STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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.	F 000		
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: The facility reported a census 34 residents. Based on observation, interview, and record review the facility failed to inform the residents who attended resident council of the location of the state survey notebook and failed to inform the	F 577		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 577	Continued From page 1	F 577		

residents of the right to read the survey results.

Findings included:

- Observation on 01/24/22 at 07:25 AM during the initial tour of the facility the state survey results were not located. There was no signage posted to indicate the location of the survey results.

On 01/24/22 at 02:35 PM Administrative Staff A stated he had the notebook in his office. Administrative Staff A stated the survey results were usually displayed on the counter behind the reception desk and there was another copy of the notebook displayed near the nurses' station.

Observation on 01/24/22 at 02:40 PM revealed the nurse's station did not have a state survey results notebook.

On 01/24/22 at 02:53 PM Administrative Staff A stated the staff recently moved the survey results notebook to the activities room desk on the 200 Hall.

Observation on 01/24/22 at 02:55 PM revealed the "State Survey Results" notebook was a dark green three-ringed binder with the title lightly written on the notebook and was not very easily seen and was located next to the wall by the activities room desk.

Observation on 01/24/22 at 04:00 PM revealed a state survey results notebook on the counter behind the reception desk. There was no sign indicating the location of this notebook and it was not easily/readily available without request, as an individual would have to go behind the reception

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 577	Continued From page 2 desk counter in order to access it. On 01/26/22 at 02:45 PM during resident council meeting, R31 stated she did not know the location of the State Survey Notebook and did not know the residents could access the survey results. The facility did not provide a policy regarding state survey results as requested on 01/24/22. The facility failed to inform the residents of the location of the "State Survey Notebook" and of the right to read the survey results.	F 577		
F 756 SS=D	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 director and director of nursing and lists, at a minimum, the resident's name, the relevant drug,	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 3	F 756		

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 census totaled 34 residents with five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to ensure the consultant pharmacist identified missing parameters for Metoprolol (blood pressure medication), identify missing Abnormal Involuntary Movement Scale (AIMS), and notify the facility of an inappropriate diagnosis for the use of Risperdal (an antipsychotic) for Resident (R)11. The facility also failed to respond to the recommendation to attempt a "Gradual Dose Reduction" (GDR) of Cymbalta (an antidepressant) for R1.

Findings included:

- R1's "Order Summary Report" dated 11/09/21 revealed a diagnosis of major depressive disorder (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness, emptiness and hopelessness).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 4	F 756		

The "Significant Change Minimum Data Set" (MDS) dated 04/29/21 revealed a "Brief Interview for Mental Status" (BIMS) score was not completed. R1 had short-term memory problems. R1 received an antidepressant six days during the lookback period.

The "Quarterly MDS" dated 10/15/21 revealed a BIMS score of 11 indicating moderately impaired cognition. R1 received an antidepressant daily.

The "Cognitive Loss / Dementia CAA" dated 04/29/21 revealed R1 had a diagnosis of major depressive disorder.

The "Care Plan" dated 11/15/2021 revealed staff were to watch R1 for any side effects associated with the use of Cymbalta.

An order dated 11/02/21 for Cymbalta 30 milligrams (mg), instructed staff to administer 90 mg by mouth daily for depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness).

The "Medication Regimen Review" (MRR) dated 09/20/21 revealed a recommendation for a GDR for Cymbalta from 90 mg to 60 mg daily. There was no follow-up by the physician to this request.

An observation on 01/25/22 at 07:47 AM revealed R1 sat in her wheelchair at the dining room independently eating breakfast. R1did not show any signs or symptoms of depression.

In an interview on 01/26/22 at 10:15 AM, Administrative Nurse B stated pharmacist

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 5	F 756		

recommendations should be given to the physician for follow-up and expected back within a week, and if the physician did not agree with the recommendation they should provide a risk versus benefits statement stating why they disagreed with this request.

The consulting pharmacist was unavailable for interview as attempted on 01/27/22 at 09:30 AM and 01/31/22 at 09:05 AM.

