

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

PRINTED: 02/11/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2021
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 8909 PARALLEL PKY KANSAS CITY, KS 66112		
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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey on 2/4/21. The 2567 was sent to the facility electronically on 2/11/21.	F 000			
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584			

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 584	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: The facility identified a census of 17 residents. The sample included 13 residents. Based on observations and interviews, the facility failed to provide a sanitary, orderly, home-like environment on the Sunflower hall and on the Prairieview hall. Findings included: On 02/04/21 at 07:05 AM the isolation room on Prairieview hallway had used personal protective equipment (PPE) gowns hanging on the outside of the door and also hanging from the handrails next to the doorway of the room, obstructing use of handrail. On 02/04/21 at 08:05 AM the three isolation rooms on the Sunflower hallway had used PPE gowns hanging from the outside of the doors and on handrails next the doors, obstructing use of handrail. On 02/04/21 at 09:30 AM Resident (R) 14 propelled himself in his wheelchair along in the Sunflower hallway toward the nurse's station. On 02/04/21 05:13 PM Licensed Nurse (LN) G	F 584			

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F 584	Continued From page 2 stated some residents propelled themselves down the hallway where isolation rooms were located, and some used the handrails that isolation gowns were jammed behind and/or hanging from. On 02/04/21 at 05:16 PM Certified Nurse Aide (CNA) M stated the residents who propel themselves down the hallways could use the handrails beside the isolation rooms and that could have caused some cross-contamination among the residents and staff due to used isolation gowns being placed on door outside isolation room and behind handrails. On 02/04/21 at 05:45 PM Administrative Nurse D stated that residents do use the handrails to assist with mobility in the facility. She also stated the residents could brush up against the used PPE gowns hanging on the doors and handrails., which could expose the residents. The facility policies lacked documentation regarding storage of used PPE on handrails and in hallways. The facility failed to provide a sanitary, orderly, home-like environment for residents on the Sunflower and Prarieview hallways. This deficient practice placed the residents at risk of increased infections due to contamination and decreased mobility due to inability to purposefully use handrails. The deficient practice further placed residents at risk for psychosocial impairment due to institutional appearance of facility.	F 584			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)	F 695			

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F 695	Continued From page 3 § 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 identified a census of 17 residents. The sample included 13 residents. Based on observations, record review, and interviews, the facility failed to provide necessary respiratory care and services for Resident (R) 19, sampled for respiratory care when the facility failed to date and store oxygen tubing (device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help) and nebulizer (device which changes liquid medication into a mist easily inhaled into the lungs) equipment properly for R19. Findings included: - The "Diagnoses" tab of the electronic medical record (EMR) for R19 revealed diagnoses of chronic obstructive pulmonary disease (CHF-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), COVID-19 (an acute respiratory illness in humans caused by coronavirus, capable of producing severe symptoms and in some cases death), dependence on supplemental oxygen (oxygen therapy, the use of oxygen as a medical treatment), pneumonia due to coronavirus disease (inflammation of the lungs as a result	F 695			

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F 695	Continued From page 4 from COVID-19) The "Admission Minimum Data Set" (MDS) dated 03/04/20 revealed R19 had a Brief Interview for Mental Status of seven which indicated severe cognitive impairment. R19 did not receive oxygen therapy while a resident. The "Quarterly MDS" dated 11/10/20 revealed R19 had a BIMS score of 11 which indicated moderate cognitive impairment. R19 received oxygen therapy while a resident. The "Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment" (CAA) dated 03/04/20 lacked an analysis of findings. The care plan dated 04/20/20 revealed R19 had an impaired respiratory status and recent pneumonia related to COVID-19 which directed staff to titrate oxygen to keep oxygen saturations (measure of how much oxygen the blood carried as a percentage of the maximum it could carry) greater than 90% and was initiated 08/13/20. The "Orders" tab of the EMR lacked an order to change and date oxygen tubing and equipment weekly. An observation on 02/02/21 at 09:00 AM revealed the oxygen tubing used by R19 was not dated. The nebulizer tubing/equipment was placed on top of plastic bag, open to air, and was not dated. An observation on 02/03/21 at 08:38 AM revealed oxygen tubing used by R19 was not dated. The nebulizer tubing/equipment was placed on top of plastic bag, open to air, and was not dated.	F 695			

