

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

PRINTED: 05/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00171360. On 05/12/22 at 11:30 AM the facility was provided a copy of "Immediate Jeopardy (IJ) Template" and informed of the immediate jeopardy situation. The facility failed to identify and implement resident-centered interventions to address violent/aggressive behaviors, wandering, and negative resident-to-resident altercations which included physical aggression. The facility further failed to assess, identify, record, and respond to R248's specific behaviors, triggers, and past/present interests and activities in order to promote an environment which supported R248's individualized care needs. As a result of these failures, R248, who was allowed to roam freely on the memory care unit, was involved in multiple resident-to-resident altercations which created an unsafe living environment and resulted in intimidation, acute care evaluations, hospital transfers for R248 and the other memory care residents and a serious resident injury on 04/27/22. This deficient practice placed all 18 residents who resided on the memory care unit in Immediate Jeopardy. The facility completed corrective actions on 04/28/22. The deficiency was cited as past noncompliance.	F 000			
F 580 SS=D	The 2567 was sent on 05/25/22 Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident;	F 580			

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 580	Continued From page 1 consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility	F 580			

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F 580	Continued From page 2 that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents. Based on observations, record reviews, and interviews, the facility failed to notify Resident (R) 31's Durable Power of Attorney (DPOA- legal document that names a person to make healthcare decisions when the resident was no longer able to) when R31 was transferred to the hospital for change in mental status. This deficient practice had the risk for miscommunication between R31, their DPOA, and the facility. Findings included: - R31 admitted to facility on 09/16/21 and transferred to hospital on 05/06/22. The "Diagnoses" tab of R31's Electronic Medical Record (EMR) documented heart failure (a progressive heart disease that affects pumping action of the heart muscles. This causes fatigue, shortness of breath), chronic kidney disease (gradual loss of kidney function), cerebral infarction (cerebrovascular accident [CVA]- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) without residual deficits, and generalized muscle weakness, and dependence on renal dialysis (procedure where impurities or wastes were	F 580			

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F 580	Continued From page 3 removed from the blood). The "Admission Minimum Data Set (MDS)" dated 09/20/21, documented R31 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R31 required extensive physical assistance with two staff for bed mobility, transfers, dressing, toileting, and personal hygiene. The "Quarterly MDS" dated 03/10/22, documented R31 had a BIMS score of 15 which indicated intact cognition. R31 required limited assistance with one staff with bed mobility, locomotion, and dressing; extensive physical assistance with one staff with transfers and toileting; and independent with personal hygiene. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 09/27/21, documented R31 had an ADL self-care performance deficit and impaired mobility related to heart failure, lack of coordination, and need for assistance with personal care. The "Self-Care/Mobility Care Plan" dated 09/27/21, revised on 04/06/22, directed R31 had an ADL self-care performance deficit and impaired mobility related to heart failure, lack of coordination, and need for assistance with personal care. She got upset when staff tried to assist her with cares. The care plan directed staff encouraged R31 to participate to the fullest extent possible with each interaction. The "Notes" tab of R31's EMR revealed the following:	F 580			

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F 580	Continued From page 4 A "Nursing Note" on 05/06/22 at 12:45 PM documented the nurse was notified that R31 had a change in her mental status at approximately 12:00 PM. The Certified Nurse Aides (CNAs) reported they went to get R31 up and ready for dialysis. The CNAs reported R31 could not answer questions; this was not her normal neurological baseline. The nurse entered her room and found R31 laying in her bed and giggling. The nurse asked a few simple questions and she was unable to answer any of them. The nurse notified the Assistant Director of Nursing (ADON) for a second opinion. The ADON reported that was not normal behavior for R31. Orders to send to hospital were obtained, paramedics arrived and transported R31 to the emergency department (ED) for evaluation. A "Communication with Family/POA Note" on 05/08/22 at 04:28 PM documented the nurse spoke with R31's son about R31's whereabouts. He was upset he was not notified of her transfer to the hospital. He stated he had been trying to call for some time with no answer. On 05/12/22 03:47 PM, Licensed Nurse (LN) G stated when a resident had a change in condition, the nurse practitioner gave the order to send to the hospital and the unit manager, ADON, administrator, and family as well. If the unit manager was in the building, then they helped notify the family; if it is a weekend then the nurse who sent the resident to the hospital notified the family. R31 was sent to the hospital on the weekend. LN G spoke to R31's son on Monday and he stated he was not notified. She stated she assured him that that was not the facility's process.	F 580			

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F 580	Continued From page 5 On 05/12/22 at 04:19 PM, Administrative Nurse D stated if a resident had a change in condition and was sent out to the hospital, the Director of Nursing (DON), ED, family, and provider were notified. The POA was notified of change in condition or transfers regardless of resident's cognition. The facility's "Change in Residents Condition or Status" policy, revised May 2017, directed facility promptly notified the resident, his or her attending physician, and representative of changes in the resident's medical/mental condition and/or status. Unless otherwise instructed by the resident, a nurse notified the resident's representative when there was a significant change in the resident's physical, mental, or psychosocial status or it was necessary to transfer the resident to a hospital/treatment center. The facility failed to notify R31's DPOA when R31 was transferred to the hospital for a change in condition. This deficient practice had the risk for miscommunication between R31, their DPOA, and the facility.	F 580			
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be	F 582			

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F 582	Continued From page 6 charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the	F 582			

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F 582	Continued From page 7 facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with three reviewed for Center for Medicare and Medicaid Services (CMS) Beneficiary Liability notices. Based on record review, and interviews, the facility failed to provide form CMS 10123, "Notice of Medicare Non-Coverage" (NOMNC- a notice that indicated when the resident's care was set to end from skilled nursing facility [SNF]). It includes information for how to appeal the provider's decision to a Quality Improvement Organization for Resident's (R) 66, R56, and R71. This deficient practice placed three residents at risk for uninformed decisions. Findings included: - The Medicare NOMNC form informed the beneficiaries that are receiving skilled therapy that are eligible for expedited determination process, even if they agree with the termination of the services. The NOMNC has a section for information related to their right to appeal the decision. The facility lacked documentation staff provided R66 or their representative the NOMNC form 10123 when the resident's skilled services ended 02/27/22. The facility provided form CMS-10095 which lacked the correct information to appeal the decision to terminate skilled therapy. The facility lacked documentation staff provided R56 or their representative the NOMNC form 10123 when the resident's skilled services ended	F 582			

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F 582	Continued From page 8 04/22/22. The facility provided form CMS-10095 which lacked the correct information to appeal the decision to terminate skilled therapy. The facility lacked documentation staff provided R71 or their representative the NOMNC form 10123 when the resident's skilled services ended 04/20/22, The facility provided form CMS-10095 which lacked the correct information to appeal the decision to terminate skilled therapy. On 05/12/22 at 01:40 PM in an interview, Social Services Y stated she had been trained by a pervious facility employee regarding which form was to be filled out and given to the beneficiaries. The facility did not provide a policy regarding beneficiary notification. The facility failed to provide R56, R66 and R71 with the appropriate non-coverage notice placing the residents at risk for uninformed decisions regarding skilled services.	F 582			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in	F 623			

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F 623	Continued From page 9 accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which	F 623			

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F 623	Continued From page 10 receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as	F 623			

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F 623	Continued From page 11 well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(I). This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents; two residents reviewed for hospitalization. Based on observations, record reviews, and interviews, the facility failed to provide a written notification of transfers to Resident (R) 63 or to her family/durable power of attorney (DPOA- legal document that named a person to make healthcare decisions when the resident was no longer able to) in a practicable amount of time. This deficient practice had the risk of miscommunication between facility and resident/family and possible missed opportunity for healthcare services. Findings included: - R63 admitted to the facility on 12/21/21, discharged to hospital on 01/18/22, readmitted to facility on 01/19/22, discharged to hospital 02/09/22, readmitted to facility on 02/14/22, discharged to hospital 03/28/22, and readmitted to facility 04/01/22. The "Diagnoses" tab of R63's Electronic Medical Record (EMR) documented diagnoses of personal history of pulmonary embolism (a condition in which one of the pulmonary arteries in the lungs gets blocked by a blood clot), seizures, unsteadiness on feet, lack of coordination, and need for assistance with personal care. The "Admission Minimum Data Set (MDS)" dated	F 623			

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F 623	Continued From page 12 12/24/21, documented R63 had a Brief Interview for Mental Status (BIMS) score of 14 which indicated intact cognition. R63 required extensive physical assistance with one staff for bed mobility, dressing, and personal hygiene; total dependence with one staff with toileting. The "Quarterly MDS" dated 04/05/22, documented R63 had a BIMS score of 15 which indicated intact cognition. R63 required extensive assistance with two staff with bed mobility and dressing; extensive assistance with one with toileting and personal hygiene; and total dependence with two staff for transfers. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 12/30/21, documented R63 had an ADL self care performance deficit and impaired mobility. The "Self-Care/Mobility Care Plan" dated 12/28/21, revised 02/21/22, directed R63 had an ADL self care performance deficit and impaired mobility and staff encouraged R63 to participate to the fullest extent possible with each interaction. Upon request, the facility failed to provide written notification of transfers to hospital for 01/18/22, 02/14/22, and 03/28/22. On 05/11/22 at 09:51 AM, R63 laid in bed with her eyes open. She appeared comfortable and without signs of distress. On 05/11/22 at 09:51 AM, R63 stated she had never received a written notification of transfer for her hospital transfers.	F 623			

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F 623	Continued From page 13 On 05/11/22 at 10:50 AM, Administrative Staff A stated the facility notified family/DPOA via phone call with transfers. The facility did not send a written notification of transfer to family/DPOA. On 05/12/22 at 01:40 PM, Social Services Y stated the facility did not send a written notification of transfer to resident and/or family. She stated the facility called the family to let them know about transfers. Social Services Y stated she did not talk to residents about their right to appeal transfers. The facility's "Transfer or Discharge Notice" policy, revised December 2016, directed a notice was given as soon as practicable but before the transfer or discharge under the following circumstances: the transfer was necessary for the resident's welfare and the resident's needs cannot be met in the facility and an immediate transfer or discharge was required by the resident's urgent medical needs. The resident and/or representative was notified in writing of the following information: the reason for the transfer or discharge; the effective date of the transfer or discharge; the location to which the resident was being transferred or discharge; a statement of the resident's rights to appeal the transfer or discharge; the bed-hold policy; the name, address, and telephone number of the Office of the State Long-term Care Ombudsman; the name, address, email, and telephone number of the agency responsible for the protection and advocacy of residents with intellectual and developmental disabilities; the name, address, email, and telephone number of the agency responsible for the protection and advocacy of residents with a mental disorder or related disabilities; and the name, address, and	F 623			

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F 623	Continued From page 14 telephone number of the state health department agency that had been designated to handle appeals of transfers and discharge notices. The facility failed to provide a written notification of transfer to R63 or her DPOA in a practicable amount of time. This deficient practice had the risk of miscommunication between facility and resident/family and possible missed opportunity for healthcare services.	F 623			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents. Based on observations, record reviews, and interviews, the facility failed to ensure accurate assessment and documentation on the Minimum Data Set (MDS) for documentation of anticoagulant (medication used to prevent blood from thickening or clotting) use for Resident (R) 2, R76, and R94. This deficient practice had the risk for miscommunication related to anticoagulation status. Findings included: - The "Quarterly Minimum Data Set (MDS)" dated 01/28/22, documented R2 received anticoagulant medications seven days in the seven-day lookback period. The "Orders" tab of R2's Electronic Medical	F 641			