The "Medication Regimen Review (Monthly Report)" policy dated 01/21 revealed: "MRR recommendations and findings are acted upon and documented by the facility staff and/or prescriber per time-frame outlined in the facility policy...Prescriber accepts and acts upon suggestion, or rejects and provides an explanation for disagreeing. Per CMS regulations, if recommendations are rejected, the prescriber must provide a brief explanation..."

The facility failed to ensure the physician followed up on the consultant pharmacist recommendation of a GDR regarding Cymbalta for R1.

- The "Order Summary Report" dated 12/07/21 documented a diagnosis for dementia (progressive mental disorder characterized by failing memory and confusion) and hypertensive heart disease (elevated blood pressure).
The "Quarterly Minimum Data Set" (MDS) dated 11/05/21 documented R11 had both short-term and long-term memory problems and received an antipsychotic and a diuretic daily during the last seven days.

The "Care Plan" did not address the use of metoprolol or parameters.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 6	F 756		

The "Care Plan" dated 01/10/22 documented R11 experienced behavioral symptoms. Interventions included to administer Risperdal (medication to treat mental disorders) as ordered to help manage her behaviors.

The 10/15/19 "Physicians Orders" documented metoprolol (medication to treat high blood pressure) 50 milligrams (mg) by mouth two times a day for hypertension. Hold medication and contact physician if pulse is less than 50 beats per minute.

The 06/01/21 "Physicians Orders" documented Risperdal 0.25 milligrams (mg) by mouth at bedtime for increased agitation secondary to dementia.

The 10/02/21 "Physicians Orders" documented Risperdal 0.25 mg by mouth in the morning and 0.5 mg by mouth at bedtime related to dementia.

The "Electronic Medication Administration Record" (EMAR) from November 2021 through January 2022 documented R11 received metoprolol and Risperdal twice daily as ordered.

The facility completed an AIMS assessment on 11/04/21. There was no AIMS assessment completed prior to initiating Risperdal on 10/02/21.

The "Medication Regimen Reviews" for R11 from 01/01/21 through 01/24/22 documented no recommendations from consulting pharmacists regarding AIMS assessments, inappropriate diagnosis for Risperdal, or pulse parameters for metoprolol.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 7	F 756		

Observation on 01/25/22 at 07:50 AM revealed R11 sat at a table in her wheelchair in the dining room eating breakfast independently. She appeared relaxed and calm and did not appear agitated, anxious, withdrawn, or in pain. Staff treated her with respect and asked periodically if she needed anything.

On 01/26/22 at 09:48 AM Certified Medication Aide (CMA) H stated R11 exhibited angry outburst behaviors. Staff removed her from the situation, took her back to her room, and gave her space. There were no parameters for pulse when administering metoprolol to R11.

On 01/26/22 at 10:34 AM Licensed Nurse (LN) F stated nurses monitored for side effects of medications daily, but she did not know if periodic AIMS assessments were completed. She stated there were parameters for pulse for metoprolol administration. The Certified Medication Aide (CMA) obtained R11's pulse before administering metoprolol each time. LN F monitored the pulse in R11's Electronic Health Record (EHR) and the CMA would report to her if the pulse was out of parameter range. The pulse was documented in R11's EHR under the weights and vitals tab. She checked each shift if pulse was within parameters as ordered by the physician.

On 01/26/26 at 02:09 PM Administrative Nurse B stated she expected AIMS assessments be completed for residents taking antipsychotic medications. She believed dementia was an inappropriate diagnosis for the use of Risperdal and consulted with R11's physician about the order. She expected pulses be obtained and parameters followed per physician's order for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 756	Continued From page 8 metoprolol. The consulting pharmacist was unavailable for interview as attempted on 01/27/22 at 09:30 AM and 01/31/22 at 09:05 AM. The facility's "Abnormal Involuntary Movement Scale (AIMS) Examination" policy revised 11/28/17 documented "AIMS examinations will be performed on each resident prior to initiation of an antipsychotic medication or Reglan, every six (6) months thereafter and with any significant change while receiving antipsychotic medications." The facility's "Medication Monitoring Medication Regimen Review (Monthly Report)" policy dated 01/2021 documented: "The consultant pharmacist identifies irregularities through a variety of sources including: medication administration records (MARs); prescriber's orders; progress notes of prescribers, nurses, and/or consultants; care plans; laboratory and diagnostic test results, behavior monitoring information, the facility staff and attending physician, and from interviewing, assessing, and/or observing the resident." The consulting pharmacist failed to identify AIMS assessment not completed prior to initiating Risperdal, an inappropriate diagnosis for Risperdal, and missing pulse parameters before administering metoprolol for R11.	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-	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 9	F 757		

