

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

PRINTED: 02/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER HOEGER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 20911 WEST 153RD STREET 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. The 2567 was sent electronically on 02/08/22. A revised 2567 was sent to the facility on 02/11/22.	F 000			
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents with two residents reviewed for reasonable accommodation. Based on observations, record reviews, and interviews, the facility failed to provide an alternate method, which relayed directly to nursing staff, for Resident (R)12 to summon staff for assistance during an call light system failure on 01/20/22. The deficient practice placed the resident at risk for a delay in care or assistance. Findings included: -The electronic medical records (EMR) documented the following diagnosis for R12: congestive heart failure (a condition with low heart output and the body becomes congested with fluid), hypertension (high blood pressure),	F 558			

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

TITLE

(X6) DATE

02/08/2022

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 558	Continued From page 1 hypokalemia (low potassium levels in the blood), acute kidney failure, osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and chronic pain. A review of R12's "Admission Minimum Data Set" dated 01/11/22 documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. The MDS recorded R12 required extensive assistance of two staff members for bed mobility, and transfers and extensive assistance of one staff member for toileting. R12's "Nutrition Care Area Assessment" (CAA) triggered for monitoring related history of pressure injuries and forgetfulness. The "Dehydration CAA" also triggered related use of diuretics. The "Activities for Daily Living CAA" triggered related to decline in strength, generalized weakness and history of pressure injuries. The "Falls CAA" triggered for impaired gait and weakness. R12's "Care Plan" states she had an activities of daily living (ADL'S) self-care deficit and she required one staff to assist her with transfers, bed mobility, hygiene, bathing, and toileting. On 01/25/22 at 09:00 AM R12 reported that on Thursday (1/20/22) she woke up and needed to use the restroom in the morning. She pushed her call light to signal the nurse and then waited 40 minutes for the nurse to come in and check on her. R12 reported when the nurse entered the room, she told R12 that the call light system was "being worked on" and the resident would have to wait on staff to complete rounds. R12 reported that she was given no other way to communicate with staff if an emergency did occur. R12 stated	F 558			

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F 558	Continued From page 2 she had a room phone. R12 stated that she was not notified when the call light system went down or when it came back on. R12 stated that every time she does use the call light, it takes the staff 15-25 minute to respond. R12 reported that if she had a real emergency, it would be too late. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated when the call light system went out the nurses continually went around and checked on each resident. In an interview with Administrative Nurse D on 01/27/22 at 01:50 PM, she reported that Thursday 01/20/22 the facility's call light system went down due to a bad battery. The residents should have been notified by the nursing staff about the outage. Staff completed continuous room checks until the system was fixed. Administrative Nurse D stated she had not heard any complaints or grievance about the issue. In an email communication dated 02/09/22 at 02:22 PM, Administrative Staff A wrote the call light system failed a little after 05:00 AM on 01/20/22 and remained out until approximately 09:00 AM.. She wrote when Administrative Nurse D arrived at the facility, she went into the residents' rooms and confirmed that each resident had been alerted to the outage. Administrative Staff A further wrote that review of the camera revealed the following timeline regarding R12: Staff entered R12's room at 05:22 AM and exited 05:24 AM. One hour later, Administrative Nurse D entered R12's room at 06:24 AM, then exited at 06:28 AM. One hour later, staff entered R12's room at 07:30 AM for medication administration and exited at 07:34 AM. Staff reentered the room at 07:36 AM and	F 558			

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F 558	Continued From page 3 exited 07:38 AM. Breakfast arrived at 07:52 AM and staff exited the room at 07:56 AM. Thirty-five minutes later, multiple staff entered R12's room at 08:31 AM, 08:32 AM and therapy staff entered at 08:33 AM. Staff left at 08:33 AM, and 08:34 AM, reentered at 08:35 AM and then exited again at 08:39 AM. Therapy staff exited at 09:08 AM. The facility failed to provide an alternate method, which relayed directly to nursing staff, for Resident (R)12 to summon staff for assistance during an call light system failure on 01/20/22. The deficient practice placed the resident at risk for a delay in care or assistance.	F 558			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.	F 655			

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F 655	Continued From page 4 §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents. Based on observation, record review, and interview, the facility failed to implement a person-centered care plan that included the minimum information necessary to properly care for one resident (R), R14 who required off-site dialysis services, and failed to implement a baseline care plan for R18 who required the use of pressure reducing devices, which had the potential for R14 and R18 to have unmet care needs. Findings included: - R14's electronic medical record (EMR) documented under the "Diagnoses" tab	F 655			

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F 655	Continued From page 5 diagnoses of congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), end stage renal disease (ESRD- a state in which there has been irreversible loss of renal function which requires dialysis), type 2 diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin). The "Admission Minimum Data Set" (MDS) dated 01/13/22 documented R14 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. R14 required supervision to limited assistance of one staff for activities of daily living (ADLs). R14 also received dialysis. The "Dehydration/Fluid Care Area Assessment" (CAA) dated 01/20/22 documented that R14 required diuretic (a medication that promotes the production of urine) use and dialysis. The "Dialysis Baseline Care Plan" initiated 01/10/22 for R14 documented: The resident needs dialysis related to renal failure; Work with resident to relieve discomfort for side effects of treatment, cramping, fatigue, headaches, itching; observe hydration status; observe for dry skin and apply lotion as needed. Under the "Orders" tab in the EMR the "Order Summary" report documented an active order dated 01/21/22 for dialysis on Tuesdays, Thursdays, and Saturdays at 11:00 AM. On 01/27/22 at 01:18 PM Certified Medication Aide (CMA) R stated that the care plan or Kardex should have all the information about cares for the residents that need dialysis care. The nurses	F 655			

