

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

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175540		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2022	
NAME OF PROVIDER OR SUPPLIER NOTTINGHAM HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 14200 W 134TH PLACE OLATHE, KS 66062			
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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation KS00169403, KS00168363, KS00168302 and KS00165689. The 2567 was sent to the facility on 02/22/22. A revised 2567 was sent electronically on 02/24/22.			F 000			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge			F 725			

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

TITLE

(X6) DATE

02/22/2022

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 725	Continued From page 1 nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: The facility identified a census of 36 residents. The sample included three residents. The facility failed to ensure sufficient numbers of nursing staff were on duty to provide R1 the necessary care, supervision and services as directed by her plan of care when the facility failed to provide a second staff member for Hoyer (mechanical lift) transfers, daily ADLs, and psychosocial needs which required assistance of two staff and required R1 to acquire and pay for a personal care-giver to attend to her activities of daily living (ADLs) needs on a daily basis. This placed R1 at risk for inadequate care. Findings included: - R1's electronic medical record (EMR), under "Diagnoses" tab documented anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (stroke-damage to the tissues in the brain due to a loss of oxygen to the area) affection left non-dominant side, and contracture (abnormal permanent fixation of a joint) to left hand. The "Annual Minimum Data Set" (MDS) dated 11/03/21 documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R1 required extensive assistance of two staff members for	F 725			

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F 725	Continued From page 2 bed mobility, transfers, dressing, toilet use, and personal hygiene. R1 required limited assistance of one staff member for eating. The MDS recorded R1 had no behaviors during the seven day look back period. The "ADL Care Area Assessment" (CAA) dated 11/03/21 documented R1 triggered due to needed assistance with ADLs and required assistance with ADL's. The CAA recorded R1 had a care giver during the day that sat in her room with her most of the time, per R1 and R1's family request. The "Mood CAA" dated 11/03/21 documented R1 triggered related to taking antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medication for depression and anxiety. The "Falls Care Plan" revised on 12/17/20 directed staff to assist R1 with ADLs as required and assist with wheelchair locomotion on and off the unit. The "ADL/Mobility Care Plan" revised on 02/07/20 directed staff to assist with dressing which required extensive assistance of one staff member. Staff were directed R1 was dependent of two staff members for toileting. The "Care Plan" revised on 09/02/20 documented R1 required assistance of two with transfers using the Hoyer lift. R1 had a personal caregiver for daily showers and directed a facility staff member would assist with transfers. An intervention dated 07/08/20 documented R1's "family to provider [sic] personal caregiver schedule to DON [director of nursing]." The "Activities Care Plan" initiated on 04/24/20	F 725			

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F 725	Continued From page 3 directed staff to provide assistance as needed during services. In an email communication dated 09/15/21 Administrative Staff B wrote R1 did not have a private care giver the last few evenings. Administrative Staff B wrote the facility scheduled the amount of staff knowing R1 had a private care giver for one to one service. In an email communication dated 09/16/21 Administrative Staff B wrote R1 required one on one care and the facility was not able to staff that with R1's current monthly payment. She further wrote is was her understanding when R1 admitted to the facility, R1 would provide private caregivers because the facility staffed based on acuity and R1 was very high acuity. In an email communication dated 09/17/21 Administrative Staff B wrote R1's current charges did not cover one on one care. Administrative Staff B further wrote it was her understanding R1 was to provide a care giver for the one on one care she required. On 02/10/22 at 11:15 AM R1 sat in her wheelchair in her bathroom and brushed her teeth. R1 appeared well groomed and in a pleasant mood. On 02/10/22 at 11:25 AM R1's private caregiver stated that she provided cares for R1 when R1 needed assistance. The private caregiver further stated that a facility staff member helped her when she transferred R1 with the Hoyer lift. The private caregiver stated she had not received any formal training on use of the facility's Hoyer, but the facility staff did help her out if needed and she had watched a video online on how to use a	F 725			

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F 725	Continued From page 4 Hoyer lift. On 02/10/22 at 01:55 PM Administrative Nurse D stated if a family member wanted to assist with transfers, to include Hoyer lifts, the facility allowed them to. Administrative Nurse D further stated that the family member or resident representative would be considered the second person needed to work a mechanical lift and there would only need to be one facility staff member. Administrative Nurse D further clarified that a private caregiver was considered a guest and nothing more and verified there was always a staff member in R1's room when R1's caregiver transferred R1. On 02/10/22 at 02:00 PM Licensed Nurse (LN) G stated that normally R1 was transferred by one staff member and her private care giver. LN G revealed that usually the private care giver was the one that provided R1's showers and routine cares and the facility staff left the room and waited to be notified if the caregiver needed assistance with using the Hoyer or other two person ADL cares. On 02/10/22 at 02:05 PM Certified Nurse Aide (CNA) M stated that for the shift on 02/10/22, he and the care giver were the two individuals to transfer R1 with the Hoyer. CNA M stated that no other staff was in the room while transferring R1. CNA M further revealed that the private care giver handled R1's shower by herself, once R1 was transferred into the shower chair. CNA M revealed he left the room and waited for the private care giver to put on the call light once R1 was done with her shower. On 02/01/22 at 02:10 PM Administrative Staff A	F 725			

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F 725	Continued From page 5 stated the expectation per facility policy was that two people were needed to operate the Hoyer lift at all times. He further stated that if a resident was dependent and needed two people to transfer or needed assistance of two for ADLs, he expected there to be two staff members delivering the care. Administrative Staff A stated the facility should be able to provide cares and staff to meet the needs of all the residents. Administrative Staff A reported if a family wanted to provide a private care giver, they could do that, and it would be in addition to the cares already provided by the facility, not a replacement or substitution. He further stated it was R1's family's choice to supplement cares. Administrative Staff A stated the facility just wanted to make sure R1 was taken care of. On 02/10/22 at 04:40 PM R1's representative stated the facility told her R1 was "too needy" when there was not a private care giver present. R1's representative further stated that she was told that R1 needed someone with her one on one because R1 utilized her call light too much and pulled staff away from other residents. On 02/10/11 at 04:55 PM R1's other representative stated when R1 had a care plan meeting, the facility instructed R1's family to obtain another company to provide private care givers for R1. R1's representative revealed the facility stated that if R1 was not going to have a personally provided private care giver, the family should look for different facilities that could provide cares for R1. The facility's "Long term Care Self-Assessment" reviewed 11/30/21 recorded 73.7 percent (%) of the facility's residents required assistance of one	F 725			

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F 725	Continued From page 6 to two staff members and 14.7 % of the residents were dependent on staff for all ADLs. The assessment indicated the facility provided 24 hour care seven days a week nursing services. The facility's "Paid Companions and Private Care Givers" undated policy documented that legal representative or family may choose to engage a companion or private care giver to be devoted exclusively to the elder in a licensed area. It further documented paid companions are considered private guests of the elder and are not contracted through the facility. The facility failed to ensure sufficient numbers of nursing staff were on duty to provide R1 the necessary care, supervision and services as directed by her plan of care when the facility failed to provide a second staff member to attend to R1's needs and required R1 to obtain the service a personal care-giver, at the resident's expense, for Hoyer (mechanical lift) transfers, daily ADLs, and psychosocial needs.	F 725			