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F 641	Continued From page 15 Record (EMR) documented an order with a start date of 11/08/21 for clopidogrel bisulfate (antiplatelet medications- works by preventing platelets [a type of blood cell] from collecting and forming clots that may cause a heart attack or stroke) 75 milligrams (mg) one time a day related to cerebral infarction (cerebrovascular accident [CVA]- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) and an order with a start date of 11/08/21 for aspirin (nonsteroidal anti-inflammatory drug [NSAID] used to reduce pain, fever, or inflammation) 81 mg one time a day related to cerebral infarction. The "Quarterly MDS" dated 03/21/22, documented R76 received anticoagulant medications seven days in the seven-day lookback period. The "Orders" tab of R76's EMR documented an order with a start date of 11/03/20 for clopidogrel bisulfate 75 mg related to cerebral infarction. The "Quarterly MDS" dated 04/22/22 documented R94 received anticoagulant medications seven days in seven-day lookback period. The "Orders" tab of R94's documented an order with a start date of 03/19/20 for aspirin 81 mg one time a day related to cerebral infarction. On 05/09/22 at 09:30 AM, R2 laid in bed with her eyes open. She had finished eating breakfast and appeared comfortable. R2 conversed with surveyor. On 05/12/22 at 03:15 PM, Administrative Nurse E	F 641			

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F 641	Continued From page 16 stated she looked up what medications were anticoagulants on Epocrates.com (medical reference website) or checked the medication order which stated what class the medication was. She stated aspirin and clopidogrel (Plavix) were not anticoagulant medications. Administrative Nurse E stated if another nurse completed MDS assessments and triggered anticoagulant medications when the resident was not on an anticoagulant, she would not have been notified of that. On 05/12/22 at 04:19 PM, Administrative Nurse D stated Point Click Care (PCC- EMR system) told staff what medications were anticoagulants. Aspirin and Plavix were not considered anticoagulants. The facility's "Certifying Accuracy of the Resident Assessment" policy, revised November 2019, directed any person completing a portion of the MDS signed and certified the accuracy of that portion of the assessment. The "policy" directed that any health care professional who participated in the assessment process was qualified to assess the medical, functional, and/or psychosocial status of the resident that was relevant to the professional's qualifications and knowledge. The Resident Assessment Coordinator was responsible for ensuring that an MDS assessment had been completed for each resident. The facility failed to ensure accurate assessment and documentation on the MDS for documentation of anticoagulant use for R2, R76, and R94. This deficient practice had the risk for miscommunication related to anticoagulation status.	F 641			

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F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with five reviewed for care plan revisions. Based on observation, record review, and interviews, the facility failed to remove an discontinued or unnecessary intervention on R39's care plan. This deficient practice placed the resident at risk for ineffective or unnecessary treatments.	F 657			

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F 657	Continued From page 18 Findings Included- -The electronic medical record (EMR) indicated the following diagnosis for R39: cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), left hand contracture (abnormal permanent fixation of a joint), muscle spasms, hemiplegia (paralysis of one side of the body), hemiparesis (muscular weakness of one half of the body), major depressive disorder (major mood disorder), dysphagia (swallowing difficulty), and chronic pain. A review of R39's "Quarterly Minimum Data Set (MDS)" dated 03/25/2022 noted a Brief Interview for Mental Status (BIMS) score of eight indicating moderate cognitive impairment. The MDS indicated she required extensive assist with bed mobility, transfers, locomotion, toileting, and bathing. R39's "Activities of Daily Living (ADL's) Care Area Assessment (CAA)" dated 07/07/21 indicated that she admitted to hospice service on 07/07/21. The CAA revealed that a decline in her physical abilities were expected as she declined during the end of life process. A review of R39's "Care Plan" revised 03/02/22 indicated the she required extensive assistance for all ADL's. A review of the care plan revealed an active intervention dated 05/25/21 for R39 to wear a left-hand splint related to her hand contractures.. She was admitted to hospice care, but this intervention was never removed from the care plan.	F 657			

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F 657	Continued From page 19 A review of R39's EMR revealed no orders for her to wear a splint for her contractures. A review of R39's "Treatment Administration Record (TAR)" revealed no information regarding if the splint had ever been applied. On 05/10/22 at 10:45 AM R39 reported that she has never worn or offered a hand splint for her contractures since arriving at the facility. She appeared to be comfortable on her low air loss mattress bed. On 05/12/22 at 03:31 PM Licensed Nurse (LN) I reported that she was not aware of R39 had interventions for contracture and reported that she had not reviewed her care plan. She reported that R39 was on hospice and did not have an active order for the hand splints. On 05/12/22 at 04:05 PM Consultant GG reported that R39 has not been treated or seen by therapy since starting hospice the previous year and he was not aware that she had an active intervention to wear the splint. A review of the facility's "Care Plans, Comprehensive Person Centered" policy revised 12/2016 stated that the interdisciplinary team must review and update the care plan when a significant change in the resident's condition has occurred. The facility failed remove an unnecessary intervention on R39's care plan. This deficient practice placed the resident at risk for unnecessary treatments.	F 657			

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F 677 F 677 SS=D	Continued From page 20 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with five reviewed for activities of daily living (ADL's). Based on observation, record review, and interviews, the facility failed to provide consistent bathing opportunities for Residents (R) 298. This deficient practice placed the residents at risk for ineffective skin care and decreased psychosocial well-being. Findings included: -The electronic medical record (EMR) indicated the following diagnosis for R298: chronic kidney disease, type two diabetes(when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), heart failure, hypertension (high blood pressure), major depressive disorder (major mood disorder), overactive bladder, insomnia (inability to sleep), retention of urine, muscle weakness, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), obstructive sleep apnea (disorder of sleep characterized by periods without respirations), and need for assistance with personal cares. A review of R298's "Admission Change Minimum Data Set (MDS)" dated 04/12/22 noted a Brief Interview for Mental Status (BIMS) score of 14	F 677 F 677			

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F 677	Continued From page 21 indicating intact cognition. The MDS stated that he required physical help in part of bathing. A review of R298's "ADL's Care Area Assessment (CAA)" dated 04/12/22 stated that he had a self-care deficit related to his diabetes, and impaired mobility. R298's "Care Plan" dated 04/04/22 indicated he had a self-care performance deficit related to his medical diagnoses and impaired mobility. The care plan indicated the he required extensive assistance from one staff member. The care plan indicated that if he refused to be bathed, staff notified the charge nurse and honored his right to refuse. The care plan noted that staff offered a different time or date upon refusal of his shower. A review of R298's "Bathing Look Back" report between 04/04/22 through 05/11/22 (38 days reviewed) revealed R298 received five showers (4/8, 4/22, 4/26, 4/29, 5/6) and refused on three occasions (4/5, 4/12, 4/15). The report noted that he was scheduled to receive bathing opportunities every Tuesday and Friday morning. On 05/09/22 at 08:35 R298 reported that he received his bath last three days ago. He reported that he does refuse when he is not feeling good, but he is supposed to be given a bath on Tuesday and Friday. He reported that some weeks he has only received one bath a week. He reported that he knows that staff are busy but he felt staff needed to try harder to adjust or reschedule the shower for another time. On 05/12/22 at 03:04 PM with Certified Nurse Aid (CNA) O, she stated that all the resident's care information can be viewed by the nursing staff	F 677			

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F 677	Continued From page 22 daily. She reported that the staff can reported new or missing information to the nurse that may be pertinent to the resident's care. She reported that each resident should have been provided two bathing occurrences per week based on the shower schedule. She stated that when a resident refused to shower, the nurse will be notified and attempt to talk the resident into bathing. She reported that bathing forms are completed and then turned into the nursing staff. She reported that the care information for each resident can be found of the Kardex (condensed form of care information from the care plan). On 05/12/22 at 03:31 PM with Licensed Nurse (LN) I, she stated that the nursing staff often do not have time to review each resident's full care plan but can review the Kardex. She noted that many of the nurses are extremely busy with taking care of the resident and may not know all the interventions listed. She reported that R298 does refuse basic cares offered by the staff making it difficult to complete certain tasks. She stated that if a resident refused to bathe, it will be documented on the shower forms and reviewed by the interdisciplinary team. A review of the facility's "Bathing" policy revised 10/2010 stated that resident shower refusals should be documented with the date and reason why the activity was refused. It stated that upon refusal the nursing supervisor should be notified. The facility failed to provide consistent bathing opportunities for Residents (R) 298. This deficient practice placed the residents at risk for ineffective skin care and decreased psychosocial well-being.	F 677			
F 679 SS=D	Activities Meet Interest/Needs Each Resident	F 679			

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F 679	Continued From page 23 CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents, with five residents reviewed for activities. Based on observation, record review, and interviews, the facility failed to consistently provide activities for Resident (R)52. This deficient practice had the risk for a decline in physical, mental, and psychosocial well-being and independence. Findings included: - The electronic medical record (EMR) for R52 recorded diagnoses of dementia without behavioral disturbance (progressive mental disorder characterized by failing memory, confusion), Parkinson's Disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), psychosis (any major mental disorder characterized by a gross impairment in reality testing). The "Annual Minimum Data Set" (MDS) dated	F 679			

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F 679	Continued From page 24 09/23/21 documented R52 had a Brief Interview for Mental Status (BIMS) score of three which indicated a severely impaired cognition. R52 required extensive to total dependence on staff of one to two for all his activities of daily living (ADLs). The "Quarterly MDS" dated 03/20/22 documented R52 had a BIMS score of four which indicated severely impaired cognition. R52 displayed no signs or symptoms of delirium (sudden severe confusion, disorientation and restlessness). R52 required total dependence on staff of one to two for his ADLS. The "Communication Care Area Assessment" (CAA) dated 09/29/21 documented R52 was alert and oriented to self and displayed inattention and disorganized thinking both of which appeared to fluctuate in intensity. R52 was able to hear and sometimes understood when spoken to and could sometimes be understood when he spoke. The "Cognition/Dementia Care Plan" revised 06/22/21, documented R52 needed approaches that maximized his involvement in daily decision making and activity: limit choices, use cueing, task segmentation, written lists, and instructions. The "Limited Activity Involvement Care Plan" revised 01/06/22 documented R52 would have the opportunity to be outdoors, weather permitting, as part of his activity. It directed staff to develop an activity plan centering around his interests and history that takes lifetime values, attitudes, leisure patterns and psychosocial well-being into consideration. The care plan direction for individualized person-centered activities for cognitively impaired R52. The	F 679			

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F 679	Continued From page 25 "Individual Resident Daily Participation Record" sheet for the month of February 2022 lacked any documentation for activities. The "Individual Resident Daily Participation Record" sheet for the month of March 2022 documented R52 participated in the following activities on the following dates: educational programs (03/02/22, 03/4/22, 03/06/22, 03/08/22); family/friends (03/06/22); movies (03/02/22, 03/04/22, 03/06/22, 03/08/22, 03/10/22); music (03/01/22, 03/03/22, 03/05/22, 03/07/22, 03/09/22); radio (03/02/22, 03/04/22, 03/06/22, 03/08/22, 03/10/22, 03/11/22); religious services/studies (03/07/22); television (03/01/22 to 03/11/22); sports (3/03/22, 03/06/22, 03/07/22); and coloring (03/03/22, 03/05/22, 03/08/22, 03/10/22). The "Individual Resident Daily Participation Record" for March 2022 lacked documentation of activity participation from 03/12/22 to 03/31/22. The "Individual Resident Daily Participation Record" sheet for the month of April 2022 for R52 lacked any documentation for participation in activities. The "Individual Resident Daily Participation Record" for the month of May 2022 through 05/09/22 documented R52 participated in beauty/barber on 05/01/22 and 05/08/22); educational programs (05/01/22, 05/03/22, 05/05/22, 05/07/22); family/friends (05/06/22); movies (05/01/22, 05/03/22, 05/07/22, 05/09/22); music (05/02/22, 05/05/22, , 05/06/22, 05/08/22); radio (05/01/22, 05/02/22, 05/04/22, 05/07/22, 05/09/22); religious services/studies (05/07/22); television (05/01/22 to 05/09/22); sports (5/02/22, 05/05/22, 05/07/22); and coloring (05/01/22,	F 679			