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F 655	Continued From page 6 were responsible for the assessments for the residents on dialysis. On 01/27/22 at 01:44 PM Licensed Nurse (LN) G stated that the staff nurse that is admitting a resident usually initiated and input information into the baseline care plan and the care plan is updated with any new interventions or care areas as needed. On 01/27/22 at 02:18 PM Administrative Nurse D stated that the admitting nurse entered information into the EMR for a resident's baseline care plan. The baseline care plan should have information about when and where a resident went for dialysis services off-site as well as any special instructions, any monitoring, etc. that staff should need to do. The facility policy "Care Plan-Rehab/Skilled" revised 09/17/21 defined a baseline care plan includes instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care. The policy further recorded a baseline care plan will be developed upon admission according to federal and state regulations. The facility failed to ensure that R14's baseline care plan included the minimum healthcare information necessary to properly care for the resident immediately upon her admission that addressed resident-specific goals and interventions (time, days, location of dialysis; monitoring weight, monitoring fluid intake, documentation pre and post dialysis) needed for dialysis services which placed resident R14 at risk for decline and possible unwarranted adverse side effect and ineffective dialysis treatment.	F 655			

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F 655	Continued From page 7 - R18's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of atrial fibrillation (rapid, irregular heart beat), chronic obstructive pulmonary disease (COPD, progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and cerebrovascular accident (CVA- stroke, 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 "Admission Minimum Data Set" (MDS) dated 01/17/22 documented a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. The MDS documented that R18 required extensive assistance of two staff member for activities of daily living (ADL's). The MDS documented R18 was at risk for pressure ulcers and had no pressure areas noted on admission. R18's "Pressure Ulcer Care Area Assessment" (CAA) dated 01/21/22 documented she had impaired mobility, left side weakness, and required staff assistance with repositioning. R18's "Care Plan" dated 01/13/22 documented a pressure reducing mattress on her bed and cushion placed in wheelchair. The "Care Plan" documented R18 required assistance with being turned and repositioned at least every two hours. The "Care Plan" lacked documentation of the Bunny boot (pressure reducing device used to prevent and heal decubitus ulcers) and Prafo/Roylan boot (pressure ankle foot orthotic boot) to be worn by R18 when in bed.	F 655			

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F 655	Continued From page 8 Review of the EMR under "Orders" documented physician orders: Skin prep (a solution when applied that forms a protective waterproof barrier on the skin) applied every shift to the back of left heel. If shoes or brace are rubbing on this area pad with foam or mepilex (an absorbent, foam dressing used to treat wounds and pressure ulcers) every shift dated 01/21/2022. Bunny boot to right foot while in bed for skin protection dated 01/17/202. Prafo/Roylan boot to left ankle while in bed related to foot drop (inability or difficulty in moving the ankle and toes upward), apply every shift dated 01/13/2022. On 01/26/22 at 10:46 AM R18 laid in bed on her back, bilateral lower extremities (BLE) rested on the mattress with no boots observed. On 01/26/22 at 03:07 PM R18 laid in bed, head of bed was elevated and her BLE rested directly on the mattress with no boots observed. On 01/27/22 at 07:56 AM R18 was in bed and her BLE rested directly on the mattress. R18 did not wear any boots on either foot. On 01/27/22 at 09:00 AM R18 sat in her wheelchair. Her BLE rested on her foot pedals of her wheelchair. She did not have any boots on. Licensed Nurse (LN) H applied skin prep to R18's right heel. LN H removed R18's left foot socks and noted her left heel to have a reddened area. LN H placed a pillow behind R18's BLE, to prevent BLE resting on the foot pedals.	F 655			

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F 655	Continued From page 9 On 01/27/22 at 01:18 PM in an interview, Certified Medication Aide (CMA) R stated the charge nurse prints a report sheet every day for the staff working on the floor. CMA R stated that on that report sheet has what special equipment each resident needed. On 01/27/22 at 01:44 PM in an interview, Licensed Nurse (LN) G stated the staff nurse that is admitting a resident usually initiated and input information into the baseline care plan and the care plan is updated with any new interventions or care areas as needed. LN H stated the staff working on the floor know what pressure reducing equipment and other measures in place for each resident from the kardex. LN G stated the kardex information is pulled from the care plan and if the information is not placed on the care plan it will not show up on the kardex. On 01/27/22 at 02:17 PM in an interview, Administrative Nurse D stated the admitting nurse entered information into the EMR for a resident's baseline care plan. The baseline care plan should have information about the pressure reducing devices and equipment for each resident's needed. Administrative nurse stated the staff working on the floor would know what special pressure reducing equipment and other devices in place from the kardex for R18. Administrative Nurse D stated everything on the care plans pull forward to the kardex. The facility policy "Care Plan-Rehab/Skilled" revised 09/17/21 defined a baselien care plan includes instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care. The	F 655			

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F 655	Continued From page 10 policy further recorded a baseline care plan will be developed upon admission according to federal and state regulations. The facility failed to develop a person centered baseline care plan that included pressure reducing devices ordered for R18, which placed her as risk of development and worsening pressure ulcers.	F 655			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents, with one resident reviewed for pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear and/or friction). Based on observation, record review, and interviews, the facility failed ensure pressure reducing measures were placed on Resident (R) 18's bilateral lower extremities to prevent	F 686			

