br>The 10/9/16 physician order directed staff to administer Latuda (medication to treat any major mental disorder characterized by a gross impairment in reality testing), 40 mg, daily for depression.<br><br>The 10/10/16 physician order directed staff to administer Metoprolol Tartrate (medication to treat high blood pressure) 12.5 mg, (BID) twice a day, for headaches.<br><br>The 10/15/16-10/16/16 behavior notes indicated the resident was restless, and anxious, but cooperative.<br><br>The 10/18/16 behavior note indicated the resident was restless, anxious, nervous and irritable.<br><br>On 10/25/16 at 12:40 PM, observation revealed the resident lying in his/her bed, in his/her room, on his/her left side/back, and facing the window with the curtains open. Observation further revealed the resident displayed no signs or symptoms of pain or discomfort.<br><br>On 10/26/16 at 2:15 PM, Nurse Aide B stated the | F 329   |   |                      |   |

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| F 329   | <p>Continued From page 45</p> <p>resident has a lot of anxiety, if we see a new or unusual behavior, staff tell the charge nurse. Nurse Aide B further stated that staff can tell how he/she is feeling and how well his/her medication is working by the way he/she is acting and talking.</p> <p>On 10/26/16 at 3:15 PM, Nurse E stated the resident has underlying anxiety, but he/she will ask for Ativan if he/she needs it. Nurse E further stated staff have tried to use the television and repositioning to help the resident relax, but these interventions have not worked. When the resident makes up his/her mind that he/she needs the medication, he/she doesn't think anything else works. Nurse E further stated that staff monitor the resident for symptoms and changes in his/her behavior.</p> <p>On 10/27/16 at 3:31 PM, Administrative Nurse A stated the resident does have a lot of anxiety, and the Ativan really seems to work well for her. Administrative Nurse A further stated that the diagnosis of headaches is not appropriate for Metoprolol, and Latuda is an antipsychotic medication, and not for depression.</p> <p>The FDA (food and drug administration) states Latuda is approved for treatment of adults with schizophrenia (a psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought). The FDA further states most common adverse reactions-which includes feelings of restlessness and agitation.</p> | F 329   |   |                      |   |

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| F 329   | Continued From page 46<br>The facility's 10/3/16 Skilled Care Unit - Behavior-Altering Medications Policy states that pharmacological drugs are used for the purpose of treating a resident's medical condition. Use of such drugs is monitored to ensure the psychoactive mediations are appropriately used and not utilized for an excessive duration, without adequate monitoring, without indications for use, in the presence of adverse consequences that indicate the dose should be reduced or discontinued, or in a manner that results in a resident's functional decline.<br><br>The facility failed to ensure Resident #62's drug regimen was free from unnecessary medications by obtaining appropriate diagnoses for Metoprolol and Latuda, placing the resident at risk for potential side effects from unnecessary medications. | F 329   |   |                      |   |
| F 371<br>SS=F   | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions<br><br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 11 residents. The sample included 12 residents, with 6 current  | F 371   |   |                      |   |

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| F 371   | <p>Continued From page 47</p> <p>residents and 6 closed record reviews. Based on observation, interview, and record review the facility failed to provide safe food handling practices in 1 of 1 kitchen when dietary staff had exposed hair from hairnets and no facial hair cover during the food preparation process, lack of consistent documentation for dishwasher temperatures, and cleaning and storing equipment in a manner allowing dust to settle on the surface.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 10/19/16 at 1:12 PM, observation revealed a refrigerator with an area of food debris and a red colored liquid, circular in shape, approximately 2 inches in diameter, under the crisper drawer. Observation further revealed 3 yellow splatters on the base of the refrigerator door, approximately dime sized, a 2 inch half circle of dried liquid inside the left crisper drawer, and food particles and a powdery substance on the shelves of the refrigerator door. Observation of the microwave revealed small splatters of food debris on the inside of the microwave and an area on the base as the door is opened.</li> </ul> <p>On 10/19/16 at 2:15 PM, tour of the kitchen revealed the following observations:</p> <p>Dietary Staff L had approximately 2 to 3 inches of hair protruding from the top of his/her hairnet and around the nape of his/her neck, while preparing a pie.</p> <p>Two male dietary staff had facial hair with no</p> | F 371   |   |                      |   |