§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 census totaled 34 residents with five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to ensure parameters were documented for Metoprolol (blood pressure medication) for Resident (R)11, and the facility failed to notify the physician of blood glucose results outside of parameters for R1 and R4.

Findings included:

- R1's "Order Summary Report" dated 11/09/21 revealed a diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).

The "Significant Change Minimum Data Set" (MDS) dated 04/29/21 revealed a "Brief Interview for Mental Status" (BIMS) score was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 10	F 757		

completed. R1 had short-term memory problems. R1 received insulin six days during the lookback period.

The "Quarterly MDS" dated 10/15/21 revealed a BIMS score of 11 indicating moderately impaired cognition. R1 received insulin daily.

The "Care Plan" dated 11/15/21 revealed staff were to check R1's blood sugars according to the orders and let the doctor or Advanced Practice Registered Nurse (APRN) know if the level was outside of parameters.

An order dated 11/02/21 for blood glucose monitoring before meals and at bedtime for diabetes mellitus. Notify physician if blood glucose was greater than 400 milligrams/deciliter (mg/dL) or less than 100 mg/dl and as needed for elevated blood glucose.

Review of the November 2021 Electronic Medication Administration Record (EMAR) revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
11/01/21 for a blood sugar of 87.
11/06/21 for a blood sugar of 97.
11/07/21 for a blood sugar of 91.
11/10/21 for a blood sugar of 93.
11/16/21 for a blood sugar of 88.
11/25/21 for a blood sugar of 94.
11/29/21 for a blood sugar of 90.

Review of the December 2021 EMAR revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
12/01/21 for a blood sugar of 93.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 11	F 757		

12/04/21 for a blood sugar of 86.
12/17/21 for a blood sugar of 96.
12/25/21 for a blood sugar of 93.
12/26/21 for a blood sugar of 73.
12/30/21 for a blood sugar of 99.

Review of the January 2022 EMAR revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
01/05/22 for a blood sugar of 90.
01/05/22 for a blood sugar of 89.
01/09/22 for a blood sugar of 89.
01/11/22 for a blood sugar of 98.

An observation on 01/25/22 at 07:47 AM revealed R1 sat in her wheelchair at the dining room independently eating breakfast. R1did not show any signs or symptoms of hypoglycemia (less than normal amount of glucose in the blood) or hyperglycemia (greater than normal amount of glucose in the blood).

In an interview on 01/26/22 at 09:45 AM, Licensed Nurse (LN) F stated R1 received insulin which had parameters to notify the physician if her blood sugars were less than 100 or greater than 400. LN F stated she would assess the resident for signs or symptoms and then notify the physician and document this in the progress notes.

In an interview on 01/26/22 at 01:06 PM, LN C stated she would include a progress note if the physician was notified about blood sugars out of parameters. LN C stated if there were no progress notes written then the physician was not notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 12	F 757		

In an interview on 01/26/22 at 10:15 AM, Administrative Nurse B stated she expected the nursing staff to follow the parameters associated with medications and notify the physician if R1 was out of parameters. Administrative Nurse B stated the physician should be notified and document physician notifications either in the regular progress notes or on the administration progress notes.

The "Clinician Notification" policy dated November 2017 revealed, "It is the policy that notification of physicians and other clinicians will be done on a timely basis...Decision making regarding notification parameters for clinical signs and symptoms will be based on Physician orders and physician specific parameters."

