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	175410	A. BUILDING _____ B. WING _____	06/28/2021

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CATHOLIC CARE CENTER, INC	6700 E 45TH STREET NORTH BEL AIRE, KS 67226

(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 #163058 and 163215.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;	F 623		

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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(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the

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agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).
This REQUIREMENT is not met as evidenced by:
The facility census totaled 135 residents with 27 residents included in the sample and two residents reviewed for hospitalizations. Based on interview and record review the facility failed to provide Resident (R) 274 and his representative written notice of the reason for the transfer/discharge to the hospital.

Findings included:

- Review of the "Physician's Orders" in the "Electronic Medical Record" (EMR) dated 06/11/21 revealed R274 had diagnoses of: cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area, also known

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as a stroke) and epilepsy (brain disorder characterized by repeated seizures).

The "Admission Minimum Data Set" (MDS) dated 01/22/21 revealed a "Brief Interview for Mental Status" (BIMS) of 15, indicating intact cognition with seizures noted.

Review of the "Quarterly MDS" dated 04/07/21 revealed a BIMS of 11, indicating moderately impaired cognition with seizures noted.

Review of the "ADL Care Area Assessment" (CAA) dated 01/22/21 revealed R 274 was at another community for short term rehabilitation after his stroke and transferred to the facility for long-term Care.

The "Discharge return anticipated MDS" dated 05/27/21 revealed R 274 transferred to an acute care hospital.

The "Care Plan" dated 06/14/21 revealed R 274 transferred a local hospital on 05/27/21 and returned on 06/12/21.

A "Nurse Progress Note" dated 05/27/21 at 04:57 PM revealed R 274 transported via gurney to a local emergency room at approximately 04:40 PM.

During an interview on 06/24/21 at 02:19 PM, Social Service Designee (SSD) D revealed he did not send out a written notice of transfer to the resident or resident representative. SSD D stated she thought the nurse completed this.

During an interview on 06/24/21 at 02:06 PM, Business Office Manager E revealed she called

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F 623	Continued From page 4 the resident representative to let them know about the transfer. The facility's 12/2016 "Transfer or Discharge Notice" policy stated the resident and/or representative would be notified in writing of . . . the reason for transfer or discharge, the effective date of the transfer or discharge, and the location to which the resident transferred or discharged. A copy of the notice would be sent to the Office of the State Long-Term Care Ombudsman and the reasons for the transfer or discharge would be documented in the resident's medical record. The facility failed to provide written notice of the reason for a transfer as soon as practicable to R274 or their representative.	F 623		
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and	F 625		

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F 625	Continued From page 5 (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: The facility census totaled 135 residents with 27 residents included in the sample and two residents reviewed for hospitalizations. Based on interview and record review the facility failed to provide Resident (R) 274 and his representative with a bed-hold policy upon transfer to the hospital. Findings included: - Review of the "Physician's Orders" in the "Electronic Medical Record" (EMR) dated 06/11/21 revealed R 274 had diagnoses of: cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area, also known as a stroke) and epilepsy (brain disorder characterized by repeated seizures). The "Admission Minimum Data Set" (MDS) dated 01/22/21 revealed a "Brief Interview for Mental Status" (BIMS) of 15, indicating intact cognition with seizures noted. Review of the "Quarterly MDS" dated 04/07/21 revealed a BIMS of 11, indicating moderately impaired cognition with seizures noted.	F 625		

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Review of the "ADL Care Area Assessment" (CAA) dated 01/22/21 revealed R 274 was at another community for short term rehabilitation after his stroke and transferred to the facility for long-term care.

The "Discharge return anticipated MDS" dated 05/27/21 revealed R 274 transferred to an acute care hospital.

The "Care Plan" dated 06/14/21 revealed R 274 transferred to a local hospital on 05/27/21 and returned on 06/12/21.

A "Nurse Progress Note" dated 05/27/21 at 04:57 PM revealed R 274 transported via gurney to a local emergency room at approximately 04:40 PM.

Review of R 274's "EMR" for bed hold/written notification revealed no notifications were found.