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F 686	Continued From page 11 pressure ulcers. This placed R18 at increased risk for pressure ulcer development. Findings included: - R18's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of atrial fibrillation (rapid, irregular heart beat), chronic obstructive pulmonary disease (COPD, progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), and cerebrovascular accident (CVA- stroke, 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 "Admission Minimum Data Set" (MDS) dated 01/17/22 documented a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. The MDS documented that R18 required extensive assistance of two staff member for activities of daily living (ADL's). The MDS documented R18 was at risk for pressure ulcers and had no pressure areas noted on admission. R18's "Pressure Ulcer Care Area Assessment" (CAA) dated 01/21/22 documented she had impaired mobility, left side weakness, and required staff assistance with repositioning. R18's "Care Plan" dated 01/13/22 documented a pressure reducing mattress on her bed and cushion placed in wheelchair. The "Care Plan" documented R18 required assistance with being turned and repositioned at least every two hours. Review of the EMR under "Orders" documented	F 686			

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F 686	Continued From page 12 physician orders: Skin prep (a solution when applied that forms a protective waterproof barrier on the skin) applied every shift to the back of left heel. If shoes or brace are rubbing on this area pad with foam or mepilex (an absorbent, foam dressing used to treat wounds and pressure ulcers) every shift dated 01/21/2022. Bunny boot (pressure reducing device used to prevent and heal decubitus ulcers) to right foot while in bed for skin protection dated 01/17/202. Prafo/Roylan boot (pressure ankle foot orthotic boot) to left ankle while in bed related to foot drop (inability or difficulty in moving the ankle and toes upward), apply every shift dated 01/13/2022. On 01/26/22 at 10:46 AM R18 laid in bed on her back, bilateral lower extremities (BLE) rested on the mattress with no boots observed. On 01/26/22 at 03:07 PM R18 laid in bed, head of bed was elevated and her BLE rested directly on the mattress with no boots observed. On 01/27/22 at 07:56 AM R18 was in bed and her BLE rested directly on the mattress. R18 did not wear any boots on either foot. On 01/27/22 at 09:00 AM R18 sat in her wheelchair. Her BLE rested on her foot pedals of her wheelchair. She did not have any boots on. Licensed Nurse (LN) H applied skin prep to R18's right heel. LN H removed R18's left foot socks and noted her left heel to have a reddened area. LN H placed a pillow behind R18's BLE, to prevent BLE resting on the foot pedals.	F 686			

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F 686	Continued From page 13 On 01/27/22 at 01:18 PM in an interview, Certified Medication Aide (CMA) R stated the charge nurse prints a report sheet every day for the staff working on the floor. CMA R stated that on that report sheet has what special equipment each resident needed. CMA H stated the nurse would sign off for the pressure reducing equipment on the "Treatment Administration Record" (TAR). On 01/27/22 at 01:44 PM in an interview, Licensed Nurse (LN) G stated the staff working on the floor know what pressure reducing equipment and other measures in place for each resident from the kardex. LN G stated the kardex information is pulled from the care plan and if the information is not placed on the care plan it will not show up on the kardex. LN G stated the charge nurse does sign off on the TAR for the special pressure reducing equipment ordered for the resident on the TAR. On 01/27/22 at 02:17 PM in an interview, Administrative Nurse D stated the staff working on the floor know what special pressure reducing equipment and other devices in place from the kardex for R18. Administrative Nurse D stated everything on the care plans pull forward to the kardex. The facility "Pressure Ulcers-Rehab/Skilled, Therapy and Rehab" policy with reviewed/revised date of 02/10/21 documented to provide appropriate assessment and prevention of pressure ulcers, as well as treatment when necessary. The facility failed to implement pressure reducing measures for R18, who was at risk for pressure			F 686			

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F 686	Continued From page 14	F 686			
F 698	Dialysis	F 698			
SS=D	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 21 residents. The sample included 15 residents. One resident (R) was sampled for dialysis (a 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 interview, the facility failed to ensure there was ongoing communication and collaboration with the dialysis facility regarding dialysis care and services, and failed to monitor R14's dialysis access port (a vascular access to the bloodstream) daily, which had the potential for unwarranted and unidentified physical complications related to dialysis. Findings included: - R14's electronic medical record (EMR) documented under the "Diagnoses" tab diagnoses of congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), end stage renal disease (ESRD- a state in which there has been irreversible loss of renal function which requires				

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F 698	Continued From page 15 dialysis), type 2 diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin). The "Admission Minimum Data Set" (MDS) dated 01/13/22 documented R14 had a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. R14 required supervision to limited assistance of one staff for activities of daily living (ADLs). R14 also received dialysis. The "Dehydration/Fluid Care Area Assessment" (CAA) dated 01/20/22 documented that R14 required diuretic (a medication that promotes the production of urine) use and dialysis. The "Dialysis Care Plan" initiated 01/10/22 documented that R14 needs dialysis related to renal failure and to monitor dialysis site in right chest for signs and symptoms of infection. Under the "Orders" tab the "Order Summary" documented an order dated 01/21/22 for dialysis on Tuesdays, Thursdays and Saturdays at 11:00AM. The "Treatment Administration Record" lacked any documentation for monitoring R14's right chest port area for signs and symptoms of infection. The facility provided two "Dialysis Communication Sheet" that were reviewed from R14's visits one was dated 01/18/22 and signed by facility staff and the dialysis clinic staff. The other communication sheet was not dated nor was it signed by any staff member or dialysis staff. The following were dialysis dates that R14 attended	F 698			