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F 679	Continued From page 26 05/03/22, 05/05/22, 05/09/22, 05/10/22).). The "Individual Resident Daily Participation Record" for May 2022 lacked documentation of activity participation from 05/11/22 to 05/31/22. On 05/09/22 at 10:17 AM R52 laid in his bed, his tv was off. On 05/10/22 10:48 AM R52 laid in his bed, his tv was off. On 05/11/22 11:22 AM R52 laid in bed. His tv and radio inthe room were both off. On 05/12/22 at 08:17 AM R52 laid on his back in his bed, call light within reach. His tv was turned off. On 05/12/22 at 03:07 PM Certified Nurse Aide (CNA) P stated that she really did not help much with activities. Staff all are required to do the dementia training when hired and have it every year too. On 05/12/22 at 03:23 PM Licensed (LN) G stated that R52 liked to listen to Johnny Cash music and to look out the window watching the birds and loves westerns. Group activities were harder for R52 to do because of the progression on his Parkinson's. LN G stated there is a "Task" tab where the aides can chart when a resident participated in an activity. The activity director does go around and do things one on one with some of the residents. The facility had dementia care training staff in-service not long ago, the in-service is done when hired and annually. On 05/12/22 at 04:19 PM Administrative Nurse D stated dementia training was done upon being	F 679			

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F 679	Continued From page 27 hired and then they have routine monthly in-services. Interventions should be individualized for residents with dementia. Administrative Nurse D further stated that R52 loved to watch westerns on tv or listen to music or to go outside when it was nice because he used to go hiking a lot. On 05/12/22 at 02:37 PM Activity Staff Z stated that an activity assessment was done at admission and quarterly. The information from the activity assessment information was then entered into the resident's care plan as far as their preferences, their likes and dislikes. She stated that R52 like to color and listen to rock music on the radio, he likes old cars and had restored a few. Activities were documented under the "Tasks" tab by the aides and each resident had an activity sheet that was supposed to be completed after each activity a resident did. Activity staff Z stated she did have an assistant that was no longer with the facility that was responsible for completing the activity log but had not apparently been doing that so not all activities were being logged. The facility's "Programming for Residents with Cognitive Impairments and Other Special Needs" policy, revised June 2018, directed activity programs were provided for the maintenance and enhancement of each resident's quality of life while promoting physical, cognitive, and emotional health. The facility offered meaningful programs for residents with cognitive impairments that use reality and sensory awareness techniques. The facility's "Activity Programs" policy, revised June 2018, directed activity programs were designed to meet the interests of and support the	F 679			

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F 679	Continued From page 28 physical, mental, and psychosocial well-being of each resident. Activities offered were based on the comprehensive resident-centered assessment and the preferences of each resident. Activity programs were designed to encourage maximum individual participation and are geared to the individual resident's needs. Residents are encouraged, but not required, to participate in scheduled activities. The facility failed to develop and revise a person-centered activity program with interventions to address specific activities for cognitively impaired R52, which put R52 at risk for further decline.	F 679			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition	F 690			

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F 690	Continued From page 29 demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with five reviewed for incontinence care. Based on observation, record review, and interviews, the facility failed to implement incontinence care interventions for Residents (R) 28, R86 and R298. This deficient practice placed the residents at risk for complications related to incontinence. Findings Included: -The electronic medical record (EMR) indicated the following diagnosis for R28: chronic pain, peripheral vascular disease (abnormal condition affecting the blood vessels), hypertension (high blood pressure), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), bipolar disorder, vascular dementia (progressive mental disorder characterized by failing memory, confusion), major depressive disorder (major mood disorder), anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty and	F 690			

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F 690	Continued From page 30 irrational fear), type two diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and history of urinary tract infections (UTI's). A review of R28's "Quarterly Minimum Data Set (MDS)" dated 03/08/22 noted a Brief Interview for Mental Status (BIMS) score of nine indicating moderate cognitive impairment. The MDS indicated that she was occasionally incontinent of bowel and bladder with no toileting program. The MDS stated she required one-person assistance for toileting, transfers, dressing, mobility, and personal hygiene. R28's "Urinary Incontinence Care Area Assessment (CAA)" completed 01/01/22 stated that she had occasional bladder incontinence related to impaired mobility. The CAA noted that she received both physical and occupational therapy to improve her mobility, dressing, and incontinence management. A review of R28's "Care Plan" revised 02/13/22 revealed she required assistance for bathing but toileted herself. It stated that she would ask for assistance as needed. The care plan addressed incontinence cares related to skin care and environmental safety but lacked interventions related to preventing and managing her incontinence episodes. R28's care plan lacked bowel incontinence information. A review of R28's "Bowel & Bladder Look-Back" report from 02/01/22 through 05/10/22 (99 days reviewed) revealed she had incontinent occurrences on 60 occasions. A review of R28's EMR indicated that a "Bowel	F 690			

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F 690	Continued From page 31 and Bladder" assessment completed on 03/05/22 indicated that she did not meet the clinical conditions necessary for an indwelling catheter to be place but lacked information related to her cognitive awareness of her bowel and bladder urgency. A previous bowel and bladder assessment completed on 10/25/21 indicated that she was aware and could identify the need to void and have bowel movements, use her call light, and ask for help. On 05/09/22 at 10:12 AM R28 stated that she sometimes had incontinence accidents because staff do not come in the room quick enough. She reported that she was not on a bowel or bladder training program that she was aware of but did struggle with incontinence. R28 appeared to be clean at that time. On 05/12/22 at 03:04 PM with Certified Nurse Aid (CNA) O, she stated that all the resident's care information can be viewed by the nursing staff daily. She noted that if a resident was on a special toileting program it would also be reported to the assigned licensed nurse if the resident had an episode of bowel incontinence and what interventions should have been followed. She reported that the staff can reported new or missing information to the nurse that may be pertinent to the resident's care. On 05/12/22 at 03:31 PM with Licensed Nurse (LN) I, she stated that the nursing staff often did not have time to review each resident's full care plan but could review the Kardex (condensed form of care information from the care plan). She stated that many of the nurses were extremely busy with taking care of the resident and may not know all the interventions listed.	F 690			

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F 690	Continued From page 32 A review of the facility's "Urinary Incontinence Policy" revised 04/2018 stated staff will provide scheduled toileting, prompted voiding, or other interventions to attempt to improve the individual's continence status. The policy stated that staff will review the progress of individuals with impaired continence until continence is restored or improved. The facility noted that assessments will be completed to identify findings related to the cause, type, treatment for each resident's continence concerns. The facility failed to implement individualized incontinence care interventions for R28. This deficient practice placed the residents at risk for complications related to incontinence. -The electronic medical record (EMR) indicated the following diagnosis for R86: peripheral vascular disease (PVD - abnormal condition affecting the blood vessels), hypertension (high blood pressure), overactive bladder, benign prostatic hyperplasia (BPH- non-cancerous enlargement of the prostate which can lead to interference with urine flow, urinary frequency and urinary tract infections), cognitive communication deficit (deaf and nonspeaking), atherosclerosis (hardening of the walls of the blood vessels), above the knee amputation of left leg, type two diabetes (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and needed assistance with personal cares. A review of R86's "Quarterly Minimum Data Set (MDS)" dated 03/08/22 noted a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS indicated that he was hearing	F 690			

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F 690	Continued From page 33 and speech impaired, frequently incontinent of bowel and bladder, and not on a toileting program. R86's "Urinary Incontinence Care Area Assessment (CAA)" dated 08/27/21 noted that he required assistance with transfers, toileting, bathing, personal hygiene, bed mobility, and dressing. It stated that he has occasional urinary incontinence related to his medical diagnoses. A review of R86's "Care Plan" revised 04/26/22 stated he has a self-care deficit related to impaired mobility for his activities of daily living (ADL's) and required assistant from one staff member. The care plan addressed incontinence cares related to skin care and environmental safety but lacked interventions related to preventing and managing incontinence episodes. R86's care plan lacked bowel incontinence interventions. A review of R86's EMR indicated that he had a "Bowel and Bladder" assessment completed 04/13/22 stated that he could identify the need to void or have a bowel movement, use his call light for help, and could ask to use the toilet. The assessment indicated that he was not on a bowel program. A review of R86's "Bowel & Bladder Look-Back" report from 02/01/22 through 05/10/22 (99 days reviewed) revealed he had incontinent occurrences on 119 occasions. On 05/09/22 at 09:00 AM R86 utilized a marker and dry erase board to communicate due to his hearing impairment. He reported that staff were usually good at accommodating his needs and	F 690			

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F 690	Continued From page 34 did the best they can when it got busy. He reported that he sometimes used the portable urinal to avoid having to good to the bathroom to void. He reported that he has had incontinence episodes for a while but did not remember being put on a toileting program since being admitted. The portable urinal appeared to be within reach and contained urine. On 05/12/22 at 03:04 PM with Certified Nurse Aid (CNA) O, she stated that all the resident's care information can be viewed by the nursing staff daily. She noted that if a resident is on a special toileting program it would also be reported to the assigned licensed nurse if the resident had an episode of bowel incontinence and what interventions should have been followed. She reported that the staff can reported new or missing information to the nurse that may be pertinent to the resident's care. On 05/12/22 at 03:31 PM with Licensed Nurse (LN) I, she stated that the nursing staff often do not have time to review each resident's full care plan but can review the Kardex (condensed form of care information from the care plan). She noted that many of the nurses were extremely busy with taking care of the resident and may not know all the interventions listed. A review of the facility's "Urinary Incontinence Policy" revised 04/2018 stated staff will provide scheduled toileting, prompted voiding, or other interventions to attempt to improve the individual's continence status. The policy stated that staff will review the progress of individuals with impaired continence until continence is restored or improved. The facility noted that assessments will be completed to identify findings	F 690			

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F 690	Continued From page 35 related to the cause, type, treatment for each resident's continence concerns. The facility failed to implement individualized incontinence care interventions for R86. This deficient practice placed the residents at risk for complications related to incontinence. -The electronic medical record (EMR) indicated the following diagnosis for R298: chronic kidney disease, type two diabetes (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), hypertension (high blood pressure), major depressive disorder (major mood disorder), overactive bladder, insomnia (inability to sleep), obstructive sleep apnea (disorder of sleep characterized by periods without respirations), urinary retention (lack of ability to urinate and empty the bladder), muscle weakness, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and need for assistance with personal cares. A review of R298's "Admission Minimum Data Set (MDS)" dated 04/12/22 noted a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. The MDS indicated that he was continent of both bowel and bladder and not on a toileting program. A review of R298's "Urinary Incontinence Care Area Assessment (CAA)" dated 04/12/22 indicated a care plan would be implemented to improve current toileting skills and the ability to transfer to the toilet. R298's "Care Plan" dated 04/04/22 indicated he had self-care performance deficits related to his	F 690			