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F 695	Continued From page 5 An observation on 02/04/21 at 11:21 AM revealed oxygen tubing used by R19 was not dated. Oxygen tubing attached to portable oxygen tank on wheelchair and not in use was not dated and was not in a bag. In an interview on 02/04/21 at 5:13 PM, Licensed Nurse (LN) G stated oxygen tubing was changed on Sundays usually on the night shift and the oxygen tubing with bags were always dated. In an interview on 02/04/21 at 5:16 PM, Certified Nurse Aid (CNA) N stated oxygen tubing was changed every Sunday and the tubing was dated with an orange sticker. In an interview on 02/04/21 at 05:45 PM, Administrative Nurse D stated oxygen tubing was changed weekly on night shift and should be dated and bagged. The "Oxygen Therapy and Care of Oxygen Equipment" last revised 04/28/20 directed that oxygen tubing was labeled the day it was started and was changed every week by night shift. If any oxygen tubing was not being used, it was placed in a bag. The facility failed to date and store oxygen tubing and nebulizer equipment for R19. This deficient practice had the potential for R19 to develop respiratory complications.	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	F 756			

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F 756	Continued From page 6 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, 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 identified a census of 17 residents. The sample included 13 residents, of which five	F 756			

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F 756	Continued From page 7 residents were reviewed for unnecessary medication. Based on observations, record reviews, and interviews the facility failed to ensure the consultant pharmacist (CP) identified and reported the facility's failure to administer as needed medication (PRN) as ordered by physician for constipation for residents who had not had a bowel movement for more than three days for Resident (R) 6 and R7. Findings included: - The "Diagnoses" tab of R6's electronic medical record (EMR) documented diagnoses of acquired absence of right and left leg below knee (amputation or surgical removal of a limb) and end stage renal disease (occurs when chronic kidney disease or the gradual loss of kidney function reaches an advanced state). The "Admission Minimum Data Set" (MDS) dated 09/09/20 revealed R6 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderate cognitive impairment. R6 required two-person extensive physical assistance with toileting. R6 received opioid (medication used to treat pain) medication six out of seven days in the assessment period. The "Quarterly MDS" dated 12/01/20 revealed R6 had a BIMS score of 10 which indicated moderate cognitive impairment. R6 required two-person extensive physical assistance with toileting. R6 received opioid medication five out of seven days in the assessment period. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment" CAA dated 09/02/20 documented R6 lived at facility as he was unable to care for	F 756			

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F 756	Continued From page 8 himself related to bilateral below knee amputations and end stage renal disease and he required a Hoyer lift (total body mechanical lift used to transfer residents) for all transfers. The "Care Plan" dated 02/04/19 documented R6 was at risk for adverse reactions (unintended harmful reaction to a drug administered at normal dosage) related to polypharmacy (the use of five or more medications daily by an individual) and directed staff to monitor for possible signs and symptoms of adverse drug reactions including constipation. The "Care Plan" directed staff to review resident's medications with the medical doctor or consulting pharmacist for adverse reactions and review PRN medications in the process. The "Orders" tab of R6's EMR documented an order with a start date of 01/12/20 for Senna (laxative- medication used to loosen stool or stimulate a bowel movement) 8.6 milligrams (mg) by mouth every 24 hours as needed for constipation and an order with a start date of 01/14/21 for Metamucil Fiber Packet 2.4 grams by mouth every 12 hours as needed for loose stools. The "Documentation Survey Report" for R6 revealed multiple periods of no bowel movement for more than three days. There were no bowel movements for the following dates in November and December 2020 and January and February 2021: 11/22/20 - 11/25/20, 11/29/20 - 12/03/20, 12/05/20 - 12/10/20, 12/17/20 - 12/20/20, 12/27/20 - 12/31/20, 01/19/21 - 01/25/21, 01/29/21 - 02/03/21. The "Medication Administration Record" for	F 756			