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F 698	Continued From page 16 but the facility was unable to provide a communication sheet on 01/11/22, 01/13/22, 01/15/22, 01/20/22, 01/22/22, and 01/25/22. The "Treatment Administration Record" lacked any documentation for monitoring R14's right chest port area for signs and symptoms of infection. On 01/26/22 at 01:15PM R14 sat in her wheelchair in her room watching television, her bedside table in front of her, her call light was in reach. On 01/27/22 at 01:18PM Certified Medication Aide (CMA) R stated that on the days that a resident goes to dialysis the aide would get the weight and vital signs for the resident, and the nurse assessed the resident. On 01/27/22 at 01:58 PM Licensed Nurse (LN) D stated when the facility admits a resident who required dialysis, staff would get a referral and case management from the hospital would notify facility management. Facility management would then set up transportation, get the resident scheduled for dialysis according to the orders that were received. The night shift nurse typically prepared all the paperwork for any appointments for the next day, including the "Dialysis Communication Sheet". The staff nurse assessed the resident prior to going to dialysis and would enter any new information received when the resident returned from dialysis. She further stated that the facility did not always get the communication sheets back when a resident returned from their appointment. On 01/27/22 at 02:18PM Administrative Nurse D	F 698			

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F 698	Continued From page 17 stated that they have been trying to get the dialysis clinic to do a better job at making sure that the communication sheet is sent back with resident when a resident is finished at the appointment. The facility typically does not call the dialysis clinic to request them to send them the form unless the resident had and issued upon returning to the facility. The night shift nurse was responsible for preparing any paperwork for the next day appointments. The day shift nurse would obtain the resident's vital signs and get their weights prior to the dialysis appointment, then would send the packet with the paperwork along with the resident and the driver. Upon return to the facility if the paperwork was returned the resident would be assessed again, and any paperwork would be entered into the resident EMR in a communication note. The facility has been working to improve on the communication with the dialysis facility. The facility policy "Dialysis Services-Rehab/Skilled" revised 09/17/21 documented: Locations caring for residents receiving dialysis services must have an agreement in place with the provider of the service. Residents who require dialysis services may have those services provided at an outside dialysis service or by a contract dialysis company which assist with the provision of dialysis services at the location. The Clinical Monitoring-Dialysis UDA is available in Point Click Care (PCC) for use in monitoring the resident receiving dialysis . The facility failed to retain dialysis communication sheets, and failed to monitor R14's dialysis access port daily, which had the potential for adverse outcomes and unwarranted physical complications related to dialysis.	F 698			

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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 §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 21 residents. The sample included 15 residents, which five residents reviewed for unnecessary medication. Based on observation, record review, and interviews, the facility failed to ensure antihypertensive medications (class of medication used to treat high blood pressure) were administered as ordered and physician notification for blood sugar outside ordered parameters for Resident (R) 120. This placed R120 at risk for unnecessary medication use and unwarranted side effects.	F 757			

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F 757	Continued From page 19 Findings included: - R120's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of hypertension (elevated blood pressure), and diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). The "Admission Minimum Data Set" (MDS) was in progress. R120's "Care Area Assessment" (CAA) was in progress. R120's "Care Plan" dated 01/15/22 documented he would be free from any signs or symptoms of hyperglycemia. The "Care Plan" documented he would be free from discomfort or preventable adverse reactions related to medication. Review of the EMR under the "Orders" tab revealed physician orders: Metoprolol succinate (antihypertensive) tablet extended release (ER) 24 hour, give 25 milligrams (mg) by mouth one time a day for hypertension, hold for systolic (relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) blood pressure (SBP) less than (<) 110 millimeters of mercury (mmHg) or heart rate (HR) <60 beats dated 01/18/2022. Blood sugars before meals and at bedtime, notify physician of blood sugars greater than (>) 350 or < 60 dated 01/14/2022. Review of the EMR under "Reports" under	F 757			

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F 757	Continued From page 20 "Medication Administration Record" (MAR) revealed 01/21/22 metoprolol succinate ER was administered with a HR was 59 beats. Review of R120s' clinical record and EMR lacked documentation of physician notification of blood sugar on 01/22/22 of 398. On 01/26/22 at 12:00 PM R120 sat on the side of his bed, consumed 100% of his lunch without assistance. On 01/27/22 at 01:44 PM in an interview, Licensed Nurse (LN) G stated the Certified Medication Aides (CMA) would notify the charge nurse of and vital signs obtained that were outside the physician ordered parameters. LN G stated the charge nurse would complete an assessment and notify the physician if needed. LN G stated the charge nurse would document in the EMR under the progress notes and new orders, assessments or physician notification. On 01/27/22 at 02:17 PM in an interview, Administrative Nurse D stated the charge nurse would complete an assessment of the resident if any vital signs or blood sugar was outside the physician ordered parameters. Administrative Nurse D stated she had been unable to locate the documentation that the physician was notified on 01/22/22 of the blood sugar of 398. The facility "Medication-Drug Regimen Review-Rehab/Skilled" policy with a reviewed/revised date of 01/25/22 documented the purpose is to prevent medication errors that could cause harm to a resident or result in hospitalization and to identify the potential for adverse reaction.	F 757			

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F 757	Continued From page 21 The facility "Notification of Change-Rehab/Skilled" policy with a reviewed/revised date of 05/27/21 documented the facility must immediately notify the physician when a need to alter treatment significantly- a need to discontinue or change an existing form of treatment or to commence a new form of treatment. The facility failed to ensure that the physician was notified when blood sugar was > 350 and failed to ensure antihypertensive medication was held as ordered for R120. This deficient practice had the potential for unnecessary medication use and possible unwarranted side effects.	F 757			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents with five residents reviewed for food services. Based on observations, record reviews, and interviews, the facility failed to serve food at an appetizing temperature to resident (R) 8, R11, R12, R13, and R123. This deficient practice placed the residents at risk for decreased nutrition and a delay in recovery.	F 804			