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F 690	Continued From page 36 medical diagnoses and impaired mobility. The plan noted that he required extensive assist from one staff for toileting, transfers, hygiene, and clothing management. The care plan stated that he is continent of bladder, but staff should not leave him unattended. The plan lacked interventions related to his bowel and bladder occurrences. A review of R298's "Bowel & Bladder Look-Back" report from 04/04/22 through 05/10/22 (38 days reviewed) revealed he had incontinent occurrences on 13 occasions. A review of R298's EMR indicated that he had a "Bowel and Bladder" assessment completed 04/21/22 stated that he could identify the need to void or have a bowel movement, use his call light for help, and ask to use the toilet. The assessment indicated that he was not on a bowel program. On 05/09/22 at 08:12 AM R298 reported that he did have incontinence accidents and does utilize a portable urinal during the daytime. He stated that he was not on a toileting program and does not receive prompts or reminders from staff to go to the restroom. On 05/12/22 at 03:04 PM with Certified Nurse Aid (CNA) O, she stated that all the resident's care information can be viewed by the nursing staff daily. She noted that if a resident is on a special toileting program it would also be reported to the assigned licensed nurse if the resident had an episode of bowel incontinence and what interventions should have been followed. She reported that the staff can reported new or missing information to the nurse that may be	F 690			

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F 690	Continued From page 37 pertinent to the resident's care. On 05/12/22 at 03:31 PM with Licensed Nurse (LN) I, she stated that the nursing staff often due not have time to review each resident's full care plan but can review the Kardex (condensed form of care information from the care plan". She noted that many of the nurses were extremely busy with taking care of the resident and may not know all the interventions listed. A review of the facility's "Urinary Incontinence Policy" revised 04/2018 stated staff will provide scheduled toileting, prompted voiding, or other interventions to attempt to improve the individual's continence status. The policy stated that staff will review the progress of individuals with impaired continence until continence is restored or improved. The facility noted that assessments will be completed to identify findings related to the cause, type, treatment for each resident's continence concerns. The facility failed to implement individualized incontinence care interventions for R298. This deficient practice placed the residents at risk for complications related to incontinence.	F 690			
F 696 SS=D	Prostheses CFR(s): 483.25(j) §483.25(j) Prostheses The facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, to wear and be able to use the prosthetic device. This REQUIREMENT is not met as evidenced	F 696			

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F 696	Continued From page 38 by: The facility identified a census of 99 residents. The sample included 23 residents. Based on observation, record review, and interviews, the facility failed to provide care and assistance, consistent with professional standards of practice, for Resident (R)13's prosthesis, related to his preference to wear his prosthetic device and his goal to return home. This deficient practice placed R13 at risk for impaired dignity and loss of independence. Findings included: - R13's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of absence of left leg below the knee, diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin), and peripheral vascular disease (PVD-abnormal condition affecting the blood vessels). The "Annual Minimum Data Set" (MDS) dated 09/24/21 documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented that R13 required extensive assistance of one staff member for toileting and personal hygiene. R13 required limited assistance of one staff member for bed mobility, and dressing. R13 required supervision of one staff member for transfers and supervision with set up assistance for locomotion on and off the unit. The MDS documented no physical therapy, occupational therapy or restorative provided during the look back period for R13. The "Quarterly MDS" dated 02/16/22 documented	F 696			

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F 696	Continued From page 39 a BIMS score of 15 which indicated intact cognition. The MDS documented that R13 required extensive assistance of two staff members for transfers, extensive assistance of one staff member dressing, toileting and personal hygiene. R13 required assistance of one staff member for bed mobility and locomotion on and off the unit. The MDS documented no physical therapy, occupational therapy or restorative provided during the look back period for R13. R13's "Activities of Daily Living Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 10/01/21 documented he required assistance related to weakness, unsteady gait and utilization of his prosthetic left leg. R13's "Care Plan" last revised 12/18/19 documented the social service designee was to schedule a meeting in two weeks, with R13 and his representative as well as any outside agencies to discuss strengths and weakness along with his ability to return home The "Care Plan" last revised 09/30/21 documented R13 required assistance with applying and removing his left leg prosthesis. Review of the EMR lacked documentation of the care and application of the prosthesis. On 05/09/22 at 10:31 AM R13 stated his prosthetic left leg was broken and sent out to be fixed and now he had become weak. R13 stated he had not worked with therapy in the use of his left leg prosthesis for many months. On 05/10/22 at 08:09 AM R13 laid in bed. R13	F 696			

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F 696	Continued From page 40 stated he had not been out of bed much in the past three months or more related to his prosthesis had been broken and not fitting correctly. On 05/12/22 at 11:45 AM R13 laid in bed and worked on putting a model car together. R13 stated his goal to return home had not changed. R13 stated he wanted to become stronger and walk out the front door to return home. On 05/11/22 at 01:12 PM in an interview, Certified Nurse's Aide (CNA) O stated R13 prosthetic leg was returned a week ago. CNA O stated R13 probably had been in bed longer than three months and she was waiting a little while before she encouraged R13 to use his prosthetic leg to get out of bed. CNA O stated she did not know how to refer anyone for skilled therapy. On 05/12/22 at 11:15 AM Consultant Physical Therapy GG stated he was not aware of any problems with R13's prosthesis and R13 was not on therapy at the current time. On 05/12/22 in an interview, Licensed Nurse (LN) G stated R13 wore his prosthesis off and on. LN G stated R13 was going to remain in the facility long term. LN G stated that therapy had repaired R13 prosthetic leg with in the last month and returned it to him. On 05/12/22 at 04:19 PM in an interview, Administrative Nurse D stated he was not aware of any problems with R13 prosthetic left leg. Administrative Nurse D stated there was not a restorative program in the facility currently, that the facility was attempting to get one started.	F 696			

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F 696	Continued From page 41 The facility "Care of Prosthesis (Artificial Limb)" policy last revised February 2018 documented the prosthesis would be inspected weekly for loose or worn parts. Report such findings to the staff/charge nurse. The facility failed to provide care and assistance, consistent with professional standards of practice for R13's prosthesis, related to his preference to wear his prosthetic device and his goal to return home. This deficient practice has placed R13 at increased risk for impaired dignity and loss of independence.	F 696			
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with one reviewed for pain. Based on observation, record review, and interviews, the facility failed to provide non-pharmacological pain interventions for Residents (R) 298. This deficient practice placed the residents at risk for ineffective pain management and decreased psychosocial well-being. Findings included: -The electronic medical record (EMR) indicated the following diagnosis for R298: chronic pain,	F 697			

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F 697	Continued From page 42 chronic kidney disease, type two diabetes(when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), heart failure, hypertension (high blood pressure), major depressive disorder (major mood disorder), overactive bladder, insomnia (inability to sleep), retention of urine, muscle weakness, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), obstructive sleep apnea (disorder of sleep characterized by periods without respirations), and need for assistance with personal cares. A review of R298's "Admission Change Minimum Data Set (MDS)" dated 04/12/22 noted a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. The MDS indicated he had frequent pain and received an opioid medication. A review of R298's "Pain Care Area Assessment (CAA)" dated 04/12/22 indicated that he reported chronic pain concerns upon admission related to past surgeries. The CAA noted that a care plan would be developed to improve management of his pain. R298's "Care Plan" dated 04/21/22 indicated he had chronic pain related to past surgeries. The care plan indicated that he reported that his pain level was tolerable or had relief with interventions at the time of his admission assessment. The plan stated that staff should have offer medication prior to therapy, provide pain medication as ordered, and utilize non-pharmacological interventions. The care plan lacked specific interventions to be offered. A review of R298's "Medication Administration	F 697			

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F 697	Continued From page 43 Report (MAR)" revealed an order dated 04/14/22 for hydrocodone-acetaminophen (medication used to treat moderate to severe pain). The order indicated to give one tablet of 5 milligram (mg)/325mg by mouth every six hours as needed for pain. The MAR also revealed R3298 had an order started 05/11/22 for diclofenac gel one percent formula (topical gel used to sooth pain associated with joints). The order indicated to apply topically to his back as needed every 12 hours. A review of R298's "Treatment Administration Report (TAR)" revealed an order for staff to "Document Non-Pharmacological Pain Management Intervention" dated 04/14/22. The order revealed the interventions as deep relaxation, heat to the site, cold to the site, massage, music, meditation, sleep, repositioning, quiet place, aromatherapy, and guided imagery. A review of this order administration history revealed no documentation showing that any of the interventions listed were given. The TAR noted that his pain should be assessed every shift using the numeric pain scale. R298's nursing "Progress Note" on 04/24/22 at 03:50 AM revealed he had complaints of back pain, sleeplessness, and anxiety. The note stated that he was "needy and calling every five to ten minutes for medications." The progress note lacked documentation showing that non-pharmacological interventions or offered or utilized. R298's nursing "Progress Note" on 04/30/22 at 05:33 AM stated that staff felt the resident was so "needy" and using his call light every five minutes for staff to come to his room. The progress note	F 697			

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F 697	Continued From page 44 lacked documentation showing that non-pharmacological interventions were offered or utilized. R298's nursing "Progress Note" on 05/04/22 at 08:11 AM stated that R298 had a rough early morning with complaints of back pain, restlessness, and abdominal pain. Staff noted that different s medications and different interventions were offered but the resident continued to call for the nurse. The writer assisted R298 with laying and elevating his feet to comfort the resident until he fell asleep. The writer noted that the resident was very anxious and uncertain if pain was being controlled well. A review of R298 EMR notes revealed this to be the only time a non-pharmacological intervention was documented. R298's nursing "Progress Note" on 05/06/22 at 06:32 AM noted that R298 was calling out to the nurse frequently asking for something for pain, sleep, and anxiety. The noted stated that when R298 was given the medication, he would continue to call out to staff. The note lacked documentation showing that non-pharmacological interventions or offered or utilized. R298's nursing "Progress Note" on 05/08/22 at 05:58 AM noted that R298 kept calling out for the nurse and reported that he did not sleep well the night before. The note revealed the resident asked to be taken somewhere else to sleep. The note lacked documentation showing that non-pharmacological interventions or offered or utilized. On 05/11/2022 at 08:36 AM R298 reported that he was still waiting on his morning medications.	F 697			

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F 697	Continued From page 45 He reported that he was supposed to have pain cream for his back, but no-one has given it to him yet. He reported that he struggles at night with sleep because he does not feel good and his back hurts all night. He reported that the low air loss on his mattress does alleviate some of the pain, but the nursing staff do little to help the pain other than bring his medications. He reported that the therapy department offered him non-pharmacological interventions, but the nursing staff do not. On 05/09/22 at 03:31 PM an interview with Licensed Nurse (LN) I stated that R298 did complain a lot about pain and often will continue to call the nurse after he has received his medication. She reported that the nursing staff often do not have time to review the resident's care plans due to the ongoing needs of the patient. She was unable to identify non-pharmacological intervention listed for R298. On 05/09/22 at 04:19 PM an interview with Administrative Nurse D stated that the facility's pain interventions were individualized to the specific needs of each resident. He reported that the residents start out with general interventions upon admission and then become more comprehensive over time. He reported staff are required to document the interventions offered or given to each resident and reviewed for effectiveness. He reported that R298 may have had a lot of anxiety that was leading into his pain and made him difficult to treat his pain. A review of the facility's "Pain Assessment and Management" policy revised 03/2020 stated the facility's goal is to identify pain in the resident and develop interventions that are consistent with the	F 697			

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F 697	Continued From page 46 resident's goals and needs. The policy stated that staff are to implement the medication regimen as ordered and documenting the results. The facility failed to provide non-pharmacological pain interventions for R298. This deficient practice placed the resident at risk for ineffective pain management and decreased psychosocial well-being.	F 697			
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents, with one resident reviewed for hemodialysis (procedure using a machine to remove excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). Based on observation, record review, and interviews, the facility failed to document arteriovenous (AV-a surgically created connection between artery and a vein used for hemodialysis) fistula for thrill (palpable vibration) and bruit (an audible vascular sound associated with turbulent blood flow usually heard with stethoscope that may occasionally also be palpated as a thrill) every day for Resident (R) 71. This deficient practice placed R71 at risk of potential adverse outcomes and physical complications related to dialysis.	F 698			