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F 756	Continued From page 9 November and December 2020 and January and February 2021 revealed no PRN medications were given in the above time frames where R6 had not had a bowel movement in over 3 days. The monthly "Medication Regimen Review (MRR)" from November 2020 to January 2021 lacked evidence the CP notified the facility of lack of PRN medications administered for constipation for R6 when he had not had a bowel movement in over 3 days. On 02/04/21 at 11:27 AM, R6 laid in bed and watched television. R6 stated he ate 75% of breakfast that morning. In an interview on 02/04/21 at 5:13 PM, Licensed Nurse (LN) G stated notifications appeared to notify nursing staff that a resident had not had a bowel movement in three days. If someone had not had a bowel movement in three days, she would investigate to determine if the resident had not had a bowel movement or if he had not been charted on. If the resident had not had a bowel movement in over three days, then the nurse would use standing orders for bowel management which started with milk of magnesia. If a nurse used a standing order, it would go into the EMR as an order. In an interview on 02/04/21 at 5:16 PM, Certified Nurse Aide (CNA) N stated they received notifications in EMR when a resident had not had a bowel movement recently. In report, the aides usually shared which residents had a bowel movement that shift. In an interview on 02/04/21 at 5:45 PM, Administrative Nurse D stated the resident should	F 756			

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F 756	Continued From page 10 be assessed and monitored daily for bowel movements. In an interview on 02/08/21 CP GG was unavailable for interview. The facility's "Standing Orders/Nursing Protocols" last dated 02/16/12 directed nursing to check bowel sounds, palpate abdomen, and do rectal check if indicated prior to next steps. Nursing was to give milk of magnesia 30 milliliters as needed, if no bowel movement within 24 hours then nursing was to repeat assessment and proceed to next step as directed. The "Bowel Movement Logs" Policy last revised 02/05/21 directed staff to record bowel movements in EMR each shift and directed nurses to assess bowel movement logs on Tuesday and Friday. If no bowel movement since the last assessment, then bowel protocol was to be initiated per standing orders. The "Pharmacy Recommendations" Policy last reviewed 05/11/20 directed that pharmacy will review resident medication records monthly. The facility failed to ensure the CP identified and reported the failure to administer R6's PRN medication for constipation when no bowel movement occurred for more than three days. This failure had the potential for unnecessary medication use and unwarranted side effects. - The "Diagnoses" tab of R7's electronic medical record (EMR) documented diagnoses of diverticulosis (condition in which small bulging pouches develop in the digestive tract) of intestine and hemiplegia (paralysis of one side of	F 756			

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F 756	Continued From page 11 the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (CVA- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting left dominant side. The "Annual Minimum Data Set" (MDS) dated 12/03/20 documented R7 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. R7 required total dependence with two-person physical assistance with transfers and toileting. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 12/03/20 documented R7 lived at the facility related to decreased mobility from past CVA and required two people to assist R7 with most things. The "Care Plan" dated 05/20/16 documented R7 was at risk for adverse reactions (unintended harmful reaction to a drug administered at normal dosage) related to polypharmacy (the use of five or more medications daily by an individual) and directed staff to monitor for possible signs and symptoms of adverse drug reactions including constipation. The "Care Plan" directed staff to review resident's medications with medical doctor or consulting pharmacist for adverse reactions and review PRN medications in the process. The "Orders" tab of R7's EMR documented an order with a start date of 06/28/18 for Senna (laxative- medication used to loosen stool or stimulate a bowel movement) 8.6 milligrams (mg) with Docusate Sodium (stool softener that makes bowel movements softer and easier to pass) 50	F 756			