During an interview on 06/23/21 at 04:12 PM, Licensed Nurse (LN) F revealed bed holds should be completed and included in the scanned documents section of the resident's EMR.

During an interview on 06/24/21 at 02:06 PM, Business Office Manager E revealed she completed the written bed holds when a resident transferred to the hospital. Business Office Manager E stated on admission the resident received the agreement that has information dealing with a bed hold and she did not send a bed hold policy again when the resident transferred to the hospital.

Interview with Administrative Nurse B on 06/28/21 at 08:00 AM revealed the bed hold should be

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F 625	Continued From page 7 placed in the medical record and go out with them to the hospital. Review of the "Bed-Holds and Returns" policy revised March 2017 revealed, "Prior to transfers and therapeutic leaves, residents or resident representatives will be informed in writing of the bed-hold and return policy." The facility failed to ensure R 274 and/or his representative received written notice of the facility's bed hold policy for his hospitalization between 05/27/21 to 06/12/21.	F 625		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 657		

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or as requested by the resident.
(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 135 residents with 27 residents in the sample. Based on observation, interview, and record review the facility failed to update Resident (R)98's care plan with care and maintenance of the Bilevel Positive Airway Pressure (BIPAP- machine that uses pressure to push air into the lungs, opening the lungs and improving the level of oxygen in the blood and decreasing the carbon dioxide) equipment and supplies.

Findings included:

- R98's pertinent diagnoses from the "Physician's Orders Diagnosis" in the "Electronic Medical Record" (EMR) dated 05/05/21 revealed chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing).

The 01/28/21 "Significant Change Minimum Data Set" (MDS) revealed a "Brief Interview for Mental Status" (BIMS) of 15, indicating intact cognition and use of a BIPAP.

Review of the 01/28/21 "Activities of Daily Living [ADLs] Care Area Assessment" (CAA) revealed R98 was recently hospitalized for acute (quick onset) chronic (long-term) hypercapnia (excessive carbon dioxide in the bloodstream) respiratory failure with hypoxia (inadequate

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supply of oxygen) and pneumonia (an inflammation of the lungs). She had a history of sleep apnea (disorder of sleep characterized by periods without respirations) with BIPAP required when sleeping.

The 09/26/20 "Respiratory System Care Plan" revealed staff encouraged the use of BIPAP daily. The BIPAP orders included the settings, but lacked information about cleaning the equipment after use or storage.

Observation of R98 on 06/23/21 at 04:29 PM revealed the resident in bed with her BIPAP noted on the shelf by her bed on a grocery sack instead of in a storage bag. The mask of the BIPAP had bits of food/saliva/debris.

Observation of R98 on 06/24/21 at 08:37 AM revealed the BIPAP on the shelf again, not in a storage bag, with the same unclean appearance.

Interview with Administrative Nurse B on 06/28/21 at 10:23 AM revealed the care plan should include the BIPAP and the expectations for the BIPAP, but she would not expect to see how often the BIPAP should be cleaned or stored.

Review of 12/2016 "Care Plans, Comprehensive Person-Centered" policy revealed the comprehensive, person-centered care plan will describe the services provided to attain or maintain the resident's highest practicable physical well-being, identify the professional services that are responsible for each element of care, and reflect currently recognized standards of practice for problem areas and conditions. Assessments of residents are ongoing and care plans are revised as information about the

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F 657	Continued From page 10 residents and conditions change. The facility failed to update R98's care plan with the care and maintenance of the BIPAP.	F 657		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility census totaled 135 residents with 27 included in the sample. Based on observation, interview, and record review the facility failed to ensure one of two residents reviewed for ADLs (Activities for Daily Living) received assistance from staff for grooming as evidenced by Resident (R) 103 was unshaven and had fingernails that needed to be trimmed. Findings included: - Review of the "Physician Progress Note" dated 06/02/21 for R103 revealed the following diagnosis: Dementia without behaviors (progressive mental disorder characterized by failing memory, confusion). Review of the "Significant Change Minimum Data Set" (MDS) dated 12/03/21 revealed a "Brief Interview for Mental Status" (BIMS) score three which indicated severely impaired cognition. R103 required limited assistance with personal hygiene and dressing, and activity did not occur for bathing.	F 677		

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Review of the "Quarterly MDS" dated 05/26/21 revealed a BIMS of three which indicated severely impaired cognition. R103 required extensive assistance with personal hygiene and dressing, and physical assistance for part of the bathing experience.