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F 698	Continued From page 47 Findings included: - R71's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of end stage renal (kidney) disease (a terminal disease because of irreversible damage to vital tissues or organs). The "Annual Minimum Data Set" (MDS) dated 01/11/22 documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented that R71 was dependent of two staff members assistance for activities of daily living (ADL's). The MDS documented R71 received dialysis services during the look back period. The "Quarterly MDS" dated 04/11/22 documented a BIMS score of 14 which indicated intact cognition. The MDS documented that R71 was dependent of two staff members assistance for ADL's. The MDS documented R71 received dialysis services during the look back period. R71's "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA) dated 01/21/22 documented she was incontinent of bladder and bowel. R71 had end stage renal disease and received dialysis as scheduled. R71's "Care Plan" dated 02/03/22 documented her fistula in the right upper extremity was to be monitored for bruit and thrill. Review of the EMR under "Orders" tab revealed physician orders: Check bruit/thrill of AV Fistula every shift and document dated 5/9/2022.	F 698			

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F 698	Continued From page 48 Review of the EMR under "Reports" tab of the "Medication Administration Report" (MAR) and "Treatment Administration Report" (TAR) from 02/01/22 to 05/10/22 (98 days) lacked evidence of assessment of bruit/thrill. On 05/10/22 at 02:39 PM R71 laid in bed with head of bed elevated, TV on in room. Her eyes were closed, and she wore her boot on the lower right foot. Her dressing was intact on her right upper arm. On 05/12/22 at 03:09 PM in an interview, Certified Nurse's Aide (CNA) P stated R71 usually left for dialysis when CNA P arrived at work. CNA P stated when R71 returned from dialysis, two staff members would transfer R71 with the Hoyer lift (total body mechanical lift used to transfer residents) back into bed. On 05/12/22 at 03:35 PM in an interview, Licensed Nurse (LN) G stated staff assisted R71 with dressing and transferred into a dialysis chair with the Hoyer lift. LN G stated R71 was weighed during the transfer into the chair, vital signs and blood sugar was obtained and communication sheet was filled out and sent with R71 to dialysis. LN G stated upon R71's return to the unit, a weight was obtained, blood sugar and vitals was obtained and documented in resident's EMR. LN G stated that assessment of the bruit and thrill should be documented on the MAR/TAR on daily basis. On 05/12/22 at 04:19 PM in an interview, Administrative Nurse D stated dialysis assessment would include the fistula site, vital signs, dressing of the fistula and then	F 698			

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NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
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F 698	Continued From page 49 documented of the MAR/TAR and on the dialysis communication sheet. The facility "Hemodialysis Access Care "policy last revised September 2010 documented care of the fistula was to check patency of the site at regular intervals. Palpate the site to feel the "thrill" or use a stethoscope to hear the "whoosh" or "bruit" of the blood flow through the access. Documentation in resident's medical record every shift of location of catheter (a flexible tube inserted through a narrow opening into a body cavity, particularly the bladder, for removing fluid). Condition of the dressing. If dialysis was done during the shift. Any part of report from dialysis nurse post-dialysis that was given. Observations post-dialysis. The facility failed to monitor and document assessment of fistula for hemodialysis for R71, which had potential for adverse outcomes and physical complications.	F 698			
F 744 SS=K	Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents; five residents were reviewed for dementia (progressive mental disorder characterized by failing memory, confusion) care. Eighteen residents resided on the memory care unit. Based on observations,	F 744	Past noncompliance: no plan of correction required.		

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F 744	Continued From page 50 record review, and interviews, the facility failed to provide dementia care and services for Resident (R) 248 when the facility failed to identify and implement resident-centered interventions to address violent/aggressive behaviors, wandering, and negative resident-to-resident altercations which included physical aggression. The facility further failed to assess, identify, record, and respond to R248's specific behaviors, triggers, and past/present interests and activities in order to promote an environment which supported R248's individualized care needs. As a result of these failures, R248, who was allowed to roam freely on the memory care unit, was involved in multiple resident-to-resident altercations which created an unsafe living environment and resulted in intimidation, acute care evaluations, hospital transfers for R248 and the other memory care residents and serious resident injury on 04/27/22. This deficient practice placed all 18 residents who resided on the memory care unit in Immediate Jeopardy. Findings included: - R248 admitted to facility on 04/13/21, transferred to memory care unit on 05/14/21, transferred to hospital 11/14/21, readmitted to facility 11/17/21, transferred to hospital 12/06/21, readmitted to facility 12/14/21, transferred to hospital 03/15/22, readmitted to hospital 03/18/22, and transferred to hospital 04/27/22. The "Diagnoses" tab of R248's Electronic Medical Record (EMR) documented diagnoses of dementia with behavioral disturbance, anxiety disorder, psychosis (any major mental disorder characterized by a gross impairment in reality testing) not due to a substance or known	F 744			

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F 744	Continued From page 51 physiological condition, impulse disorder (mental health disorder characterized by the inability to control impulsive urges that can lead to the harm of oneself or others), and cerebral infarction (cerebrovascular accident [CVA]- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). The "Annual Minimum Data Set (MDS)" dated 03/15/22, documented R248 had a Brief Interview for Mental Status (BIMS) score of three which indicated severe cognitive impairment. R248 had physical and verbal symptoms directed towards others that occurred one to three days during the lookback period, rejection of care that occurred one to three days during the lookback period, and wandering that occurred daily. R248 was independent with one staff with bed mobility, walking, and locomotion; supervision with one staff with transfers; extensive physical assistance with two staff for dressing; limited physical assistance with one staff for toileting and personal hygiene; and independent with setup help only with eating. The interview for daily and activity preferences was not conducted. R248 received antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) and antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications six days, and antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) medications seven days in the seven-day lookback period. The "Delirium [sudden severe confusion, disorientation and restlessness] Care Area Assessment (CAA)" dated 03/22/22, documented	F 744			

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F 744	Continued From page 52 inattention and disorganized thinking were baseline for R248. The "Cognitive Loss/Dementia CAA" dated 03/21/22, documented R248 had a diagnosis of dementia. The "Behavioral Symptoms CAA" dated 03/21/22, documented R248 had regular behaviors; staff referred to the care plan. The "Care Plan" dated 06/16/21, documented R248 resided on a secured unit due to his impulsivity and high risk for elopement (an incident in which a cognitively impaired resident with poor or impaired decision making ability/safety awareness leaves the facility without the knowledge of staff) and recorded R248 was encouraged to participate in all activities, frequently monitored for safety, and supervised/accompanied by staff when not on secured unit. The "Cognitive Impairment/Dementia Care Plan" dated 07/16/21, directed R248 had impaired cognitive function/dementia related to CVA and directed staff administered medications as ordered, asked yes/no questions to determine R248's needs, and assisted R248 with decision making. It further directed staff monitored/documented/reported to medical doctor any changes in cognitive function, specifically changes in: decision making ability, memory recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, and mental status. The "General Behavior Symptoms Care Plan" dated 07/16/21 and revised 04/28/22, directed	F 744			

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F 744	Continued From page 53 R248 displayed behavioral symptoms such as refusing/resisting care, voiding in inappropriate areas, impulsivity, wandering, and physical aggression towards staff and residents. The "Care Plan" documented interventions, initiated 07/16/21, that directed staff gave psychoactive medication (drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) as ordered and recorded behavioral symptoms/side effects, intervened when inappropriate behavior was observed, and used interventions that addressed the abilities and needs reflected in the specific symptom or symptoms. The "Care Plan" documented an intervention, initiated 04/28/22, that staff offered redirection such as restroom, snack, coffee, going outside, and activities when R248 was seen wandering in other residents' rooms The "Physically Aggressive Behavior Care Plan" initiated 04/28/22, documented R248 demonstrated physical aggression towards others and on 04/27/22 R248 had a physical altercation and was placed on one-to-one supervision until transported to the hospital for psychiatric evaluation. The "Care Plan" directed if R248 became physically abusive, staff attempted to calm R248 by explaining that "ladies and gentlemen do not behave like this. We do not touch other people." If talking to R248 was unsuccessful in stopping the behavior, staff tried walking with R248 to a quiet area, away from other individuals. Staff intervened by speaking calmly and professionally in a soft tone of voice and avoided raising own voice which tended to make R248 more upset. R248 often believed that others were in his home and he needed to remove them from his house, staff reassured him	F 744			

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F 744	Continued From page 54 that they were where they need to be, and he was safe. R248's clinical record lacked an individualized "Care Plan" for activities. The "Documentation Survey Report" for February 2022 to April 2022 revealed the following behaviors for R248: 02/1/22 day rejection of care; 02/08/22 day wandering; 02/11/22 wandering; 02/28/22 day rejection of care, wandering, pushing, yelling/screaming, kicking/hitting, abusive language, and threatening behavior; 03/03/22 day sexually inappropriate and rejection of care; 03/04/22 day wandering; 03/05/22 day threatening behavior; 03/07/22 day wandering; 03/8/22 day wandering; 03/12/22 day wandering; 03/15/22 day rejection of care, kicking/hitting, and threatening behavior; 03/23/22 night wandering; 03/24/22 day rejection of care and threatening behavior; 03/30/22 day wandering; 04/13/22 day yelling/screaming, wandering, and threatening behavior; 04/16/22 day rejection of care, wandering, abusive language, and threatening behavior; and 04/23/22 day wandering. The "Notes" tab of R248's EMR revealed the following: A "Behavior Note" on 04/15/21 at 08:01 AM documented R248 displayed behaviors through out the night, he refused to be redirected. A Certified Nurse Aide (CNA) attempted to get him to bed, he kicked the CNA, was difficult through the night, did not allow staff to provide cares, and yelled, swung his fists, and attempted to kick CNAs during cares. A "Behavior Note" on 04/24/21 at 08:18 AM	F 744			

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F 744	Continued From page 55 documented R248 continued to have behaviors was noncompliant with instructions and cares. He became quite aggressive, swinging, and yelling at staff, redirection was helpful at times. A "Behavior Note" on 04/30/21 at 07:44 AM documented R248 displayed many behaviors on last two night shifts on 04/28/21 and 04/29/21. He attempted to hit the nurse when asked for permission to take vital signs, he urinated on the couch in the day room, shredded his incontinence (lack of voluntary control over urination or defecation) products in the day room and hallway, and wandered into other residents' rooms and disturbed them. He was difficult to redirect due to the language barrier and his dementia. A "Behavior Note" on 05/06/21 at 07:31 AM documented R248 was observed using the artificial tree in the day room as a bathroom. CNA attempted to redirect and R248 hit the CNA quite hard. R248 urinated in cups that were sitting in the day room and was quite difficult with staff. Other residents were in the day room and made comments related to R248's behaviors. A "Behavior Note" on 05/08/21 at 07:50 AM documented R248 continued to have negative reactions when staff attempted to redirect him. R248 refused to get up from the couch, swung at staff. He wandered into other residents' rooms, redirection was difficult, and he would push or swing at staff. R248 urinated in any trash can he came across and two staff were needed to get him to bed due to his aggression. A "Behavior Note" on 05/13/21 at 07:25 AM documented R248 wandered into other residents' rooms during the night and upset and woke some	F 744			