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F 804	Continued From page 22 Findings Include: - The electronic medical record (EMR) documented the following diagnosis for R8: fracture of right tibia, osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), acute respiratory failure, hypercholesterolemia (greater than normal amounts of cholesterol in the blood), major depressive disorder (major mood disorder), insomnia (inability to sleep), malaise (vague uneasy feeling of body weakness, distress or discomfort), hypoosmolality (decrease in the levels of electrolytes, chemicals, and other fluids in the blood required for adequate functioning), and hyponatremia (low sodium levels in the blood), and protein-calorie malnutrition (body is deprived of vitamins, minerals and other nutrients it needs to maintain healthy tissues and organ function). A review of R8's " Admission Minimum Data Set" dated 01/14/22 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R8's "Nutrition Care Area Assessment" (CAA) was triggered for monitoring related to her recent right tibia (leg bone) fracture. The assessment noted concern that R8 was forgetful but does not address the diagnoses listed in the resident's EMR. A review of R8's "Care Plan" indicated a cardiac diet and a high body mass index (BMI- a weight-to-height ratio) of 48.6. The "Care Plan" indicated R8 would express that her nutritional needs are being met and she would feel supported in dining decisions.	F 804			

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F 804	Continued From page 23 On 01/25/22 at 10:05 AM R8 reported that every time the food arrived to her room, it arrived cold. She reported that she would have to ask staff to reheat it but most the time she just did not feel like eating it. On 01/26/22 at 12:20 PM R8 reported that her breakfast and lunch for the day were not very warm. An Inspection of the lunch plate indicated that the butter was not melting when she put it on her sweet potatoes. On 01/27/22 at 0750 An observation of the morning breakfast service was completed. Around 08:00AM the food was plated and loaded onto the transport carts. The food was served on glass plates with either a plastic or metal dome top covering the food. The food arrived in the resident hallway at 08:08 AM. The unit staff began taking trays to the resident's room around 08:10 AM. At 08:28 AM R8's breakfast tray was delivered to her room. At 08:33 AM R8 asked to have her food temperature tested for quality. The test revealed her food to be around 85 degrees Fahrenheit. R8 did not eat her breakfast and fell back asleep. A temperature inspection of the food on 01/26/22 at 11:13 AM revealed the food temperatures in the kitchen to be at or above the acceptable temperature range for dining service. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that food temperature is checked for every service than loaded onto the carts to be delivered to the resident's room. He has not been notified of any complaints from the residents of the food being cold during service.	F 804			

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F 804	Continued From page 24 An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware that some of the residents complained that the food was cold but not very often. She reported that a microwave was available to reheat the food if a resident needed the food to be reheated. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the food temperature and the facility recently acquired dome tops for the plates to help keep the food warm while being transported to the rooms. The facility failed to serve food at an appetizing temperature to resident R8. The deficient practice placed the resident at risk for decreased nutrition and a delay in recovery from rehabilitative services. - The electronic medical record (EMR) documented the following diagnosis for R11: hypertension (high blood pressure), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), hypothyroidism (condition characterized by decreased activity of the thyroid gland), Irritable bowel syndrome (abnormally increased motility of the small and large intestines), constipation (difficulty passing stools), malaise (vague uneasy feeling of body weakness, distress or discomfort), fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue and severe sleep disturbance), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), osteoarthritis (degenerative changes to one or many joints characterized by	F 804			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2022
NAME OF PROVIDER OR SUPPLIER HOEGER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 20911 WEST 153RD STREET 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 804	Continued From page 25 swelling and pain), and aftercare for joint replacement surgery. A review of R11's "Admission Minimum Data Set" dated 01/14/22 documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R11's "Nutrition Care Area Assessment" (CAA) was triggered for monitoring related to his recent right hip replacement. The DehydrationCAA also triggered related to his poor fluid intake and history of falls. A review of R11's "Care Plan" dated 01/20/22 revealed he was on a cardiac diet related to excessive calorie intake and a high body mass index (BMI- a weight-to-height ratio) of 34.5. The "Care Plan" indicated R11 was at risk for skin breakdown and dehydration. The intervention listed on the plan of care indicated monitoring nutritional intake, offer resident drinks of choice, and monitor resident. On 01/25/22 at 11:00 AM R11 reported that his food always arrives at his room cold to lukewarm. He stated that he felt it was because he was the last room being served and it took a long time for the other rooms to be served. He reported that for the first five days of his admission to the facility he did not receive drinks with his meals. He reported that every time he would order food from the kitchen, he would be missing items he ordered. He stated that he would have to ask multiple times until he either got what he needed or just gave up. A temperature inspection of the food on 01/26/22 at 11:13 AM revealed the food temperatures in	F 804			

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F 804	Continued From page 26 the kitchen to be at or above the acceptable temperature range for dining service. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that food temperature is checked for every service than loaded onto the carts to be delivered to the resident's room. He has not been notified of any complaints from the residents of the food being cold during service. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware the some of the residents complained that the food was cold but not very often. She reported that a microwave is available to reheat the food if a resident needs the food to be reheated. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the food temperature and the facility recently acquired dome tops for the plates to help keep the food warm while being transported to the rooms. The facility failed to serve food at an appetizing temperature to resident R11. The deficient practice placed the resident at risk for decreased nutrition and a delay in recovery from rehabilitative services. - The electronic medical records (EMR) documented the following diagnosis for R12: congestive heart failure (a condition with low heart output and the body becomes congested with fluid), hypertension (high blood pressure), hypokalemia (low potassium levels in the blood), acute kidney failure, osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and chronic pain.	F 804			