Review of the "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 12/03/21 revealed R103 scored three on the BIMS indicating severe cognitive impairment.

Review of the "ADL Functional /Rehabilitation Potential Care Plan" reviewed/revised on 05/27/21 revealed R103 needed extensive assistance with daily ADL care.

Review of the "Point of Care History" for bathing report for April 2021 documented that R103 received a shower on 04/16/21 and 04/27/21. Bathing activity did not occur for all other dates.

Review of the "Point of Care History" for bathing report for May 2021 documented that R103 received a shower on 05/04/21, 05/20/21, 05/25/21 and 05/28/21 and refused on 05/11/21 and 05/18/21.

Review of the "Point of Care History" for bathing report for June 2021 documented R103 received a shower on 06/08/21, 06/11/21, 06/15/21, and 06/18/21.

An observation on 06/23/21 at 08:56 AM revealed R103 sat in his chair in his room watching television. R103 looked unshaven with heavy stubble, and some of his nails needed to be trimmed and cleaned.

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An observation on 06/24/21 at 12:01 PM revealed R103 sat in the dining room independently eating his lunch. R103 wore clean clothes. His face had heavy stubble and his nails needed to be trimmed.

During an observation on 06/28/21 at 08:38 AM revealed R103 needed to be shaved and his fingernails needed to be trimmed.

During an interview on 06/24/21 at 09:59 AM, Certified Nurse Aide (CNA) S stated R103 required extensive assistance with ADLs. CNA S stated R103 was not resistive to cares. CNA S stated she did not know the bathing schedule, but thought R103 received a shower at least twice weekly. CNA S stated R103 should be shaved with his bath, and the nurses completed his nail care.

During an interview on 06/28/21 at 08:33 AM, CNA T stated staff bathed R103 twice a week on second shift and he should be shaved and have his nails trimmed at that time or as needed. CNA T stated R103 was usually not resistive to cares.

During an interview on 06/28/21 at 10:51 AM, CNA U stated R103 was supposed to receive a bath or shower twice a week. CNA U stated second shift took care of his bathing and this would be the time R103 should be shaved and have his fingernails trimmed. CNA U stated R103 usually did not refuse cares. CNA U stated if R103 needed to be shaved or have his fingernails trimmed staff could do this at any time.

During an interview on 06/24/21 at 12:56 PM, Licensed Nurse (LN) V stated R103 required extensive assist with dressing, bathing and

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F 677	Continued From page 13 personal hygiene. LN V stated staff shaved R103 during shower days which were twice a week. LN V stated the CNAs would normally care for his nails during shower days and did not know if R103 refused to have his nails cut. During an interview on 06/28/21 at 3:12 PM, Administrative Nurse B stated she expected staff to adhere to R103's bathing schedule and chart that it was either given or the resident refused. Administrative Nurse B stated staff should trim resident nails and shave the resident each time they were bathed at minimum or according to what the resident requested. Review of the "Fingernails/Toenail, Care of" policy, revised February 2018, revealed, "Nail care includes daily cleaning and regular trimming." The facility failed to ensure staff shaved R103 and trimmed his fingernails.	F 677		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility census totaled 135 residents with 27 residents in the sample with one resident	F 695		

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reviewed for respiratory care. Based on observation, interview, and record review the facility failed to ensure that Resident (R)98's Bilevel Positive Airway Pressure (BIPAP- machine that uses pressure to push air into the lungs, opening the lungs and improving the level of oxygen in the blood and decreasing the carbon dioxide) was maintained and stored in a sanitary manner.