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F 744	Continued From page 56 of the women. Three staff attempted to provide cares, R248 was unhappy and tried to swing at staff. A "General Progress Note" on 05/13/21 at 05:20 PM documented CNA observed R248 standing in female occupied room. The two residents in the room explained to CNA that they were extremely frightened by R248 being in their room. R248 was redirected to bathroom then to living room due to not being able to stay in room without constant supervision. A "Communication with Family Note" on 05/14/21 at 12:04 PM documented staff discussed with R248's family member the possibility of R248 moving back to the memory care unit and explained that the behaviors R248 exhibited made secured unit appropriate for him. His family member agreed that it was for his and others' safety to move him. An "Interdisciplinary Team (IDT) Note" on 06/04/21 at 09:35 AM documented R248 had been adjusting well to memory care and his behaviors and combativeness had diminished. R248 was pleasantly confused, wandering at times, and was easily redirected. He was found in other residents' rooms and chairs at times but when notified he was not in his room, he easily moved to his own bed. He participated in activities periodically as he chose. A "General Progress Note" on 06/06/21 at 06:05 AM documented R248 went into other resident's room and when asked to be assisted to his room, he got upset and became combative with staff. He spoke Spanish and when caregivers spoke to him in English, he got upset.	F 744			

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F 744	Continued From page 57 A "Behavior Note" on 07/10/21 at 03:53 PM documented R248 walked up to another resident and attempted to use other resident's cane. The other resident told R248 it was not his cane. The nurse observed R248 lift his hand in a fist at the other resident, the nurse removed R248 and gave him his own cane. No physical contact was made, no further behaviors noted. A "General Progress Note" on 09/13/21 at 06:38 PM documented CNA reported to the nurse about an incident involving R248 and R48. R248 smacked R48 on his head. R48 was seated quietly on the recliner in the common room when it happened. Residents were separated to ensure safety and skin assessment performed on both residents, no physical bruising or injury noted. A "General Progress Note" on 11/14/21 at 01:20 PM documented R61 stated R248 hit her with the cane on her lip, no witness to the incident. Staff assessment revealed a small skin tear on the left side of R61's lip. R248 was sent to hospital for psychiatric evaluation. A "General Progress Note" on 01/18/22 at 04:55 PM documented R61 was seated in the dining room making rude hand gestures towards R248. R61 got up and walked towards R248, staff walked towards her and asked what she needed, she indicated she needed the bathroom. Staff indicated for R61 to follow them and positioned themselves between R61 and R248 but R61 was able to pass the nurse and made contact with the back of R248's head with an open palm. Staff separated the two residents and with help from the nurse, R61 was removed from the situation and escorted to her room while nurse stayed with	F 744			

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F 744	Continued From page 58 R248. An "Alert Note" dated 01/30/22 T 03:30 PM recorded R248 wanted wants to use the cane that another resident used. The unidentified staff gave the cane back to the other resident. R248 became very aggressive and believed the cane belonged to him. The note recorded the cane was with R248 for "the sake of peace." The note documented the other resident surrendered his cane to R248 because he did not want to fight for it. A "General Progress Note" on 02/15/22 at 04:40 PM documented the nurse was doing rounds on the unit when they heard a resident hollering. Nurse looked up hallway and R248 was standing outside R61's room. The nurse and the aide, who communicated in Spanish, were able to get R248 to come away from the room and to the dining room. The aide told him that dinner was ready. A "Behavior Note" on 02/15/22 at 11:55 PM documented another resident alleged R248 hit him. R248 was observed resting on his bed. A "General Progress Note" on 02/16/22 at 10:02 AM documented while passing medications, a resident reported that R248 had hit him in the chest while in his own room. Staff checked on R248 and he was resting in his bed, R258 was frequently checked on throughout the shift. An "IDT Progress Note" on 02/28/22 at 03:48 PM documented R248 required redirection twice as he entered other residents' rooms believing them to belong to him. Staff intervened and attempted to show him his own room. R248 was telling female residents to get out of his house, though	F 744			

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F 744	Continued From page 59 he was in their room. Staff escorted him to the patio to spend some time in the fresh air and sunshine which was helpful to his mood. A "General Progress Note" on 03/15/22 at 03:09 PM documented R248 was observed swinging at another resident without provocation, no contact was made. R248 threatened to punch the CNA who tried to give him a shower, CNA claimed that R248 raised his fist while refusing to take a shower. One-on-one care initiated for the safety of R248 and others around him. An "IDT Progress Note" on 03/15/22 at 06:09 PM documented R248 was denied financially by two psychiatric hospitals. For that reason, R248 was sent to hospital for psychiatric evaluation and treatment through the Emergency Room (ER). Continued one-to-one care at that time. An "IDT Progress Note" on 04/12/22 at 03:56 PM documented R248 had increased behaviors over last 48 hours. He attempted to interrupt the maintenance personnel during their painting project with the fixed belief that he was meant to oversee that job. Staff attempted to show R248 his room in efforts to redirect him. R248 was determined that a female resident's room was his own. Nurse had reported that R248 refused his medication and was confrontational and agitated when interacting with the nurse. A "General Progress Note" on 04/13/22 at 08:00 PM documented at approximately 06:45 PM, the nurse heard screaming in the unit from the management office. Upon entering the unit, she observed R249 standing in the hallway surrounded by multiple staff members, screaming that she had been assaulted. Per staff report,	F 744			

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F 744	Continued From page 60 once they heard the screaming multiple staff members went into the hallway and approached R249 to ask what had occurred. R249 pointed toward R248 and accused him of hitting her in the back of her neck, no staff had witnessed R248 hitting R249 and he was not within arms reach of her when the staff came into the hallway. R249 was admitted to unit one and a half hours prior to the alleged incident and was upset, attempted to leave, and was very difficult to redirect upon admission. R249 stated that R248 came up behind her and hit her in the back of the neck and pointed to the bottom of her neck, directly between her shoulder blades. R248 unable to describe what had happened. New order to send R249 out to the ER for psychiatric evaluation due to unmanageable behaviors and potential danger to other residents. R249 was placed on one-on-one until transportation arrived and R248 was placed on one-on-one until R249 was transported. An "IDT Progress Note" on 04/18/22 at 03:44 PM documented R248 required redirection from staff throughout most of the shift. He believed other neighbors were intruders in his home and wanted them to be removed. R248 was provided reassurance and redirection, monitored and closely supported during that time. An "Incident Note" on 04/27/22 at 08:00 AM documented R248 sat at the dining room table while breakfast was served. Licensed Nurse (LN) H received reported from off-going nurse then began passing morning medications in the dining room. She noted R248 got up from his chair in the dining room at approximately 08:00 AM and proceeded down the hallway. Nurse continued passing medications in the dining room, a short	F 744			

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F 744	Continued From page 61 time later she heard someone yelling stop and her name. She went down the hall to investigate. CNA M yelled she was in R32's room. As LN H approached R32's room, R248 came out of R32's doorway. CNA M stated that R32 and R248 were fighting. R248 was immediately placed on one-on-one with CNA M and LN H assessed R32. R32 laid in his bed with numerous injuries. A "Medical Professional Progress Note" in R32's EMR dated 04/28/22 at 12:45 PM documented a follow up on R32's condition following an assault on 04/27/22. The note documented R32 returned to the facility from the hospital R32 was found to have a concussion (brain injury caused by a blow to the head or a violent shaking of the head and body) and a left orbital fracture (a break in one of the bones surrounding the eyeball). The note recorded R32 laid in his bed with his blanket over head and answered yes and no questions. The note further recorded R32 stated he remembered the incident that occurred the previous day. On 05/11/22 at 09:57 AM, Social Services X stated she was responsible for the activity care plan and every resident had an activity care plan. She stated the activity care plan was individualized to each resident with what they like or what the family tells her the resident likes. On 05/11/22 at 01:59 PM, CNA M stated on 04/27/22, she was tending to another resident across the hall from R32's room. She walked out of the bathroom to get a pair of pants and looked across the hall to R32's room. She observed R32 holding a chair up, pinning R248 against the wall. R32's face was already bleeding. CNA M had heard R248 had other altercations with other residents, but she had not witnessed any herself.	F 744			

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F 744	Continued From page 62 She stated if R248 had behaviors, she tried to redirect him and get him to do anything else, he was not combative or violent with her but would draw back a fist sometimes since he used to be a boxer. CNA M stated staff tried to get R248 to participate in activities and played cards and interacted with the group. She stated any interventions after altercations were found in his care plan. On 05/11/22 at 02:19 PM, LN H stated R248 had been suspected before of hitting other residents but there were no witnesses so unable to be proven. She stated typically, R248 did not have a lot of behaviors. R248 understood English but Spanish was his primary language so one of the Spanish speaking aides talked to him to see what was going on with him. LN H stated she did not feel like the staff had been able to keep residents safe from R248's behaviors, especially when he used his cane as he thought it was a weapon of sorts. She stated she did not see any changes from his previous psychiatric visits. R248 had incidents of violence and threatening people, he did not participate in activities but mostly sat and watched television (TV). LN H did not know if the care plan was updated after each altercation/incident. On 05/11/22 at 03:20 PM, Administrative Nurse F stated on 04/27/22, staff came to get her and told her something had happened on the unit. Upon entering the unit, CNA M was standing in R248's doorway and R248 was sitting in his recliner. LN H told Administrative Nurse F the details of what happened. R32 had a scratch on the left side of his face and his eye was starting to swell so she got him an ice pack. R32 and R248 were kept separated until R248 was transported to the	F 744			

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F 744	Continued From page 63 hospital for psychiatric evaluation. R248 liked to watch TV, staff provided him with snacks, did one-on-one talks with him about his boxing, and took him outside to the patio sometimes. Administrative Nurse F stated R248 was easily redirected and felt like staff were able to redirect him well enough to keep residents safe. On 05/11/22 at 03:48 PM, Administrative Nurse D stated on 04/27/22, the CNA was assisting a resident across R32's room. R32 was yelling and holding a chair up trying to block R248 with the chair. CNA went up to the residents and removed the chair then called for help. R32 was already bloodied, the nurse tended to R32's injuries. CNA escorted R248 back to his room. R32 could not say what happened and R248 denied doing anything. The police, management, and the doctor were called, order for R248 to go out for psychiatric evaluation. Administrative Nurse D stated R32 was sent to ER for evaluation of his injuries. He stated the facility did not plan to accept R248 back at this time as it was not safe for the other residents on the memory care unit. Administrative Nurse D stated new interventions were put into place after each incident and updated on the care plan. On 05/11/22 at 04:19 PM, Administrative Nurse D stated R248 was generally a mild person when he was around other residents. The intervention on his care plan for staff to talk to him was more for redirection, not education and R248 was receptive to the staff on the memory care unit. The plan for behaviors was to increase monitoring when residents needed redirection. R248 was a touchy person, he would go up to other residents and touch them gently on the shoulder. Administrative Nurse D stated he felt	F 744			

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F 744	Continued From page 64 like the staff kept the residents safe on the unit. He stated if there was information to back up allegations then the facility would put something in place to prevent the likelihood of another incident, the biggest intervention was redirection and he felt there was enough staff to redirect and assist residents. On 05/12/22 at 03:03 PM, CNA N stated she received dementia training and received in-services each month. She did not normally work on the memory care unit and had not received special dementia training. CNA N stated all dementia interventions were the same for all residents and she had received training on behaviors. On 05/12/22 at 03:08 PM, Social Services X stated dementia care plan basics were populated and staff could go in and add specific things for some residents. If a resident had behaviors, those interventions were on the behavior focus care plan. Social Services X stated during clinical meeting, the team discussed behaviors, determined root cause, and put new interventions in place for behaviors. R248 used to join activities, he liked going outside, liked to be alone, sat in his recliner in his room, and watched Spanish channels on TV. She stated CNAs accessed behavior interventions through EMR which included interventions if a resident was escalating. On 05/12/22 at 03:47 PM, LN G stated she received dementia training during in-services and was taught how to communicate with dementia residents. She stated she would look on the resident's care plan for specific interventions for dementia or behaviors and the social worker	F 744			