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F 756	Continued From page 12 mg two times a day for constipation, an order with a start date of 08/18/20 for Linzess (medication used to treat irritable bowel syndrome [abnormally increased motility of the small and large intestines] with constipation and chronic constipation with no known cause) 145 micrograms (mcg) every 12 hours PRN for constipation, and an order with a start date of 06/28/18 for Magnesium hydroxide suspension (Milk of magnesia- laxative) 2400 mg every 24 hours for constipation. The "Documentation Survey Report" for R7 revealed multiple periods of no bowel movement for more than three days. There were no bowel movements for the following dates in November and December 2020 and January 2021: 11/27/20 - 11/30/20, 12/14/20 - 12/17/20, 12/28/20 - 12/31/20, 01/04/21 - 01/07/21, 01/25/21 - 01/27/21. The "Medication Administration Record" for November and December 2020 and January 2021 revealed no PRN medications were given in the above time frames where R7 had not had a bowel movement in over 3 days. The monthly "Medication Regimen Review (MRR)" from November 2020 to January 2021 lacked evidence that the consultant pharmacist notified the facility of lack of PRN medications administered for constipation for R6 when he had not had a bowel movement in over 3 days. The MRR for January 2021 recommended considering disused PRN medications including Linzess and milk of magnesia. No changes were made per R7's physician.	F 756			

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F 756	Continued From page 13 On 02/04/21 at 07:20 AM, R7 sat in her wheelchair while staff propelled wheelchair to dining room for breakfast. In an interview on 02/04/21 at 5:13 PM, Licensed Nurse (LN) G stated notifications appeared to notify nursing staff that a resident had not had a bowel movement in three days. If someone had not had a bowel movement in three days, she would investigate to determine if the resident had not had a bowel movement or if he had not been charted on. If the resident had not had a bowel movement in over three days, then the nurse would use standing orders for bowel management which started with milk of magnesia. If a nurse used a standing order, it would go into the EMR as an order. In an interview on 02/04/21 at 5:16 PM, Certified Nurse Aide (CNA) N stated they received notifications in EMR when a resident had not had a bowel movement recently. In report, the aides usually shared which residents had a bowel movement that shift. In an interview on 02/04/21 at 5:45 PM, Administrative Nurse D stated the resident should be assessed and monitored daily for bowel movements. In an interview on 02/08/21 CP GG was unavailable for interview. The facility's "Standing Orders/Nursing Protocols" last dated 02/16/12 directed nursing to check bowel sounds, palpate abdomen, and do rectal check if indicated prior to next steps. Nursing was to give milk of magnesia 30 milliliters as needed, if no bowel movement within 24 hours then	F 756			

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F 756	Continued From page 14 nursing was to repeat assessment and proceed to next step as directed. The "Bowel Movement Logs" Policy last revised 02/05/21 directed staff to record bowel movements in EMR each shift and directed nurses to assess bowel movement logs on Tuesday and Friday. If no bowel movement since the last assessment, then bowel protocol was to be initiated per standing orders. The "Pharmacy Recommendations" Policy last reviewed 05/11/20 directed that pharmacy will review resident medication records monthly. The facility failed to ensure the CP identified and reported the failure to administer R7's PRN medication for constipation when no bowel movement occurred for more than three days. This failure had the potential for unnecessary medication use and unwarranted side effects.	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- §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	F 757			

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F 757	Continued From page 15 §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 17 residents. The sample included 13 residents. Five residents were sampled for unnecessary medication review. Based on observations, record reviews, and interviews the facility failed to administer as needed medication (PRN) as ordered by physician for constipation for residents who had not had a bowel movement for more than three days for Resident (R) 6 and R7. Findings included: - The "Diagnoses" tab of R6's electronic medical record (EMR) documented diagnoses of acquired absence of right and left leg below knee (amputation or surgical removal of a limb) and end stage renal disease (occurs when chronic kidney disease or the gradual loss of kidney function reaches an advanced state). The "Admission Minimum Data Set" (MDS) dated 09/09/20 revealed R6 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderate cognitive impairment. R6 required two-person extensive physical assistance with toileting. R6 received opioid (medication used to treat pain) medication six out of seven days in the assessment period.	F 757			