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| F 371   | <p>Continued From page 48 cover.</p> <p>A commercial mixer with the bowl in place, and a large meat slicer, not covered and around the surfaces exposed to open air.</p> <p>Three hooded vents over the stove and griddle, with dust particles observed on the stainless steel outer surface and the fire sprinkler pipe underneath 1 hood with dust particles. The light bulbs, surround by a metal cage, had dust particles on the surfaces.</p> <p>Two double ovens with a small amount of food particles on the lip of the front drawers.</p> <p>The large microwave across from the stove had a greasy film on the top exterior surface of the microwave.</p> <p>The dishwasher temperature log had the following entries missing:<br/>August 2016 -- 9, 15, 17, 18, 19, 29, 21, 22, 23, 24, 25, 29 (12 of 31 days)<br/>September 2016 -- 16, 18, 21, 22, 23, 24, 25, 26, 27, 29, 31 (11 of 30 days)<br/>October 2016 -- 1, 2, 3, 8,10, 11, 12, 13, 14, 19, 24, 25 (12 of 31 days)</p> <p>On 10/26/16 at 10:16 AM, observation of the pull out cooler drawer below the griddle and stove, revealed 5 sausage patties, 25 hamburger patties, and 5 chicken patties (precooked meats), the meat was not covered by any form of protective paper or barrier, and the edge of the top front of the drawer had a greasy film. Dietary Staff K reported he/she would typically return the patties to the refrigerators by 9:00 AM and 2:00</p> | F 371   |   |                      |   |

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| F 371   | <p>Continued From page 49</p> <p>PM. Observation revealed at 10:16 AM, the food remained in the cooler drawer, staff did not place the patties in the refrigerator.</p> <p>On 10/27/16 at 3:00 PM, observation of the pull out cooler drawer below the griddle and stove revealed 32 sausage patties, 15 hamburger patties, and 3 chicken patties (precooked meats), the meat was not covered by any form of protective paper or barrier, and the edge of the top front of the drawer had a greasy film. The griddle surface had visible food debris, directly above the drawer of uncovered meat.</p> <p>On 10/27/16 at 3:15 PM, Dietary Staff J verified the concerns stated above. The facility did not require staff to currently cover facial hair, and stated the hoods are cleaned professionally every 6 months. Dietary Staff J acknowledged the contamination risk for uncovered meats in a drawer, the equipment open to air, food preparation, and missing documentation for the dishwasher temperatures.</p> <p>On 10/27/16 at 3:25 PM, Dietary Staff K verified staff did not cover the large food preparation equipment when not in use (commercial mixer and meat slicer), do not cover the meat in the drawer under the griddle, and verified the surface had a greasy film, the hoods, lights, and fire sprinkler pipe had a fine coating of dust, and verified the missing documentation in the dishwasher temperature log. Dietary Staff K stated the facility did not have a policy and procedure for hairnet and facial hair covers.</p> | F 371   |   |                      |   |

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| F 371   | Continued From page 50<br><br>On 10/27/16 at 4:10 PM, Administrative Nurse A verified the equipment had small amounts of food debris and stated the staff work on ensuring the equipment stays clean. Administrative Nurse A stated a cleaning log for the items was not available.<br><br>The facility's 8/8/2016 Food and Supply Storage policy stated:<br><br>The facility maintains potentially hazardous food at safe temperatures below 41 degrees (F) Fahrenheit or 140 degrees F or above, except during minimal periods of actual preparation and service.<br><br>The policy directed staff to maintain efficient refrigeration through proper cleaning and maintenance of the units.<br><br>Cover all refrigerated food and date the item while in storage. | F 371   |   |                      |   |
| F 441<br>SS=F   | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility failed to provide safe food handling and storage practices in a sanitary manner, in 1 of 1 kitchen, placing the 11 residents who reside in the facility, at risk for food borne illness.<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission  | F 441   |   |                      |   |

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| F 441   | <p>Continued From page 51 of disease and infection.</p> <p>(a) Infection Control Program<br/>The facility must establish an Infection Control Program under which it -<br/>(1) Investigates, controls, and prevents infections in the facility;<br/>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br/>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection<br/>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br/>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br/>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens<br/>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility had a census of 11 residents. The sample included 12 residents, 6 residents in the facility and 6 discharged residents. Based on observation, record review, and interview, the</p> | F 441   |   |                      |   |

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| F 441   | <p>Continued From page 52</p> <p>facility failed to provide a safe, sanitary and comfortable environment to prevent the development and transmission of disease and infection for all residents residing in 2 of 2 halls of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 10/19/16 at 1:15 PM, observation revealed a staff nurse aide, wearing gown and gloves, entered the isolation room of Resident #62, who had a diagnosis of (C. Diff.) Clostridium Difficile (a bacteria that causes diarrhea and more serious intestinal conditions such as inflammation of the colon). The staff nurse aide picked up Resident #62's meal tray, containing the resident's used plates, utensils, and drinking cup/glasses on it. Further observation revealed the food tray with the used items on it, sitting on the resident's bedside table, and his/her dirty laundry basket for personal laundry on the floor beside the bedside table, approximately 2 feet away. Further observation revealed the aide handed the tray to Nurse E, who was wearing gloves and standing outside of the isolation room. Nurse E carried the tray, uncovered, down to the soiled utility room, and entered the door code on the soiled utility door pad, wearing soiled gloves, then entered the soiled utility room. Further observation revealed Nurse E set the tray and dishes from the isolation room on a cart, in the soiled utility room, along with all the empty meal trays from other residents, who reside in the facility. Nurse E then removed the soiled gloves, and returned to the hall. Further observation revealed a staff nurse aide take the cart, containing the used meal trays, including the tray from the isolation room, out of the soiled utility room, onto the elevator.</li> </ul> | F 441   |   |                      |   |