The facility failed to ensure the staff notified the physician as ordered for blood sugars less than 100 mg/dL for R1.

- Resident (R) 4's "Order Summary Report" dated 11/30/21 revealed diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).

The "Annual Minimum Data Set" (MDS) dated 02/05/21 revealed a "Brief Interview for Mental Status" (BIMS) score of 99 indicating a BIMS could not be obtained and received insulin daily.

The "Quarterly MDS" dated 10/22/21 revealed a BIMS score of 99 indicating a BIMS could not be assessed and received insulin daily.

The "Care Plan" dated 06/29/21 revealed staff were to check R4's glucose levels as ordered by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 13	F 757		

my physician and to administer medications for controlling blood sugars per physician orders.

An order dated 11/02/21 for blood glucose monitoring every morning and at bedtime related to diabetes mellitus and notify physician if blood glucose was greater than 400 milligrams/deciliter (mg/dL) or less than 60 mg/dl.

Review of the November 2021 Electronic Medication Administration Record (EMAR) revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
11/20/21 for a blood sugar of 442.

Review of the December 2021 EMAR revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
12/04/21 for a blood sugar of 407.

Review of the January 2022 EMAR revealed the physician was not notified on the following dates when blood sugars were out of parameters (mg/dL):
01/02/22 for a blood sugar of 435.
01/05/22 for a blood sugar of 405.
01/08/22 for a blood sugar of 413.

An observation on 01/25/22 at 07:59 AM revealed R4 sat in her wheelchair at the dining room eating breakfast. R4 did not show any signs or symptoms of hypoglycemia (less than normal amount of glucose in the blood) or hyperglycemia (greater than normal amount of glucose in the blood).

An interview on 01/26/22 at 09:53 AM, Licensed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 14	F 757		

Nurse (LN) F stated R4 took medications that had parameters associated with them and were to notify the physician if blood sugars were greater than 400 or less than 60. LN F stated she would assess R4 if her blood sugars were out of parameters, notify the physician and document this in a progress note.

In an interview on 01/26/22 at 10:15 AM, Administrative Nurse B stated she expected the nursing staff to follow the parameters associated with medications and notify the physician if R1 was out of parameters. Administrative Nurse B stated the physician should be notified and document physician notifications either in the regular progress notes or on the administration progress notes.

The "Clinician Notification" policy dated November 2017 revealed, "It is the policy that notification of physicians and other clinicians will be done on a timely basis...Decision making regarding notification parameters for clinical signs and symptoms will be based on Physician orders and physician specific parameters."

The facility failed to ensure the staff notified the physician as ordered for blood sugars more than 400 mg/dL for R4.

- The "Order Summary Report" dated 12/07/21 documented diagnosis for hypertensive heart disease (elevated blood pressure).

The "Quarterly Minimum Data Set" (MDS) dated 11/05/21 documented R11 had both short-term and long-term memory problems and received a diuretic daily during the last seven days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 15	F 757		

The "Care Plan" dated 09/03/19 documented R11 took medications that have black box warnings. Staff were to watch out for the indicated reactions and notify her doctor right away.

The 10/15/19 "Physicians Orders" documented metoprolol 50 milligrams (mg) by mouth two times a day for hypertension. Hold medication and contact physician if pulse is less than 50 beats per minute.

The "Electronic Medication Administration Record" (EMAR) from November 2021 through January 2022 documented R11 received metoprolol twice daily as ordered. No parameters were documented.

Observation on 01/25/22 at 07:50 AM revealed R11 sat at a table in her wheelchair in the dining room eating breakfast independently. She appeared relaxed and calm and did not appear agitated, anxious, withdrawn, or in pain. Staff treated her with respect and asked periodically if she needed anything.

On 01/26/22 09:48 AM Certified Medication Aide (CMA) H stated there were no parameters for pulse when administering metoprolol to R11.

