STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175471	A. BUILDING _____ B. WING _____	09/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	105 N HIGHWAY 99 WESTMORELAND, KS 66549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #165059. The 2567 was electronically sent to the facility on 09/09/21.	F 000		
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and	F 676		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 676	Continued From page 1 snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: The facility had a census of 21 residents. The sample included 12 residents, with four reviewed for activities of daily living (ADLs). Based on observation, record review, and interview, the facility failed to provide scheduled bathing or bathing alternatives for one of four sampled residents, Resident (R) 16. Findings included: - R16's "Quarterly Minimum Data Set" (MDS), dated 07/19/21, documented the resident had moderately impaired cognition with delusions, verbal behaviors, and frequently rejected cares. The MDS documented the resident was incontinent of urine, and bathing did not occur during the seven day evaluation period. R16's "ADL Care Plan," dated 07/19/21, directed staff to assist the resident with bathing, and documented R16 requested to shower once a week. The facility's undated "Bathing Schedule," directed staff to shower R16 on Monday and Thursday during the day. R16's "June 2021 Bathing Report" documented staff did not provide any bathing for R16 and the resident refused seven times.	F 676		

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F 676	Continued From page 2	F 676		

R16's medical record lacked documentation staff reapproached or encouraged the resident to bathe or attempted to reschedule R16's bathing.

R16's "July 2021 Bathing Report" documented staff bathed R16 one time and the resident refused seven times.

R16's medical record lacked documentation staff reapproached or encouraged the resident to bathe or attempted to reschedule R16's bathing.

R16's "August 2021 Bathing Report" documented staff bathed R16 one time and the resident refused five times.

R16's medical record lacked documentation staff reapproached or encouraged the resident to bathe or attempted to reschedule R16's bathing.

On 09/07/21 at 08:06 AM, observation revealed R16 sat in the dining room, and made rude comments directed at other residents. Continued observation revealed staff provided one on one interaction to redirect R16's verbal behaviors.

On 09/07/21 at 02:21 PM, Certified Nurse Aide (CNA) M stated residents should receive scheduled bathing, and if a resident refused bathing, staff reported to the charge nurse to reschedule the resident's bathing.

On 09/07/21 at 03:42 PM, Licensed Nurse (LN) G stated staff should provide resident bathing as scheduled, and if a resident refused, staff should report to the charge nurse to reapproach the resident, or reschedule the resident's bathing. LN G stated R16 had frequent behaviors, and the resident usually refused bathing.

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F 676	Continued From page 3 On 09/08/21 at 10:21 AM, Administrative Nurse D stated R16 frequently refused bathing, and staff should report the refusals to the charge nurse to reapproach R16 about bathing or reschedule the resident's bathing. Administrative Nurse D stated nursing staff should document attempts to encourage/educate R16 to bathe, and/or document to reschedule R16's bathing. The facility's undated "Bathing" policy directed staff to provide residents' bathing per preference and schedule, and to report refusals to the charge nurse to address. The facility failed to provide R16's bathing as scheduled or bathing alternatives, placing the resident at risk for poor hygiene and impaired skin integrity.	F 676		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility had a census of 21 residents. Based on observation, record review, and interview, the facility failed to secure hazardous chemicals for nine cognitively impaired, independently mobile residents who resided in the facility.	F 689		

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F 689	Continued From page 4 Findings included: - On 09/01/21 at 09:15 AM, observation revealed one janitorial closet door unlocked. The closet contained the following items: One bottle approximately half full of One Step Disinfectant Cleaner. The label on the bottle read "Keep out of reach of children. Harmful if swallowed." One container approximately half full of Super Sorb Cleaner. The label on the bottle read "Keep out of reach of children. Harmful if swallowed." One bottle approximately half full of Maxi Gloss Restorer Floor Cleaner. The label on the bottle read "Keep out of reach of children." One clear spray bottle, approximately half full, labeled as bleach water. The label on the bottle read "Causes severe skin burns and eye damage. Causes serious eye damage." One bottle approximately half full of Xtract Carpet and Upholstery Cleaner. The label on the bottle read "Can cause serious eye damage." One bottle approximately half full of Lime B Gone Cleaner. The label on the bottle read "Causes severe skin burns and eye damage." On 09/01/21 at 09:15 AM, Housekeeping Staff (HS) U stated all the janitorial doors should be kept locked at all times and that it was not locked. On 09/08/21 at 02:00 PM, Administrative Nurse D stated she expected all janitorial doors to be locked due to the caustic (able to burn organic tissue by chemical action) substances kept in	F 689		

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F 689	Continued From page 5 them. The facility's undated "Control of Hazardous Chemicals" policy, documented all substances with warning labels, including but not limited to "Keep out of reach of children" will be locked and inaccessible at all times. All hazardous chemicals are to be locked at all times to avoid accessibility of any elder in the facility. The facility failed to secure hazardous chemicals for nine cognitively impaired, independently mobile residents who resided in the facility, placing the residents at risk for injury.	F 689		