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F 804	Continued From page 27 A review of R12's "Admission Minimum Data Set" dated 01/11/22 documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R12's "Nutrition Care Area Assessment" (CAA) triggered for monitoring related history of pressure injuries and forgetfulness . The Dehydration CAAalso triggered related use of diuretics. A review of R12's "Care Plan" dated 01/18/22 indicated a potential nutritional problem related to excessive calories evidenced by a body mass index (BMI- a weight-to-height ratio) of 32.9. R12 will express that her nutritional needs are being met, and she feels supported in dining decisions. The care plan indicated interventions of daily weights, and positive coping behaviors. On 01/25/22 at 09:00 AM R12 reported that the food served most of the time was between warm and cool. She reported that she didn't want to complain about it to make anyone mad or upset. R12 reported that her breakfast and coffee was cold. On 01/26/22 at 12:30 PM R12 reported that her breakfast was cold in the morning, but her lunch was hot. She reported that she was missing a cookie that she ordered with her lunch. On 01/27/22 at 07:50 AM observation of the morning breakfast service was completed. Around 08:00AM the food was plated and loaded onto the transport carts. The food was served on glass plates with either a plastic or metal dome top covering the food. The food arrived in the	F 804			

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F 804	Continued From page 28 resident hallway at 08:08 AM. The unit staff began taking trays to the resident's room around 08:10 AM. R8's food tray was delivered to her room at 08:21 AM. R8 reported that the food and coffee were cool to the touch. She stated that it seems to get worse each day. A temperature inspection of the food on 01/26/22 at 11:13 AM revealed the food temperatures in the kitchen to be at or above the acceptable temperature range for dining service. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that food temperature is checked for every service than loaded onto the carts to be delivered to the resident's room. He has not been notified of any complaints from the residents of the food being cold during service. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware the some of the residents complained that the food was cold but not very often. She reported that a microwave is available to reheat the food if a resident needs the food to be reheated. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the food temperature and the facility recently acquired dome tops for the plates to help keep the food warm while being transported to the rooms. The facility failed to serve food at an appetizing temperature to resident R12. The deficient practice placed the resident at risk for decreased nutrition and a delay in recovery from rehabilitative services.	F 804			

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F 804	Continued From page 29 - The electronic medical record (EMR) documented the following diagnosis for R13: Hypotension (low blood pressure), localized edema (swelling resulting from an excessive accumulation of fluid in the body tissues), spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), acute kidney failure, hypoxemia (abnormal deficiency in the concentration of oxygen in arterial blood), type two diabetes (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and malaise (vague uneasy feeling of body weakness, distress or discomfort). A review of R13's "Admission Minimum Data Set" dated 01/11/22 documented a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. R13's "Nutrition Care Area Assessment" (CAA) triggered related to her diagnosis of type two diabetes and the Dehydration CAA related to her use of diuretics. A review of R13's "Care Plan" dated 01/19/22 indicated she is on a controlled carbohydrate diet. The "Care Plan" stated R12 will express that her nutritional needs are being met and she feels supported in dining decisions. On 01/25/22 at 08:45 R13 reported that her only complaint about the facility is that the food always cold. She always had to ask staff to reheat it. It never arrived hot or even warm. She reported it tasted good but never hot.	F 804			

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F 804	Continued From page 30 On 01/26/22 at 12:45 PM R13 stated that breakfast arrived cold for the morning, but lunch was a little better. On 01/27/22 at 07:50 AM observation of the morning breakfast service was completed. Around 08:00AM the food was plated and loaded onto the transport carts. The food was served on glass plates with either a plastic or metal dome top covering the food. The food arrived in the resident area at 08:08 AM. The unit staff began taking trays to the residents' room around 08:10 AM. R13's food tray was delivered to her room at 08:47 AM. The resident reported that the food was cold when she ate it. A temperature inspection of the food on 01/26/22 at 11:13 AM revealed the food temperatures in the kitchen to be at or above the acceptable temperature range for dining service. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that food temperature is checked for every service than loaded onto the carts to be delivered to the resident's room. He has not been notified of any complaints from the residents of the food being cold during service. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware the some of the residents complained that the food was cold but not very often. She reported that a microwave is available to reheat the food if a resident needs the food to be reheated. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the food temperature and the facility recently acquired	F 804			

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F 804	Continued From page 31 dome tops for the plates to help keep the food warm while being transported to the rooms. The facility failed to serve food at an appetizing temperature to resident R13. The deficient practice placed the resident at risk for decreased nutrition and a delay in recovery from rehabilitative services. -The electronic medical record (EMR) documented the following diagnosis for R123: fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue and severe sleep disturbance), irritable bowel syndrome (abnormally increased motility of the small and large intestines), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), hypertension (high blood pressure), hypothyroidism (condition characterized by decreased activity of the thyroid gland), and aftercare following joint replacement surgery. A review of R123's "Medicare Minimum Data Set" dated 01/11/22 documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. No "Care Area Assessments" (CAA) completed due to recent admission. R123's "Care Plan" dated 01/24/22 indicated she requires assistance from one staff at all times to complete activities for daily living related to transfers, ambulation, hygiene, and toileting. The care plan states that R123 will express that her	F 804			