On 01/26/22 10:34 AM Licensed Nurse (LN) F stated there were parameters for pulse for metoprolol administration. The Certified Medication Aide (CMA) obtained R11's pulse before administering metoprolol each time. LN F monitored the pulse in R11's Electronic Health Record (EHR) and the CMA would report to her if the pulse was out of parameter range. The pulse was documented in R11's EHR under the weights and vitals tab. She checked each shift if pulse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 757	Continued From page 16 was within parameters as ordered by the physician. On 01/26/26 at 02:09 PM Administrative Nurse B stated she expected pulses be obtained and parameters followed per physician's order for metoprolol. The facility's "Medication Monitoring Medication Regimen Review (Monthly Report)" policy dated 01/2021 documented: "The consultant pharmacist identifies irregularities through a variety of sources including: medication administration records (MARs); prescriber's orders; progress notes of prescribers, nurses, and/or consultants; care plans; laboratory and diagnostic test results, behavior monitoring information, the facility staff and attending physician, and from interviewing, assessing, and/or observing the resident." The facility failed to obtain the R11 pulse before administering metoprolol.	F 757		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that---	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 758	Continued From page 17 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: The facility reported a census of 34 residents with five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to ensure one	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 758	Continued From page 18	F 758		

of five residents did not receive unnecessary medications when the facility did not complete an "Abnormal Involuntary Movement Scale" (AIMS) assessment before initiating Risperdal (antipsychotic medication) and the facility did not ensure an appropriate indication for prescribing Risperdal for Resident (R)11.

Findings included:

- The "Order Summary Report" dated 12/07/21 documented diagnosis for dementia (progressive mental disorder characterized by failing memory and confusion).

The "Quarterly Minimum Data Set" (MDS) dated 11/05/21 documented R11 had both short-term and long-term memory problems and received an antipsychotic daily during the last seven days.

The "Care Plan" dated 01/10/22 documented R11 experienced behavioral symptoms. Interventions included to administer Risperdal as ordered to help manage her behaviors.

The 06/01/21 "Physicians Orders" documented Risperdal 0.25 milligrams (mg) by mouth at bedtime for increased agitation secondary to dementia.

The 10/02/21 "Physicians Orders" documented Risperdal 0.25 mg by mouth in the morning and 0.5 mg by mouth at bedtime related to dementia.

The "State Operations Manual, Appendix PP" documented, "If antipsychotic medications are prescribed, documentation must clearly show the indication for the antipsychotic medication, the multiple attempts to implement care-planned,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 758	Continued From page 19	F 758		

non-pharmacological approaches, and ongoing evaluation of the effectiveness of these interventions."

The "Electronic Medication Administration Record" (EMAR) from November 2021 through January 2022 documented R11 received Risperdal twice daily as ordered.

The facility completed an AIMS assessment on 11/04/21. There was no AIMS assessment completed prior to initiating Risperdal.

Observation on 01/25/22 07:50 AM revealed R11 sat at a table in her wheelchair in the dining room eating breakfast independently. She appeared relaxed and calm. She did not appear agitated, anxious, withdrawn, or in pain. Staff treated her with respect and asked periodically if she needed anything.

On 01/26/22 09:48 AM Certified Medication Aide (CMA) H stated R11 exhibited angry outburst behaviors. Staff removed her from the situation, took her back to her room, and gave her space.

On 01/26/22 10:34 AM Licensed Nurse (LN) F stated nurses monitored for side effects of medications daily, but she was not aware if periodic AIMS assessments were completed.

On 01/26/26 at 02:09 PM Administrative Nurse B stated she expected AIMS assessments be completed for residents taking antipsychotic medications. She believed dementia was an inappropriate diagnosis for the use of Risperdal and consulted with R11's physician about the order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175559	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN PRAIRIE SENIOR LIVING LLC	510 E SAN JACINTO AVENUE ULYSSES, KS 67880

(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 758	Continued From page 20 The facility's "Abnormal Involuntary Movement Scale (AIMS) Examination" policy revised 11/28/17 documented AIMS examinations will be performed on each resident prior to initiation of an antipsychotic medication or Reglan, every six months thereafter and with any significant change while receiving antipsychotic medications. The facility failed to complete an AIMS assessment prior to initiating Risperdal and failed to provide an appropriate diagnosis.	F 758		