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F 744	Continued From page 65 developed the individualized care plan for activities, dementia, and behaviors. She stated different interventions work on different residents so interventions on the care plan were usually specific to each resident. LN G stated R248 was difficult to redirect, snacks were not very helpful. She stated she had to use the interpreter and even then, most of what R248 said was jumbled and make sense some of the time. On 05/12/22 at 04:19 PM, Administrative Nurse D stated dementia training was received initially in orientation then in monthly in-services. If someone had not worked the memory care unit before, they received additional training. He stated interventions were set up in the EMR for CNAs regarding dementia and were individualized for each resident. Administrative Nurse D stated the care plans had general interventions for all residents, if a behavior was recurring then staff added specific interventions for that behavior. He stated the care plan was revised after any incident. The facility's "Programming for Residents with Cognitive Impairments and Other Special Needs" policy, revised June 2018, directed activity programs were provided for the maintenance and enhancement of each resident's quality of life while promoting physical, cognitive, and emotional health. The facility offered meaningful programs for residents with cognitive impairments that us reality and sensory awareness techniques. The facility's "Activity Programs" policy, revised June 2018, directed activity programs were designed to meet the interests of and support the physical, mental, and psychosocial well-being of	F 744			

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F 744	Continued From page 66 each resident. Activities offered were based on the comprehensive resident-centered assessment and the preferences of each resident. Activity programs were designed to encourage maximum individual participation and are geared to the individual resident's needs. Residents are encouraged, but not required, to participate in scheduled activities. The facility did not provide a policy on dementia care upon request. The facility failed to provide dementia care and services for R248 to address violent/aggressive behaviors, wandering, and negative resident-to-resident altercations which included physical aggression. The facility further failed to assess, identify, record, and respond to R248's specific behaviors, triggers, and past/present interests and activities in order to promote an environment which supported R248's individualized care needs. As a result of these failures, R248, who was allowed to roam freely on the memory care unit, was involved in multiple resident-to-resident altercations which created an unsafe living environment and resulted in resident injury, intimidation, acute care evaluations, and recurrent hospital transfers for R248 and other memory care residents. This deficient practice placed all 18 residents who resided on the memory care unit in Immediate Jeopardy. The facility completed the following corrections by 04/28/22: R248 discharged to an acute care facility. All resident to resident altercations on the memory care unit were reviewed to ensure appropriate interventions added to residents' plan of care.	F 744			

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F 744	Continued From page 67 All applicable interventions related to resident behaviors and dementia behavioral symptoms were linked to the Kardex. A root cause analysis was completed for all resident to resident behaviors on the memory care unit. The facility staff reviewed memory care residents for activity assessments and evaluations. The facility policy "Admission Criteria for Memory Care Program" was updated. Inservice and education was provided to staff on resident management process, root cause analysis for behavioral symptoms and dementia training.	F 744			
F 756 SS=D	The deficiency was cited as past noncompliance. Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical	F 756			

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F 756	Continued From page 68 director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with five reviewed for unnecessary medication. Based on observation, record review, and interviews, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported irregularities for Resident R36's hypertensive medication (class of medication used to treat hypertension [high blood pressure]) given outside the physician ordered parameters, and for irregularities related to bowel movement monitoring for R81. This deficient practice which had the potential of unnecessary medication administration thus leading to possible harmful side effects. Findings included: - R36's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of	F 756			

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F 756	Continued From page 69 dementia (progressive mental disorder characterized by failing memory, confusion) and hypertension. The "Admission Minimum Data Set" (MDS) dated 06/20/21 documented a Brief Interview of Mental Status (BIMS) score of six which indicated severely impaired cognition. The MDS documented that R36 was dependent of two staff members assistance for activities of daily living (ADL's). The MDS documented R36 received antipsychotic medication (class of medications used to treat psychosis (any major mental disorder characterized by a gross impairment in reality testing) and other mental emotional conditions) for seven days and antianxiety medication (class of medications that calm and relax people with excessive anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), nervousness, or tension) for two days. The "Quarterly MDS" dated 03/23/22 documented a BIMS score of zero which indicated severely impaired cognition. The MDS documented no staff interview would be completed. The MDS documented R36 was dependent on two staff members assistance for ADL's. The MDS documented R36 received antipsychotic medication, antianxiety medication, and diuretic medication (medication to promote the formation and excretion of urine) for seven days during the look back period. R36's "Cognitive Loss Care Area Assessment" (CAA) dated 06/23/21 documented she was at risk for safety concern and staff not meeting her needs met related to her cognitive impairment. Staff were to monitor R36, report and document	F 756			

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F 756	Continued From page 70 any changes. R36's "Care Plan" last revised 03/25/22 documented for staff to administer medications as ordered. Review of the EMR under "Orders" tab revealed physician orders: Amlodipine besylate (antihypertensive medication) 10 milligram (mg) give one tablet by mouth daily related to hypertension. Hold for blood pressure (BP) for systolic (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) less than (<), 100 millimeters of mercury (mmHg) or diastolic blood pressure (DBP-minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) < 60mmHg or <60 mmHg date ordered 06/09/2021 and discontinued 04/28/2022. Review of the EMR under "Reports" tab of the "Medication Administration Report" and "Treatment Administration Report" from 02/01/22 to 04/28/22 (86 days) revealed hypertensive medication was given (eight times) outside physician ordered parameters on: 02/02/22, 02/12/22, 03/11/22, 03/19/22, 03/21/22, 03/22/22, 03/26/22 and 04/11/22. Review of the CP's "Monthly Medication Review" (MMR) from June 2021 through April 2022 revealed no documentation of hypertensive medication given outside of physician ordered parameters reported to facility.	F 756			

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F 756	Continued From page 71 On 05/10/22 at 10:13 AM R36 sat reclined in a broda chair (specialized wheelchair with the ability to tilt and recline) in the common area with several other residents. R36 yelled out several times. One nursing staff approached R36 and spoke to her for a moment and walked away. R36 began to yell out again after a few minutes. On 05/12/22 at 05:10 PM in an interview, Licensed Nurse (LN) J stated the Certified Medication Aides (CMA) usually obtain the vital signs and administer the medications. LN J stated that if a BP was outside the physician ordered parameters the CMA would notify the charge nurse before administering the medication. LN J stated the charge would recheck the BP or heart rate and assess the resident. LN J stated the charge nurse would notify the physician if needed. On 05/16/22 at 11:26 CP was unavailable for interview. The facility "Medication Regimen Review "(MRR) policy last revised May 2019 documented goal of the MRR's was to promote appositve outcome while minimizing adverse consequences and potential risks associated with medication. The MRR involved a thorough review of the resident's medical record to prevent, identify, report and resolve medication related problems, medication errors and other irregularities, such as potential significant medication-related adverse consequences or actual signs any symptoms that could represent adverse consequences and other medication errors, including those related to documentation. The facility failed to ensure the CP identified and	F 756			

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F 756	Continued From page 72 reported irregularities when antihypertensive medication for R36 were administered outside the physician ordered parameters, which had the potential of unnecessary medication administration thus leading to possible harmful side effects. - R81's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and psychosis (any major mental disorder characterized by a gross impairment in reality testing). The "Significant Change Minimum Data Set" (MDS) dated 01/17/22 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severely impaired cognition. The MDS documented no staff interview would be completed. The MDS documented R81 required extensive assistance of two staff for activities of daily living (ADL's). The MDS documented R81 received antipsychotic medication (class of medications used to treat psychosis and other mental emotional conditions), antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression), anticoagulant medication (class of medications used to prevent the formation of blood clots), for seven days, opioid medication (a class of medication used to treat pain) for four days and antianxiety medication (class of medications that calm and relax people with	F 756			

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F 756	Continued From page 73 excessive anxiety, nervousness, or tension) for three days. The "Quarterly MDS" dated 04/13/22 documented a BIMS score of 12 which indicated severely impaired cognition. The MDS documented that R81 was dependent on two staff members assistance for ADL's. The MDS documented R81 received antipsychotic medication, antidepressant medication, anticoagulant medication, opioid medication for seven days antianxiety medication for one day during the look back period. R81's "Nutritional Status Care Area Assessment" (CAA) dated 01/27/22 documented she received mechanically altered diet with thickened liquids at meals and staff assistance with eating. R 81's "Care Plan" dated 04/21/22 documented staff to administer medication as ordered. Increase fiber and fluid intake to provide more bulk in diet. Record bowel movement pattern each day. Describe amount, color, and consistency. Staff to monitor/document/report to physician as needed (PRN) signs/symptoms of complications related to constipation (difficulty passing stools). Change in mental status, new onset of confusion, sleepiness, inability to maintain posture, agitation, bradycardia (low heart rate, less than 60 beats per minute). Abdominal distension, tenderness, guarding, rigidity, or fecal impaction, small loose stools, fecal smearing and vomiting. Monitor medications for side effects of constipation. Review of the EMR under "Orders" tab revealed physician orders: Docusate sodium tablet (laxative- medication	F 756			

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F 756	Continued From page 74 used to stimulate or facility evacuation of the bowels) 100 milligrams (mg) give one tablet by mouth two times a day for constipation dated 04/20/2022. MiraLAX powder (laxative) 17 grams by mouth one time a day for constipation Mix the powder with a glass (four-eight ounces/120-240 milliliters) of liquid such as water or juice dated 12/11/2021. Review of the EMR under "Documentation Survey Report" for bowel elimination for R81 reviewed from 02/01/22 through 05/09/22 (98 days) lacked documentation of bowel movement charting from 02/14/22 to 02/19/22 (six days) PRN MiraLAX was administered on 02/17/22, 02/25/22 to 03/01/22 (five days), 04/05/22 to 04/09/22 (four days), 04/12/22 to 04/23/22 (12 days), and 05/01/22 to 05/07/22 (seven days). The nurses note, and the medication administration record lacked any documentation of as needed medication was given for constipation. Review of the CP's "Monthly Medication Review" (MMR) from September 2021 through April 2022 revealed no documentation of irregularities related to bowel monitoring reported to facility. On 05/11/22 at 10:09 AM R81 sat in broda chair (specialized wheelchair with the ability to tilt and recline) reclined in living room area. TV was a western show, R81 yelled out and was cussing repeatedly at the other four ladies in the area. On 05/12/22 at 03:09 PM in an interview, Certified Nurse's Aide (CNA) P stated an alert pops up on the "Point of Care" POC for residents that not had a bowel movement charted for three	F 756			

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F 756	Continued From page 75 days. CNA P stated she reported to nurse if the resident did not have a bowel movement on that shift. On 05/12/22 at 03:35 PM in an interview, Licensed Nurse (LN) G stated an alert pops up from the POC charting for every resident that has not had a bowel movement charted in the past three days or 72 hours. LN G stated the nurse would then assess the resident, administer PRN laxative if ordered or notify the physician to obtain an order for laxative. On 05/12/22 at 04:19 PM in an interview, Administrative Nurse D stated an alert pops up on the dashboard for the nurses to see the residents who have not had a bowel movement charted for the past 72 hours and the nurse must do an intervention to address the alert. Administrative Nurse D stated the charge nurse would assess the residents on the list and follow up with a PRN laxative or notify the physician for orders. On 05/16/22 at 11:26 CP was unavailable for interview. The facility "Medication Regimen Review "(MRR) policy last revised May 2019 documented goal of the MRR's was to promote appositve outcome while minimizing adverse consequences and potential risks associated with medication. The MRR involved a thorough review of the resident's medical record to prevent, identify, report and resolve medication related problems, medication errors and other irregularities, such as potential significant medication-related adverse consequences or actual signs any symptoms that could represent adverse consequences and other medication errors, including those related to	F 756			