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F 804	Continued From page 32 nutritional needs are being met and she feels supported in dining decisions. The "Care Plan" noted that she is on a regular diet with no restrictions. On 01/25/22 at 10:05 AM R123 reported that every morning the food is either cold or missing items. She stated that items missing from her tray ranged from coffee creamer to being given the wrong foods. She reported her breakfast arrived cold and she did not want to eat it. On 01/26/22 at 12:05 PM she reported that her lunch was nice and hot but her breakfast was cold again. On 01/27/22 at 07:50 AM an observation of the morning breakfast service was completed. Around 08:00AM the food was plated and loaded onto the transport carts. The food was served on glass plates with either a plastic or metal dome top covering the food. The food arrived in the resident hallway at 08:08 AM. The unit staff began taking trays to the resident's room around 08:10 AM. At 08:48 AM R123's food tray arrived at her room. With permission of the resident the food was temperature tested for quality. The food on the resident's plate ranged between 75-80 degrees Fahrenheit. A temperature inspection of the food on 01/26/22 at 11:13 AM revealed the food temperatures in the kitchen to be at or above the acceptable temperature range for dining service. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that food temperature is checked for every service than loaded onto the carts to be delivered to the resident's room. He has not been	F 804			

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F 804	Continued From page 33 notified of any complaints from the residents of the food being cold during service. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware the some of the residents complained that the food was cold but not very often. She reported that a microwave is available to reheat the food if a resident needs the food to be reheated. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the food temperature and the facility recently acquired dome tops for the plates to help keep the food warm while being transported to the rooms. The facility failed to serve food at an appetizing temperature to resident R123. The deficient practice placed the resident at risk for decreased nutrition and a delay in recovery from rehabilitative services.	F 804			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents.	F 806			

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F 806	Continued From page 34 The sample included 15 residents with one resident reviewed for food preferences. Based on observations, record reviews, and interviews, the facility failed to provide R11 with food ordered on his dietary menu and did not notify of changes or substitutions to his meal. This deficient practice placed the resident at risk for malnutrition and impaired quality of life. Findings included: -The electronic medical record (EMR) documented the following diagnosis for R11: hypertension (high blood pressure), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), hypothyroidism (condition characterized by decreased activity of the thyroid gland), Irritable bowel syndrome (abnormally increased motility of the small and large intestines), constipation (difficulty passing stools), malaise (vague uneasy feeling of body weakness, distress or discomfort), fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue and severe sleep disturbance), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and aftercare for joint replacement surgery. A review of R11's "Admission Minimum Data Set" dated 01/14/22 documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R11's "Nutrition Care Area Assessment" (CAA) was triggered for monitoring related to his recent	F 806			

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F 806	Continued From page 35 right hip replacement. The "Dehydration CAA" also triggered related to his poor fluid intake and history of falls. A review of R11's "Care Plan" dated 01/20/22 revealed he was on a cardiac diet related to excessive calorie intake and a high body mass index (BMI- a weight-to-height ratio) of 34.5. The "Care Plan" indicated R11 was at risk for skin breakdown and dehydration. The intervention listed on the plan of care indicated monitoring nutritional intake, offer resident drinks of choice, and monitor resident. On 01/25/22 at 11:00 AM R11 reported that every time he would order food from the kitchen, he would be missing items he ordered. He would order coffee and no milk or sugar. He stated that he would have to ask multiple times until he either got what he needed or just gave up. R11 stated the dietary department would not tell him if they were running low or out of something. He stated that he is not notified if something on his chosen menu was being substituted. On 01/27/22 at 10:20 AM interview with Dietary Staff CC stated that the resident's meals are prepared based on the dietary tickets the residents complete. If a resident is on a special diet, we cannot give them certain food that may be restricted due to health concerns. If an item is not available, we can offer a choice of a substitute item. I have not received any complaints about missing items or resident meal concerns. An interview completed on 01/27/22 at 01:44 PM with Licensed Nurse (LN) G stated that she was aware the some of the residents complained	F 806			

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F 806	Continued From page 36 about residents missing things they order or getting things they didn't order. If a resident has a concern or issue staff can easily fix the issue by contacting the kitchen. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM reported that she was aware of some complaints about the resident's food orders and have talked to the dietary department about looking at the tickets before the food is taken to the resident. The facility failed to provide R11 with food ordered on the dietary menu and did not notify of changes or substitutions to his meal. This deficient practice placed the resident at risk for malnutrition and impaired quality of life.	F 806			
F 807 SS=D	Drinks Avail to Meet Needs/Prefs/Hydration CFR(s): 483.60(d)(6) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents with one resident reviewed for dietary drinks. Based on observations, record reviews, and interviews, the facility failed to provide R11 with drinks during meal service. This deficient practice placed the resident at risk for dehydration and health complications.	F 807			

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F 807	Continued From page 37 Findings included: - The electronic medical record (EMR) documented the following diagnosis for R11: hypertension (high blood pressure), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness), hypothyroidism (condition characterized by decreased activity of the thyroid gland), Irritable bowel syndrome (abnormally increased motility of the small and large intestines), constipation (difficulty passing stools), malaise (vague uneasy feeling of body weakness, distress or discomfort), fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue and severe sleep disturbance), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and aftercare for joint replacement surgery. A review of R11's "Admission Minimum Data Set" dated 01/14/22 documented a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognition. R11's "Nutrition Care Area Assessment" (CAA) was triggered for monitoring related to his recent right hip replacement. The "Dehydration CAA" also triggered related to his poor fluid intake and history of falls. A review of R11's "Care Plan" dated 01/20/22 revealed he was on a cardiac diet related to excessive calorie intake and a high body mass index (BMI- a weight-to-height ratio) of 34.5. The "Care Plan" indicated R11 was at risk for skin	F 807			