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F 757	Continued From page 16 The "Quarterly MDS" dated 12/01/20 revealed R6 had a BIMS score of 10 which indicated moderate cognitive impairment. R6 required two-person extensive physical assistance with toileting. R6 received opioid medication five out of seven days in the assessment period. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment" CAA dated 09/02/20 documented R6 lived at facility as he was unable to care for himself related to bilateral below knee amputations and end stage renal disease and he required a Hoyer lift (total body mechanical lift used to transfer residents) for all transfers. The "Care Plan" dated 02/04/19 documented R6 was at risk for adverse reactions (unintended harmful reaction to a drug administered at normal dosage) related to polypharmacy (the use of five or more medications daily by an individual) and directed staff to monitor for possible signs and symptoms of adverse drug reactions including constipation. The "Care Plan" directed staff to review resident's medications with medical doctor or consulting pharmacist for adverse reactions and review PRN medications in the process. The "Orders" tab of R6's EMR documented an order with a start date of 01/12/20 for Senna (laxative- medication used to loosen stool or stimulate a bowel movement) 8.6 milligrams (mg) by mouth every 24 hours as needed for constipation and an order with a start date of 01/14/21 for Metamucil Fiber Packet 2.4 grams by mouth every 12 hours as needed for loose stools. The "Documentation Survey Report" for R6	F 757			

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F 757	Continued From page 17 revealed multiple periods of no bowel movement for more than three days. There were no bowel movements for the following dates in November and December 2020 and January and February 2021: 11/22/20 - 11/25/20, 11/29/20 - 12/03/20, 12/05/20 - 12/10/20, 12/17/20 - 12/20/20, 12/27/20 - 12/31/20, 01/19/21 - 01/25/21, 01/29/21 - 02/03/21. The "Medication Administration Record" for November and December 2020 and January and February 2021 revealed no PRN medications were given in the above time frames where R6 had not had a bowel movement in over 3 days. On 02/04/21 at 11:27 AM, R6 laid in bed and watched television. R6 stated he ate 75% of breakfast that morning. In an interview on 02/04/21 at 5:13 PM, Licensed Nurse (LN) G stated notifications appeared to notify nursing staff that a resident had not had a bowel movement in three days. If someone had not had a bowel movement in three days, she would investigate to determine if the resident had not had a bowel movement or if he had not been charted on. If the resident had not had a bowel movement in over three days, then the nurse would use standing orders for bowel management which started with milk of magnesia. If a nurse used a standing order, it would go into the EMR as an order. In an interview on 02/04/21 at 5:16 PM, Certified Nurse Aide (CNA) N stated they received notifications in EMR when a resident had not had a bowel movement recently. In report, the aides usually shared which residents had a bowel movement that shift.	F 757			

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F 757	Continued From page 18 In an interview on 02/04/21 at 5:45 PM, Administrative Nurse D stated the resident should be assessed and monitored daily for bowel movements. The facility's "Standing Orders/Nursing Protocols" last dated 02/16/12 directed nursing to check bowel sounds, palpate abdomen, and do rectal check if indicated prior to next steps. Nursing was to give milk of magnesia 30 milliliters as needed, if no bowel movement within 24 hours then nursing was to repeat assessment and proceed to next step as directed. The "Bowel Movement Logs" Policy last revised 02/05/21 directed staff to record bowel movements in EMR each shift and directed nurses to assess bowel movement logs on Tuesday and Friday. If no bowel movement since the last assessment, then bowel protocol was to be initiated per standing orders. The facility failed to ensure PRN medications were administered for R6 for constipation when no bowel movement occurred for more than three days. This failure had the potential for unnecessary medication use and unwarranted side effects. - The "Diagnoses" tab of R7's electronic medical record (EMR) documented diagnoses of diverticulosis (condition in which small bulging pouches develop in the digestive tract) of intestine and hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (CVA- sudden death of brain cells due	F 757			

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F 757	Continued From page 19 to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain) affecting left dominant side. The "Annual Minimum Data Set" (MDS) dated 12/03/20 documented R7 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated intact cognition. R7 required total dependence with two-person physical assistance with transfers and toileting. The "Activities of Daily Living (ADL)/ Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 12/03/20 documented R7 lived at facility related to decreased mobility from past CVA and required two people to assist R7 with most things. The "Care Plan" dated 05/20/16 documented R7 was at risk for adverse reactions (unintended harmful reaction to a drug administered at normal dosage) related to polypharmacy (the use of five or more medications daily by an individual) and directed staff to monitor for possible signs and symptoms of adverse drug reactions including constipation. The "Care Plan" directed staff to review resident's medications with medical doctor or consulting pharmacist for adverse reactions and review PRN medications in the process. The "Orders" tab of R7's EMR documented an order with a start date of 06/28/18 for Senna (laxative- medication used to loosen stool or stimulate a bowel movement) 8.6 milligrams (mg) with Docusate Sodium (stool softener that makes bowel movements softer and easier to pass) 50 mg two times a day for constipation, an order with a start date of 08/18/20 for Linzess (medication used to treat irritable bowel syndrome [abnormally	F 757			