Findings included:

- R98's pertinent diagnoses from the "Physician's Orders Diagnosis" in the "Electronic Medical Record" (EMR) dated 05/05/21 revealed chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing).

The 01/28/21 "Significant Change Minimum Data Set" (MDS) revealed a "Brief Interview for Mental Status" (BIMS) of 15, indicating intact cognition and use of a BIPAP.

Review of the 01/28/21 "Activities of Daily Living [ADLs] Care Area Assessment" (CAA) revealed R98 was recently hospitalized for acute (quick onset) chronic (long-term) hypercapnia (excessive carbon dioxide in the bloodstream) respiratory failure with hypoxia (inadequate supply of oxygen) and pneumonia (an inflammation of the lungs). She had a history of sleep apnea (disorder of sleep characterized by periods without respirations) with BIPAP required when sleeping.

The 09/26/20 "Respiratory System Care Plan" revealed staff encouraged the use of BIPAP daily.

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The BIPAP orders included the settings, but lacked information about cleaning the equipment after use or storage.

The 02/01/20 "Physician Orders" revealed the staff encouraged use of BIPAP every shift daily.

A "Progress Note" dated 04/05/21 at 03:41 AM revealed R98 continued on Rocephin (antibiotic) for pleural effusion (abnormal accumulation of fluid in the lungs) and leukocytosis (an increase in the number of white cells in the blood due to infection). Her lung sounds were diminished in bilateral (both) bases [of her lungs]. The resident wore her BIPAP throughout the shift aside from when eating, drinking, and taking medications.

Review of a "Progress Note" dated 05/26/21 at 09:44 AM revealed R98 wore her BIPAP while sleeping.

Observation of R98 on 06/23/21 at 04:29 PM revealed the resident in bed with her BIPAP noted on the shelf by her bed on a grocery sack instead of in a storage bag. The mask of the BIPAP had bits of food/saliva/debris.

Observation of R98 on 06/24/21 at 08:37 AM revealed BIPAP noted to be set on the shelf again, not in a storage bag, with the same appearance as noted yesterday.

Interview with R98 on 06/24/21 at 08:54 AM revealed, no staff ever cleaned her BIPAP, and they put it on her shelf by her bed, there was never a storage bag used.

Interview with CNA I on 06/24/21 at 08:22 AM revealed the resident already had her BIPAP off

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this morning when she came in, but her BIPAP should have been in a clean bag for storage. She stated, she did not know why it was not in a clean bag.

Interview with CNA H on 06/24/21 at 11:11 AM revealed she did not know who cleaned the BIPAP, but she thought the nurses did that. She had never seen staff clean the BIPAP, but it should be in a clean bag on the oxygen concentrator, or on the resident's shelf.

Interview with LN F on 06/24/21 at 10:47 AM revealed the third shift nurses completed the BIPAP cleaning before the shift ended at 06:00 AM. She was unsure if the staff documented it, but figured it should be documented in the treatments on the "Treatment Administration Record" (TAR) by the nurses. If the nurses cleaned the BIPAP, it would be with warm water, soap, and let the BIPAP dry. She then stated, third shift nurses completed the cleaning of the BIPAP and should document on the daily duty sheets. She continued that the BIPAP should be stored in a clean bag when not in use and the bag should be changed weekly.

Interview with Administrative Nurse B on 06/28/21 at 10:23 AM revealed the BIPAP should be cleaned weekly with soap and water, and should be stored in a clean bag once completely dry.

Interview with Provider C on 06/24/21 at 09:35 AM revealed the best way to clean a BIPAP mask and tubing would be with soap and water. For a resident with COPD/lung issues that coughs a lot and has phlegm (mucus), cleaning the BIPAP tubing would be more important than cleaning the mask, because of the potential for infection.