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F 807	Continued From page 38 breakdown and dehydration. The intervention listed on the plan of care indicated monitoring nutritional intake, offer resident drinks of choice, and monitor resident. On 01/25/22 at 11:00 AM R11 reported that his food always arrives at his room cold to lukewarm. He stated that he felt it was because he was the last room being served and it took a long time for the other rooms to be served. He reported that for the first five days of his admission at the facility he did not receive drinks with his meals. He reported that every time he would order food from the kitchen, he would be missing items he ordered. He stated that he would have to ask multiple times until he either got what he needed or just gave up. R11 appeared to have fresh water in his room next to his bed. An interview with Certified Medication Aid (CMA) R stated that staff will frequently go into room to check if the residents need anything. Staff can easily get drinks and water if requested by a resident at any time. CMA R stated she was not aware of R11 making request for drinks during meal service. An interview with Licensed Nurse (LN) G stated that she was not aware of R11 not receiving a drink with his meals but would have notified the dietary department or got him a drink if she had known. An interview with Administrative Nurse D on 01/27/22 at 01:50 PM stated that she had been notified about this concern by the therapy staff and verified that the dietary ticket had a drink circled. The dietary staff was then notified and the issue should have been corrected by the third	F 807			

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F 807	Continued From page 39 day.	F 807			
F 812 SS=E	The facility failed to provide R11 with drinks as promoted in his care plan during meal service. This deficient practice placed the resident at risk for dehydration and further health complications. 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 21 residents with one kitchen and one main dining room. Based on observation, interview, and record review, the facility failed to ensure sanitary food services and failed to document the daily cleaning and sanitation process. This deficient practice placed residents at risk for food borne illnesses and food safety concerns.	F 812			

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F 812	Continued From page 40 Findings Include: - During the initial inspection of the kitchen on 01/25/22 at 07:15 AM the facility's dishwasher sanitation log was missing documentation in December of 2021 for 13 dates (12/13, 12/14, 12/17, 12/18, 12/19, 12/21, 12/22, 12/24, 12/25, 12/26, 12/29, 12/30, and 12/31). An inspection of the main oven and fryer area revealed grease covering the top surfaces of the fryer and oven. Several old, cooked French fries sat in area between top burners and fryer. The inside of the oven was covered in a black grease residue with cooked food debris on floor of the oven. The spice rack on the rear wall had dust and spice particles covering the rack and spice bottles. The trash can lid in the oven area had a red sauce dried on it. Inspection of the rear sink area revealed a square pan of apples topped with cinnamon sat uncovered and unattended for more than 10 minutes. The main refrigerator revealed an orange marmalade bottle with no opened date indicating how long it had been opened. Inspection of the ice machine found the outside dirty with grease smudges around the opening. An interview with dietary staff CC on 01/27/22 at 10:00 AM stated that the kitchen staff should be cleaning daily the main areas of the kitchen and a deep cleaning once a week. Kitchen staff are responsible for checking the food stored in the kitchen for dates and expirations. The kitchen staff clean as they go and try not to leave messes behind for the next shift to clean up. The dishwasher should be cleaned twice daily and	F 812			

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F 812	Continued From page 41 sanitized. It gets recorded on our daily log. A review the facility's "Food Handling" policy states that food should be handled in a manner that minimizes the risk of contamination. Food and nutrition employees ensure that food preparation equipment, dishes, and utensils are effectively cleaned, sanitized to destroy potential disease carrying organism and stored in a protective manner. The facility failed to ensure sanitary food services and failed to document the daily cleaning and sanitation process which placed residents at risk for food borne illnesses and food safety concerns.	F 812			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880			

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F 880	Continued From page 42 arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and	F 880			

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F 880	Continued From page 43 transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility identified a census of 21 residents. The sample included 15 residents. Based on observation, record review and interview, the facility failed to ensure that staff did appropriate hand hygiene in between cares for residents and proper disinfecting of equipment used in between resident cares. This deficient practice placed the residents at risk for increased infection and transmission of communicable disease. Findings included: - Observation on 01/26/22 07:43 AM Certified Medication Aide (CMA) S failed to do hand hygiene between rooms 21 to room 20 and she used the vital machine on room 21 and room 20 without disinfecting the blood pressure cuff or pulse oximeter after use. Observation on 01/27/22 08:08 AM unidentified facility direct care staff removed a Hoyer lift (a mechanical lift used to raise and aide in transferring residents from one place to another) from room 20 and placed into room 27 without disinfecting the equipment. On 01/27/22 at 01:25PM Certified Medication Aide (CMA) R stated that hand hygiene should be done anytime between residents, before and after you enter a resident's room, if your gloves get soiled. The equipment should be sanitized after used with each resident.	F 880			

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F 880	Continued From page 44 On 01/27/22 Licensed Nurse (LN) G stated that hand hygiene should be done before entry into a resident's room, before any task with a patient, after any dirty tasks where gloves would get soiled, and when leaving a resident's room. All equipment should be wiped down/sanitized in between patients. On 01/27/21 at 02:18PM Administrative Nurse D stated she would expect staff to do hand hygiene any time the enter or exit a resident's room, before any cares, when gloves get soiled and after taking off gloves. Staff was to clean any equipment used for a resident before and after each resident. The facility policy "Infection Prevention and Control Program" revised 12/01/19 directed each Society maintained and infection prevention and control program and provided a safe, sanitary and comfortable environment for the residents and employees. The facility failed to ensure that staff demonstrated proper use of hand sanitizer/hand washing in between residents while providing services to residents, and failed to ensure staff properly sanitized shared equipment in between residents after use. These facility failures had the potential to increase the risk for infection and disease to the residents in the facility.	F 880			