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F 756	Continued From page 76 documentation. The facility" Azria Bowel (Lower Gastrointestinal Trac) Disorders-Clinical Protocol" policy last revised September 2017 documented the staff and physician would identify risk factors related to bowel dysfunction: for example, severe anxiety disorder, recent antibiotic () use, or taking medication that are used to treat, or that may cause contribute to, gastrointestinal erosion, bleeding, diarrhea or dysmotility. The facility failed to ensure that the CP noted and reported the irregularities related to bowel movement monitoring for R81 which has the potential for negative outcomes and unnecessary medications.	F 756			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or	F 757			

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F 757	Continued From page 77 §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The sample included 23 residents with five reviewed for unnecessary medication. Based on observation, record review, and interviews, the facility failed to ensure Resident (R)36's hypertensive medication (class of medication used to treat hypertension [high blood pressure]) were administered as ordered by the physician, and failed to ensure bowel monitoring for R81. This deficient practice had the potential of unnecessary medication administration thus leading to possible harmful side effects. Findings included: - R36's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion) and hypertension. The "Admission Minimum Data Set" (MDS) dated 06/20/21 documented a Brief Interview of Mental Status (BIMS) score of six which indicated severely impaired cognition. The MDS documented that R36 was dependent of two staff members assistance for activities of daily living (ADL's). The MDS documented R36 received antipsychotic medication (class of medications used to treat psychosis (any major mental disorder characterized by a gross impairment in reality testing) and other mental emotional conditions) for seven days and antianxiety	F 757			

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F 757	Continued From page 78 medication (class of medications that calm and relax people with excessive anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), nervousness, or tension) for two days. The "Quarterly MDS" dated 03/23/22 documented a BIMS score of zero which indicated severely impaired cognition. The MDS documented no staff interview would be completed. The MDS documented R36 was dependent on two staff members assistance for ADL's. The MDS documented R36 received antipsychotic medication, antianxiety medication, and diuretic medication (medication to promote the formation and excretion of urine) for seven days during the look back period. R36's "Cognitive Loss Care Area Assessment" (CAA) dated 06/23/21 documented she was at risk for safety concern and staff not meeting her needs met related to her cognitive impairment. Staff were to monitor R36, report and document any changes. R36's "Care Plan" last revised 03/25/22 documented for staff to administer medications as ordered. Review of the EMR under "Orders" tab revealed physician orders: Amlodipine besylate (antihypertensive medication) 10 milligram (mg) give one tablet by mouth daily related to hypertension. Hold for blood pressure (BP) for systolic (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) less than (<), 100	F 757			

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F 757	Continued From page 79 millimeters of mercury (mmHg) or diastolic blood pressure (DBP-minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) < 60mmHg or <60 mmHg date ordered 06/09/2021 and discontinued 04/28/2022. Review of the EMR under "Reports" tab of the "Medication Administration Report" and "Treatment Administration Report" from 02/01/22 to 04/28/22 (86 days) revealed hypertensive medication was given (eight times) outside physician ordered parameters on: 02/02/22, 02/12/22, 03/11/22, 03/19/22, 03/21/22, 03/22/22, 03/26/22 and 04/11/22. On 05/10/22 at 10:13 AM R36 sat reclined in a broda chair (specialized wheelchair with the ability to tilt and recline) in the common area with several other residents. R36 yelled out several times. One nursing staff approached R36 and spoke to her for a moment and walked away. R36 began to yell out again after a few minutes. On 05/12/22 at 05:10 PM in an interview, Licensed Nurse (LN) J stated the Certified Medication Aides (CMA) usually obtain the vital signs and administer the medications. LN J stated that if a BP was outside the physician ordered parameters the CMA would notify the charge nurse before administering the medication. LN J stated the charge would recheck the BP or heart rate and assess the resident. LN J stated the charge nurse would notify the physician if needed. The facility "Administering Medication" policy last revised August 2019 documented medications	F 757			

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F 757	Continued From page 80 are administered in accordance with prescribers' orders, including any required time frame. The following information was checked /verified for each resident prior to administering medication: a. allergies to medication; and vital signs, if necessary. The facility failed to ensure R36's antihypertensive medication was administered as physician ordered, which had the potential of unnecessary medication administration thus leading to possible harmful side effects. - R81's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and psychosis (any major mental disorder characterized by a gross impairment in reality testing). The "Significant Change Minimum Data Set" (MDS) dated 01/17/22 documented a Brief Interview of Mental Status (BIMS) score of zero which indicated severely impaired cognition. The MDS documented no staff interview would be completed. The MDS documented R81 required extensive assistance of two staff for activities of daily living (ADL's). The MDS documented R81 received antipsychotic medication (class of medications used to treat psychosis and other mental emotional conditions), antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of	F 757			

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F 757	Continued From page 81 depression), anticoagulant medication (class of medications used to prevent the formation of blood clots), for seven days, opioid medication (a class of medication used to treat pain) for four days and antianxiety medication (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) for three days. The "Quarterly MDS" dated 04/13/22 documented a BIMS score of 12 which indicated severely impaired cognition. The MDS documented that R81 was dependent on two staff members assistance for ADL's. The MDS documented R81 received antipsychotic medication, antidepressant medication, anticoagulant medication, opioid medication for seven days antianxiety medication for one day during the look back period. R81's "Nutritional Status Care Area Assessment" (CAA) dated 01/27/22 documented she received mechanically altered diet with thickened liquids at meals and staff assistance with eating. R 81's "Care Plan" dated 04/21/22 documented staff to administer medication as ordered. Increase fiber and fluid intake to provide more bulk in diet. Record bowel movement pattern each day. Describe amount, color, and consistency. Staff to monitor/document/report to physician as needed (PRN) signs/symptoms of complications related to constipation (difficulty passing stools). Change in mental status, new onset of confusion, sleepiness, inability to maintain posture, agitation, bradycardia (low heart rate, less than 60 beats per minute). Abdominal distension, tenderness, guarding, rigidity, or fecal impaction, small loose stools, fecal smearing and vomiting. Monitor medications	F 757			

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F 757	Continued From page 82 for side effects of constipation. Review of the EMR under "Orders" tab reveled physician orders: Docusate sodium tablet (laxative- medication used to stimulate or facility evacuation of the bowels) 100 milligrams (mg) give one tablet by mouth two times a day for constipation dated 04/20/2022. MiraLAX powder (laxative) 17 grams by mouth one time a day for constipation Mix the powder with a glass (four-eight ounces/120-240 milliliters) of liquid such as water or juice dated 12/11/2021. Review of the EMR under "Documentation Survey Report" for bowel elimination for R81 reviewed from 02/01/22 through 05/09/22 (98 days) lacked documentation of bowel movement charting from 02/14/22 to 02/19/22 (six days) PRN MiraLAX was administered on 02/17/22, 02/25/22 to 03/01/22 (five days), 04/05/22 to 04/09/22 (four days), 04/12/22 to 04/23/22 (12 days), and 05/01/22 to 05/07/22 (seven days). The nurses note, and the medication administration record lacked any documentation of as needed medication was given for constipation. On 05/11/22 at 10:09 AM R81 sat in broda chair (specialized wheelchair with the ability to tilt and recline) reclined in living room area. TV was a western show, R81 yelled out and was cussing repeatedly at the other four ladies in the area. On 05/12/22 at 03:09 PM in an interview, Certified Nurse's Aide (CNA) P stated an alert pops up on the "Point of Care" POC for residents	F 757			

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F 757	Continued From page 83 that not had a bowel movement charted for three days. CNA P stated she reported to nurse if the resident did not have a bowel movement on that shift. On 05/12/22 at 03:35 PM in an interview, Licensed Nurse (LN) G stated an alert pops up from the POC charting for every resident that has not had a bowel movement charted in the past three days or 72 hours. LN G stated the nurse would then assess the resident, administer PRN laxative if ordered or notify the physician to obtain an order for laxative. On 05/12/22 at 04:19 PM in an interview, Administrative Nurse D stated an alert pops up on the dashboard for the nurses to see the residents who have not had a bowel movement charted for the past 72 hours and the nurse must do an intervention to address the alert. Administrative Nurse D stated the charge nurse would assess the residents on the list and follow up with a PRN laxative or notify the physician for orders. The facility" Azria Bowel (Lower Gastrointestinal Trac) Disorders-Clinical Protocol" policy last revised September 2017 documented the staff and physician would identify risk factors related to bowel dysfunction: for example, severe anxiety disorder, recent antibiotic () use, or taking medication that are used to treat, or that may cause contribute to, gastrointestinal erosion, bleeding, diarrhea or dysmotility. The facility failed to identify multiple episodes in which R81 had no documented bowel movements. The facility further failed administer as needed medications to assist R81 in having a bowel movement which placed her at risk for	F 757			

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F 757	Continued From page 84	F 757			
F 812 SS=E	negative outcomes and unnecessary medications Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility identified a census of 99 residents. The facility had one main kitchen. Based on observation, record review, and interview, the facility failed to ensure that food items were properly stored in a safe and sanitary manner after the original sealed package had been opened and the food item was not placed in a sealed container/storage bag with the proper labeling and date. The facility further failed to ensure prepared pitchers of drinks were labeled and dated. This deficient practice had the potential for food borne illnesses for residents.	F 812			

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F 812	Continued From page 85 Findings included: - The initial tour of the facility kitchen on 05/09/22 at 07:35 AM revealed the following: in dry storage area there was a bag of white cake mix that was opened and wrapped in cellophane wrap that was not labeled or dated. In the refrigerator there was a small bowl of potato salad that was uncovered, not labeled and not dated. There were seven prepared pitchers of various drinks that were not labeled or dated. The walk-in refrigerator had three trays of baked pies that were not covered, not labeled, and not dated, and a covered bowl of sliced pickles without a label or a date. The walk-in freezer had an open bag of frozen chicken nuggets that had not been put in a labeled or dated sealed bag; a bag of open frozen French fries not in a labeled or dated sealed bag; and an open bag of frozen corn that was not in a sealed, labeled or dated bag (frozen items were thrown away). An interview with Dietary Staff CC on 05/09/22 at 07:50 AM stated that open items in the refrigerator or freezers should all be labeled and have a date. An interview with Dietary Staff DD on 05/09/22 at 07:52 AM stated items in the refrigerator should be covered and have a label and date. The frozen items should be put in sealed, labeled, and dated bag. An interview with Dietary Staff BB 05/10/22 at 07:31 AM that any food item's original bag/container had been opened should be place in a sealed, labeled and dated bad. Dietary staff were trained upon hire of the proper way to store and label food items after being opened.	F 812			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2022
NAME OF PROVIDER OR SUPPLIER AZRIA HEALTH OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 E FLAMING ROAD OLATHE, KS 66061		
(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 812	Continued From page 86 The facility policy "Food Receiving and Storage" revised October 2017 documented: Food shall be received and stored in a manner that complies with safe food handling practices. All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date). The facility failed to ensure kitchen/dietary staff properly stored, labeled, and dated food items after their original storage container/package was opened, and failed to date and label prepared drinks, which had the potential for food borne illnesses for residents.	F 812			