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F 695	Continued From page 17 Normal food particles would probably not be an issue. The BIPAP should be stored in a sanitary manner to lessen the event of infection. Review of the 2004-2021 "Keeping it Clean: Continuous Positive Airway Pressure (CPAP-machine to help a person breathe more easily during sleep [similar to a BIPAP]) Hygiene" education revealed it was vitally important to keep everything as clean as possible, as hoses/tubing and masks can be a prime breeding ground for bacteria and mold. If sick, it is smart to wash the mask, tubing, humidifier and filter daily until the sickness symptoms are gone. . . The mask and tubing need a full bath once a week to keep it free of dust, bacteria and germs. Review of revised 03/2015 "CPAP/BIPAP Support" policy revealed the masks and tubing [must be] cleaned daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent is recommended. Rinse with warm water and allow it to air dry between uses. The facility failed to ensure that R98's BIPAP was maintained and stored in a sanitary manner.	F 695		
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	F 756		

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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, 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 135 residents, with five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to complete physician orders in response to the monthly "Medication Regimen Reviews" (MRR) from the consultant pharmacist for Resident (R) 60 for the addition of an end date for the resident's PRN psychotropic medication and correction to the

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antipsychotic medication diagnosis.

Findings included:

- Review of R60's pertinent diagnoses from the "Physician's Orders" in the "Electronic Health Record" (EHR) dated 05/03/21 documented Major Depressive Disorder (MDD) major mood disorder), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and muscle spasms.

Review of the 05/08/21 "Admission Minimum Data Set" (MDS) documented a "Brief Interview for Mental Status" (BIMS) of seven, indicating moderately impaired cognition with no behaviors. R60 received antipsychotic medications on a routine bases only with no as needed (PRN) doses received.

R60's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 05/08/21 documented R60 had the diagnosis of depression for which she received aripiprazole (antipsychotic medication). She had the diagnosis of anxiety for which she received alprazolam (anti-anxiety medication). According to the CAA, R60's current dosages appeared to be therapeutic for her conditions.

The 06/04/21 "Care Plan" documented that for R60's mood, she used medications to assist with managing signs and symptoms of depression and that they were to consult the "Medication Administration Record" (MAR). For anxiety staff were to monitor effectiveness of medications.

"Physician Orders" documented that on 05/17/21 R60 had an order for alprazolam tablet 0.5

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milligram (mg) by mouth for anxiety three times a day PRN with no end date noted. The resident also had an order for aripiprazole 5 mg tablet by mouth daily for MDD dated 05/03/21.

Review of the "Medication Regimen Review" (MRR) dated 05/26/2021 recommended that staff check diagnoses for medications, with a note to pay close attention to the diagnosis on the antipsychotic medication aripiprazole. Facility staff noted the recommendation on 05/24/21. Also, a recommendation that there was no stop date noted for PRN alprazolam to which the physician responded with six months and a diagnosis of chronic anxiety on 05/26/21.

Observation of R60 on 06/22/21 at 10:50 AM revealed R60 in bed watching TV with no signs or symptoms of distress and no involuntary movements.

An interview with Licensed Nurse (LN) P on 06/24/21 at 09:50 AM confirmed R60's alprazolam was PRN and had no stop date. She revealed the provider did not specify an end date. The nurse managers completed the MRRs and the physician responses to them, but if they were not available the nurses completed them. The diagnosis for the aripiprazole was MDD per the providers order, normally the pharmacist would note if the diagnosis was incorrect. She stated that the MDD looked correct to her.

On 06/28/21 at 10:32 AM Administrative Nurse B confirmed the MRR was sent and noted, the PRN psychotropic medication had no end date, and the diagnosis was not correct for the antipsychotic medication. Her expectation was that when the nurse received the

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F 756	Continued From page 21 recommendation, that the nurse would clarify the antipsychotic diagnosis, and the end date of the PRN psychotropic medications with the physician and correct it on the MAR. On 06/29/21 at 02:15 PM Pharmacy Consultant W revealed in general, the facility had a policy on the follow through for recommendations. The diagnoses almost always appeared in the history and physical reports that come with each resident, and it is more "housekeeping" to ensure they are attached to the medications. They would need to go in and update those things. If the same issues reoccurred the next month, she would say something again. But with residents in PACU, they are usually short-term stay. Review of the facility's Medication Regimen Review policy revised May 2019 documented that the attending physician would document in the medical record that the irregularity had been reviewed and the (if any) action taken to address it. The facility failed to complete physician orders in response to the monthly MRR from the consultant pharmacist for R60 for the addition of an end date for the resident's PRN psychotropic medication and correction to the antipsychotic medication diagnosis.	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		