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F 757	Continued From page 20 increased motility of the small and large intestines] with constipation and chronic constipation with no known cause) 145 micrograms (mcg) every 12 hours as needed for constipation, and an order with a start date of 06/28/18 for Magnesium hydroxide suspension (Milk of magnesia- laxative) 2400 mg every 24 hours for constipation. The "Documentation Survey Report" for R7 revealed multiple periods of no bowel movement for more than three days. There were no bowel movements for the following dates in November and December 2020 and January 2021: 11/27/20 - 11/30/20, 12/14/20 - 12/17/20, 12/28/20 - 12/31/20, 01/04/21 - 01/07/21, 01/25/21 - 01/27/21. The "Medication Administration Record" for November and December 2020 and January 2021 revealed no PRN medications were given in the above time frames where R7 had not had a bowel movement in over 3 days. On 02/04/21 at 07:20 AM, R7 sat in her wheelchair while staff propelled wheelchair to dining room for breakfast. In an interview on 02/04/21 at 5:13 PM, Licensed Nurse (LN) G stated notifications appeared to notify nursing staff that a resident had not had a bowel movement in three days. If someone had not had a bowel movement in three days, she would investigate to determine if the resident had not had a bowel movement or if he had not been charted on. If the resident had not had a bowel movement in over three days, then the nurse would use standing orders for bowel management which started with milk of	F 757			

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F 757	Continued From page 21 magnesia. If a nurse used a standing order, it would go into the EMR as an order. In an interview on 02/04/21 at 5:16 PM, Certified Nurse Aide (CNA) N stated they received notifications in EMR when a resident had not had a bowel movement recently. In report, the aides usually shared which residents had a bowel movement that shift. In an interview on 02/04/21 at 5:45 PM, Administrative Nurse D stated the resident should be assessed and monitored daily for bowel movements. The facility's "Standing Orders/Nursing Protocols" last dated 02/16/12 directed nursing to check bowel sounds, palpate abdomen, and do rectal check if indicated prior to next steps. Nursing was to give milk of magnesia 30 milliliters as needed, if no bowel movement within 24 hours then nursing was to repeat assessment and proceed to next step as directed. The "Bowel Movement Logs" Policy last revised 02/05/21 directed staff to record bowel movements in EMR each shift and directed nurses to assess bowel movement logs on Tuesday and Friday. If no bowel movement since the last assessment, then bowel protocol was to be initiated per standing orders. The facility failed to ensure PRN medications were administered for R7 for constipation when no bowel movement occurred for more than three days. This failure had the potential for unnecessary medication use and unwarranted side effects.	F 757			

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F 880 F 880 SS=E	Continued From page 22 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F 880 F 880			

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F 880	Continued From page 23 (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: The facility identified a census of 17 residents, three residents on 14-day isolation (transmission-based precautions [infection control precautions in health care] taken after admission to prevent potential spread of COVID-19 [an acute respiratory illness in humans caused by coronavirus, capable of producing severe symptoms and in some cases death]) on 100 hall and two residents on 14-day isolation on 200 hall.	F 880			