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| F 441   | <p>Continued From page 53</p> <p>On 10/20/16, at approximately 2:30 PM, observation revealed a (PTA) Physical Therapy Assistant put on gloves and an isolation gown, and entered Resident #62's isolation room. Observation further revealed the PTA, wearing the same isolation gown, came out of the resident's room, accompanied by the resident, and both ambulated down the hallway. Observation revealed the resident was wearing rubber soled tennis shoes, a gait belt, and was using a front wheeled walker to ambulate down the hallway.</p> <p>On 10/27/16 at 10:00 AM, observation revealed therapy transport staff assisted Resident #62 to the therapy department, in his/her wheelchair. Observation further revealed neither the resident nor the therapy transport staff were wearing any protective coverings. The wheelchair, that the resident was sitting in, had been sitting inside the resident's room, beside the dirty laundry basket for personal clothing, and was taken from the room without being wiped down or cleaned before exiting the room</p> <p>On 10/27/16 at 10:05 AM, observation failed to reveal any laundering equipment in the Long Term Care Facility.</p> <p>On 10/26/16 at 5:51 PM, Administrative Staff G stated the residents' families do their personal laundry and the facility does not launder the residents' personal clothing. Administrative Staff G further stated that staff ask the families to bring in several items of clothing for the resident when</p> | F 441   |   |                      |   |

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| (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 441   | <p>Continued From page 54 they are admitted.</p> <p>On 10/27/16 at 8:15 AM, Nurse F stated that staff told the resident's family member that the resident has C-Diff. and explained that they need to wash the resident's clothing separate from all the other clothes, but staff didn't give the family members any special instructions on how to wash the clothing. Nurse F further stated that he/she had never thought about the idea that the family may be bringing the infection back into the facility if the resident's clothes are not washed properly.</p> <p>On 10/27/16 at 8:27 AM, Material Management Director I stated that all the linens (towels, wash clothes, hospital gowns) are sent out to an outside laundering service to be laundered. Material Management Director I further stated the facility sends and receives linens from an outside laundering service, 5 days a week. The outside laundering service launders all the linens to kill Clostridium Difficile. Material Management Director I further stated all the laundry, whether it has been used in a C. Diff. room or not, comes down to the laundry department, and then goes out to an outside laundering service to be laundered, it is not bagged separately.</p> <p>On 10/27/16 at 3:30 PM, Nurse Aide C explained that staff remove the meal tray from the isolation room, uncovered, after each meal, and take it to the soiled utility room. The tray is placed on a cart with the other residents' trays for return to the kitchen. Nurse Aide C further stated the infection control director had told staff the tray did not need to be covered even though the resident had C.</p> | F 441   |   |                      |   |

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>175537</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/08/2016</b> |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYS MEDICAL CENTER LTCU</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 SW CANTERBURY DRIVE<br/>HAYS, KS 67601</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 441   | <p>Continued From page 55</p> <p>Diff., because the kitchen staff should be wearing gowns and gloves.</p> <p>On 10/27/16 at 3:31 PM, Administrative Nurse A stated the facility has a program for infection control, but it does not discuss possible transmission of infection through residents' personal laundry to be done outside of the facility by family members or instruction to families regarding proper washing of infected clothing.</p> <p>On 11/2/16 at 10:00 AM, Dietary Manager K stated the dietary staff wear a plastic apron and gloves when they send the dishes through the dishwasher. The cart that holds all the used meal trays, is taken to an area where it is washed with a mixture of Ecolab degreaser and Quat (disinfectant). After washing the cart, it is rinsed with water, air dried, and then sent back into circulation.</p> <p>The facility's Infection Prevention-Isolation Precautions policy, dated 6/8/16, states gowns are to be worn when in contact with patient or environmental surfaces, to remove gown before leaving the resident's room, and make sure clothing does not contact contaminated surfaces before leaving resident's room. Patient transport should be limited to essential purposes only. If the patient is transported out of their room, take precautions to minimize the risk of transmitting infection to other people and/or contamination of equipment surfaces. Linens: handle, transport and process used lines soiled with blood, body fluids, secretions and excretions in a manner to prevent skin, clothing and mucous membrane</p> | F 441   |   |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAYS MEDICAL CENTER LTCU</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2220 SW CANTERBURY DRIVE<br/>HAYS, KS 67601</b> |   |   |
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| F 441   | Continued From page 56 exposure or contamination.<br><br>The facility failed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection for all 11 residents residing in the facility. | F 441   |   |   |