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F 757	Continued From page 22 §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 135 residents, with five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to monitor Resident (R)60's effectiveness of Lasix (diuretic, medication used to promote the excretion of fluids) as ordered by the physician. Findings included: - Review of R60's pertinent diagnoses from the "Physician's Orders" in the "Electronic Health Record" (EHR) dated 05/03/21 documented hypertension (elevated blood pressure) and chronic obstructive pulmonary disease (COPD, progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). Review of the 05/08/21 "Admission Minimum	F 757		

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Data Set" (MDS) documented a "Brief Interview for Mental Status" (BIMS) of seven, indicating moderately impaired cognition. R60 weighed 193 pounds and received diuretics three of the seven day look back period.

R60's "Cognitive Loss/ Dementia Care Area Assessment" (CAA) dated 05/08/21 documented R60 scored seven on the BIMS, indicating severely impaired cognition.

The 05/03/21 "Care Plan" documented that staff were to assess and monitor for medication effectiveness and signs and symptoms of side effects of medication administration.

"Physician Orders" documented on 05/21/21 R60 had an order to have a daily weight obtained and that staff were to notify the provider if R60 gained three pounds (lbs.) or more in one day or gained five lbs. or more in one week. The resident also had an order for Lasix 40 milligrams (mg) tablet by mouth daily for hypertension.

Review of 05/21/21 to 06/23/21 "Medication Administration Record" (MAR) and "Treatment Administration Records" (TAR) documented the following missing weights: 06/04/21, 06/07/21, 06/08/21, 06/09/21, 06/10/21, 06/11/21, 06/13/21, and 06/17/21, for a total of eight missing daily weights.

On 06/22/21 at 10:50 AM resident observed in her room in bed watching TV, with no signs or symptoms of distress, and minimal edema noted.

On 06/24/21 at 03:09 PM Certified Nurse Aide (CNA) O revealed staff weighed R60 maybe daily, that every resident was weighed weekly in

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F 757	Continued From page 24 post-anesthesia care unit, rehabilitation unit (PACU) unless the nurse informed them otherwise, and they would report the weights to the nurses. On 06/24/21 at 09:50 AM Licensed Nurse (LN) P revealed R60 received Lasix for heart failure and that she was a daily weight. If she gained three pounds in a day, or five pounds in a week the provider was to be notified. On 06/28/21 at 10:32 AM Administrative Nurse B revealed her expectation for weights, they should be weighed per order, and the physician should be notified as per the order. The facility's "Administering Medications" policy revised April 2019 documented medications are administered in accordance with prescriber orders and that staff were to check/ verify vital signs as necessary. The facility failed to obtain weights daily for R60 per the physician's order to ensure her medications were accurately monitored.	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	F 758		

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F 758	Continued From page 25 Based on a comprehensive assessment of a resident, the facility must ensure that--- §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 census totaled 135 residents, with	F 758		

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five residents reviewed for unnecessary medications. Based on observation, interview, and record review the facility failed to initiate doctor's orders to limit the time frame of an as needed (PRN) psychotropic medication and obtain an appropriate indication for use of an antipsychotic medication for Resident (R) 60.

Findings included:

- Review of R60's pertinent diagnoses from the "Physician's Orders" in the "Electronic Health Record" (EHR) dated 05/03/21 documented Major Depressive Disorder (MDD major mood disorder), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and muscle spasms.

Review of the 05/08/21 "Admission Minimum Data Set" (MDS) documented a "Brief Interview for Mental Status" (BIMS) of seven, indicating moderately impaired cognition with no behaviors. R60 received antipsychotic medications on a routine bases only with no PRN doses received.