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F 880	Continued From page 24 Based on observations, interviews, and record reviews, the facility failed to ensure proper handwashing after doffing (removing) isolation gown (personal protective equipment used to protect the wearer from injury or infection), usage of a barrier with glucometer (instrument used to calculate blood glucose) use, proper glucometer disinfection after use, and proper storage of reusable/used isolation gowns after exposure to 14-day isolation residents. Findings included: - An observation on 02/03/21 at 09:37 AM revealed Certified Nurse Aide (CNA) O used hand sanitizer in resident isolation room on hall 200 before leaving room then proceeded to doff isolation gown and place used isolation gown behind handrail beside isolation room. CNA O failed to perform hand hygiene after doffing isolation gown and proceeded down hallway to nurses desk. - An observation on 02/03/21 at 11:03 AM revealed Licensed Nurse (LN) H failed to place a barrier between the glucometer and resident's bedside table that had mail and books on it. - An observation on 02/04/21 at 07:16 AM revealed LN I came out of a resident isolation room with a glucometer. LN I placed glucometer on top of medication cart then proceeded to gather medications for resident in isolation room. After administering medications to resident, LN I placed glucometer inside the medication cart without disinfecting it. - An observation on 02/03/21 at 08:52 AM revealed resident isolation room on the 100 hall had used	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/04/2021
NAME OF PROVIDER OR SUPPLIER PROVIDENCE PLACE LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 8909 PARALLEL PKY KANSAS CITY, KS 66112		
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F 880	Continued From page 25 isolation gowns hanging on the outside of the door and behind/over the handrails next to the isolation room. An observation on 02/03/21 at 07:00 AM revealed LN H left resident isolation room on 100 hall wearing isolation gown, doffed gown and placed behind/over the hall handrail outside of isolation room, then performed hand hygiene. An observation on 02/04/21 at 07:05 AM revealed two used isolation gowns behind handrails beside resident isolation room and two used isolation gowns hanging on door of isolation room on 200 hall. Four used isolation gowns behind handrails beside another resident isolation room were observed on the 200 hall. An observation on 02/04/21 at 11:23 AM revealed five used isolation gowns behind handrails beside resident isolation room on 200 hall and two isolation gowns behind handrails and three used isolation gowns hanging on door of another resident isolation room on the 200 hall. In an interview on 02/04/21 at 5:13 PM, LN G stated hand hygiene was performed after doffing gloves and isolation gowns. She stated with glucometer use a barrier was placed for glucometer usage with each resident and was disinfected after each use before placed into the medication cart. She stated all new admissions were placed on 14-day isolation because they were treated as if they had COVID-19. The isolation gowns were replaced every shift, were shared among staff, and were placed on the hook on the outside of the resident's room. Some residents propelled themselves down the hallway where isolation rooms were located, and some	F 880			

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F 880	Continued From page 26 used the handrails that isolation gowns were placed behind. Cross-contamination could have occurred with the residents and staff from the used isolation gowns placed outside isolation rooms and behind the handrails. In an interview on 02/04/21 at 5:16 PM, CNA N stated hand hygiene was performed after doffing isolation gowns. She stated new admissions were on 14-day isolation because they were treated as though they had COVID-19. She stated isolation gowns were replaced every shift, but she used a new gown every time she entered an isolation room. She stated that some residents propelled themselves past isolation rooms and used the handrails in the hallways. She stated there could have been cross-contamination among residents and staff due to isolation gowns being placed on door outside isolation room and behind the handrails. In an interview on 02/04/21 at 05:45 PM, Administrative Nurse D stated the glucometer machine should have been cleaned between each use. She stated isolation gowns were changed each shift for the isolation rooms, new admissions were placed in isolation and treated as though they had COVID-19. She stated it never occurred to the facility that cross-contamination could have occurred from placing isolation gowns outside isolation rooms and behind handrails where self-propelled residents could have come into contact with them. The "Blood Glucose Testing" Policy last reviewed 04/16/20 directed staff to wipe glucometer with "chlor" towelette should the meter become soiled or contaminated. The policy did not address	F 880			

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F 880	Continued From page 27 barrier usage with glucometer procedure. The "Transmission-Based Precautions" Policy last revised February 2020 directed that transmission-based precautions were initiated whenever a risk of spreading infection was present. The policy defined contact precautions as reducing the risk of transmission of microorganisms by direct or indirect contact, indirect contact transmission involved contact of a susceptible host with a contaminated object. The policy did not address proper doffing of PPE or hand hygiene. The facility failed to ensure proper hand hygiene after doffing isolation gown, usage of a barrier with glucometer, proper disinfection after glucometer usage, and proper storage of reusable/used isolation gowns for residents on 14-day isolation. This deficient practice had the potential to spread illness and infection to residents on affected halls.	F 880			