

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

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175219	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/21/2022
NAME OF PROVIDER OR SUPPLIER KAW RIVER CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 750 BLAKE STREET EDWARDSVILLE, KS 66111		
(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 complaint investigation #KS00170192, KS00169069, and KS00168784.	F 000			
F 684 SS=D	The 2567 was sent electronically on 03/23/22. Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: The facility identified a census of 36 residents. The sample included four residents with one reviewed for quality of care. Based on record review, observations, and interviews, the facility failed to provide necessary wound care as ordered and failed to obtain staple removal order upon admission for Resident (R) 1. This deficient practice had the risk for worsening wound condition and physical complications for R1. Findings included: - R1 admitted to facility on 01/03/22 and discharged home 01/25/22. The "Diagnoses" tab of R1's Electronic Medical Record (EMR) documented diagnoses of fracture of neck of right femur (thigh bone) and presence	F 684			

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

TITLE

(X6) DATE

03/23/2022

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 684	Continued From page 1 of right artificial hip joint. The "Admission Minimum Data Set (MDS)" dated 01/16/22, documented Brief Interview for Mental Status (BIMS) was not conducted due to R1 rarely/never understood. R1 had a surgical wound. The "Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment (CAA)" dated 01/21/22, documented R1 was a new admission for rehabilitation to home services. The "Care Plan" did not address surgical wound care for R1. The "Transitions of Care Form" dated 01/01/22, documented wound care order to change gauze and tape to right hip daily. The "Orders" tab of R1's documented an order with a start date of 01/04/22 to change gauze and tape to right hip daily one time a day. The "Treatment Administration Record (TAR)" for January 2022 revealed blank documentation for four out of 12 possible administrations for gauze and tape changed daily. The "Notes" tab of R1's EMR revealed an "Admission Note" on 01/03/22 at 02:48 PM that documented R1 had a six centimeter (cm) surgical site to left hip with 21 staples. The clinical record lacked evidence nursing staff notified physician about the lack of orders related to staple removal.	F 684			

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F 684	Continued From page 2 On 03/21/22 at 01:29 PM, Licensed Nurse (LN) G stated when a resident admitted to facility with staples or sutures, dressing changes were provided upon admission with assessment. If there was no staple removal order, the nurse obtained an order from the physician along with wound care if applicable. Dressing changes were expected to be completed as ordered. LN G stated blank documentation made her wonder if it was completed. On 03/21/22 at 01:32 PM, Administrative Nurse D stated the Director of Nursing (DON) reviewed admission orders. When a resident admitted to facility with staples or sutures, the nurse received an order for removal from provider if resident did not admit with removal orders. Dressing changes were expected to be done as ordered and if a resident refused then it was documented as a refusal. She stated if dressing changes were not documented, then it was not done. The facility's "Wound Care Guidelines" policy, last revised May 2021, directed before wound care, staff verified that there was a physician's order for treatment; checked the treatment order; and reviewed the care plan, current orders, and diagnoses to determine if there were special resident needs. Staff documented per community protocol and reported other information in accordance with facility policy and professional standards of practice. The policy did not direct staple care/removal. The facility failed to provide necessary wound care as ordered and failed to obtain staple removal order upon admission for Resident (R) 1. This deficient practice had the risk for worsening wound condition and physical complications for	F 684			

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F 684	Continued From page 3 R1.	F 684			