R60's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 05/08/21 documented R60 had the diagnosis of depression for which she received aripiprazole (antipsychotic medication). She had the diagnosis of anxiety for which she received alprazolam (anti-anxiety medication). According to the CAA, R60's current dosages appeared to be therapeutic for her conditions.

The 06/04/21 "Care Plan" documented that for R60's mood, she used medications to assist with managing signs and symptoms of depression and that they were to consult the "Medication

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	175410	A. BUILDING _____ B. WING _____	06/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CATHOLIC CARE CENTER, INC	6700 E 45TH STREET NORTH BEL AIRE, KS 67226

(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 27	F 758		

Administration Record" (MAR). For anxiety staff were to monitor effectiveness of medications.

"Physician Orders" documented that on 05/17/21 R60 had an order for alprazolam tablet 0.5 milligrams (mg) by mouth for anxiety three times a day PRN with no end date noted. The resident also had a 05/03/21 order for aripiprazole 5 mg tablet by mouth daily for MDD.

Review of the "Medication Regimen Review" (MRR) dated 05/26/2021 recommended that staff check diagnoses for medications, with a note to pay close attention to the diagnosis on the antipsychotic medication aripiprazole. Facility staff noted the recommendation on 05/24/21. Also, a recommendation that there was no stop date noted for PRN alprazolam to which the physician responded with six months and a diagnosis of chronic anxiety on 05/26/21.

Observation of R60 on 06/22/21 at 10:50 AM revealed R60 in bed watching TV with no signs or symptoms of distress and no involuntary movements.

An interview with Licensed Nurse (LN) P on 06/24/21 at 09:50 AM confirmed R60's alprazolam was PRN and had no stop date. She revealed the provider did not specify an end date. She stated that the MDD diagnosis for aripiprazole looked correct to her.

On 06/28/21 at 10:32 AM Administrative Nurse B confirmed the PRN psychotropic medication had no end date, and the diagnosis was not correct for the antipsychotic medication.

The facility's "Antipsychotic Medication Use"

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F 758	Continued From page 28 policy, revised December 2016, documented that antipsychotic medications will be prescribed at the lowest possible dose and for the shortest period possible. Antipsychotic medications shall use a diagnosis consistent with the definition Diagnostic and Statistical Manual of Mental Disorders. The facility failed to implement physician orders to limit the time frame of use for a psychotropic medication and to obtain an appropriate diagnosis for use of an antipsychotic medication.	F 758		
F 812 SS=E	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 census totaled 135 residents. The facility had one main kitchen with five satellite	F 812		

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F 812	Continued From page 29	F 812		

kitchens. Based on observation, interview, and record review the facility failed to ensure sanitary use of gloves while preparing and serving food to residents in one of five satellite kitchens on the 200 Hall. Twenty-six residents resided on 200 Hall.

Findings included:

- Observation on 06/22/21 at 11:27 AM revealed Dietary Aide Q in the 200 Hall satellite kitchen served lunch, wore gloves, and used utensils to serve except when he unwrapped the baked potatoes and touched the potatoes with the same gloves he used to open cabinets, touch utensils, retrieve plates, papers, touch plates, and push up his glasses.

Interview with Dietary Aide Q on 06/22/21 at 11:47 AM revealed he used utensils for handling food and indicated he wore gloves, so it was ok.

Interview with Dietary Manager R on 06/22/21 at 02:42 PM verified Dietary Aide Q only worked on the 200 Hall and if staff used gloves, they should remove them if they have touched something other than the food, because we use utensils for everything. He should have removed the gloves, washed his hands with soap and water, then apply new gloves before touching the food.

Review of the facility's 2013 "Service of Food" policy directed staff to distribute and serve food in a safe, accurate, timely and acceptable manner. Food service employees will minimize bare-hand and arm contact with exposed food that is not in a ready-to-eat form. Gloves will be used for one task only and discarded when soiled, damaged, or interruptions occur in the

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F 812	Continued From page 30 operation that could soil the gloves. Hands should be washed before putting gloves on, when changing, or after removing gloves. The facility failed to ensure sanitary use of gloves while preparing and serving food to residents on the 200 Hall.	F 812		