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	17E591	A. BUILDING _____ B. WING _____	02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY HEALTH CARE CENTER	400 12TH STREET PO BOX 189 VALLEY FALLS, KS 66088

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 2/15/19.	F 000		
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: The facility census totaled 35 with a sample size of 7. Based on observation and interview the	F 577		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/15/2019

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 577	Continued From page 1 facility failed to post the most recent survey results of the facility in a place readily accessible to residents, family members, and legal representatives of residents, and failed to post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. Findings included: - On 02/13/19 at 10:34 AM survey results were located on the non-licensed side of the facility, positioned up high in a basket on the wall in a 3-ring binder attached to a large chain, near the business office and employee restrooms. An interview on 02/12/19 at 10:06 AM with members of resident council (residents #2, #20, and #29), revealed the members were unaware that survey results could be reviewed and stated they did not know the results were available or posted anywhere in the facility. An interview on 02/13/19 at 2:15 PM with administrative staff A revealed there were no signs posted in the facility to inform the public of where the most recent survey results could be located and reviewed. The facility failed to post the most recent survey results of the facility in a place readily accessible to residents, family members, and legal representatives of residents, and failed to post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.	F 577		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)	F 656		

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F 656	Continued From page 2	F 656		

§483.21(b) Comprehensive Care Plans
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care

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F 656	Continued From page 3	F 656		

plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 35 residents. The sample included 7 residents. Based on interviews, observation, and record review the facility failed to develop a comprehensive pain care plan for 1 (#12) of 5 residents sampled for medication review.

Findings included:

- The resident's Electronic Medical Record (EMR) listed diagnoses of hypertension (elevated blood pressure-(BP), and schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).

The annual Minimum Data Set (MDS) dated 5/10/18 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The resident performed his/her Activities of Daily Living (ADLs) independently.

The mood Care Area Assessment (CAA) dated 5/10/18 documented the resident's mood state varied depending on the situation.

The quarterly MDS dated 12/31/18 documented a BIMS score of 15. The resident performed his/her Activities of Daily Living (ADLs) independently.

The resident's comprehensive care plan lacked documentation on interventions in place for hypertension monitoring.

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F 656	Continued From page 4 The EMR documented a physician's order, dated 6/13/17, for Toprol XL (medication to treat hypertension) 50 milligrams (mgs.) orally every day-notify physician if the systolic (pressure in the heart when it beats) BP was over 200 mmHg (milliliters of Mercury) or under 90 mmHg or if the diastolic (pressure in the heart as it rests) BP was over 115 mmHg or under 60 mmHg. On 2/12/19 at 10:00 AM the resident sat in his/her room painting a picture. He/she was alert and smiling. The resident stated he/she enjoyed art work. On 2/14/19 at 9:50 AM administrative staff D stated a hypertension care plan should be in the EMR. The facility's care plan policy dated November 28, 2017 documented a care plan is developed for each resident that includes measurable objectives to meet a resident's medical, nursing, mental, and psychosocial needs and were consistent with the resident's desires and preferences. The facility failed to develop a comprehensive care plan with interventions to address the care needs for this resident with hypertension.	F 656		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.	F 727		

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§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.
This REQUIREMENT is not met as evidenced by:
The facility census totaled 35 residents with a sample size of 7 residents. Based on record review and interview, the facility failed to utilize the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week.

Findings included:

- Review of the daily nurse staffing reports and the working staff schedule dated 02/22/18 - 02/14/19 revealed there was no RN coverage for 8 consecutive hours per day on 02/23/18, 02/24/18, 02/25/18, 03/03/18, 03/04/18, 03/26/18, 03/37/18, 03/28/18, 03/30/18, 06/25/18, 07/04/18, 09/03/18, 10/06/18, 10/07/18, 11/22/18, 11/23/18, 11/26/18, 11/27/18, 11/28/18, 11/29/18, 11/30/18, 12/25/18, and 01/01/19.

An interview on 02/13/19 at 10:59 AM with administrative nursing staff D stated that if there were no RN hours on the daily nurse staffing reports and he/she was not working on that day, then there was no RN coverage for those dates.

Review of the facility's staffing policy last revised on 04/27/18, lacked evidence of information regarding the required RN coverage for 8 consecutive hours 7 days a week.

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F 727	Continued From page 6 The facility failed to utilize the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week.	F 727		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, 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	F 756		

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F 756	Continued From page 7	F 756		

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 35 residents. The sample included 7 residents. Based on interviews, observation, and record review the facility failed to ensure the consultant pharmacist identified irregularities (physician ordered blood pressure parameters used to monitor blood pressure medications) for 1 (#12) of 5 residents sampled for medication review.

Findings included:

- The resident's Electronic Medical Record (EMR) listed diagnoses of hypertension (elevated blood pressure-(BP), and schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).

The annual Minimum Data Set (MDS) dated 5/10/18 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The resident performed his/her Activities of Daily Living (ADLs) independently.

The mood Care Area Assessment (CAA) dated 5/10/18 documented the resident's mood state varied depending on the situation.

The quarterly MDS dated 12/31/18 documented a BIMS score of 15. The resident performed his/her Activities of Daily Living (ADLs) independently.

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F 756	Continued From page 8	F 756		

The resident's comprehensive care plan lacked documentation on interventions in place for hypertension monitoring.

The EMR documented a physician's order, dated 6/13/17, for Toprol XL (medication to treat hypertension) 50 milligrams (mgs.) orally every day-notify physician if the systolic (pressure in the heart when it beats) BP is over 200 mmHg (milliliters of Mercury) or under 90 mmHg, or if the diastolic (pressure in the heart as it rests) BP was over 115 mmHg or under 60 mmHg.

Review of the Medication Administration Record from August 2018 through 2/13/19 lacked documentation for BP monitoring for 26 of 31 days in August, 25 of 30 days in September, 24 of 31 days in October, 26 of 30 days in November, 26 of 31 days in December, 25 of 31 days in January, and 10 of 13 days in February.

The Medication Regimen Review (MRR) reviewed June 2018 thru January 2019 lacked documentation for the BP monitoring irregularities.

On 2/12/19 at 10:00 AM the resident sat in his/her room painting a picture. He/she was alert and smiling. The resident stated he/she enjoyed art work.

On 2/13/19 at 2:58 PM licensed staff G stated BPs are monitored for the first week after a BP medication is prescribed then, if BPs are stable and within prescribed parameters the BPs are monitored weekly.

On 2/13/19 at 3:07 PM administrative nursing staff D verified the resident's Toprol order did

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F 756	Continued From page 9 include physician notification needed for BP parameters and the MAR lacked BP documentation. On 2/14/19 at 9:43 AM pharmacy consultant staff GG stated he/she did monitor for MAR discrepancies when BP medications had physician ordered parameters. The facility's drug regimen review policy dated November 28, 2017 documented the pharmacist completes a review of the resident's clinical chart monthly and reported any irregularities to the attending physician, the facility's medical director and the director of nursing. The facility failed to ensure the consultant pharmacist identified irregularities in BP monitoring for this resident with a history of hypertension.	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 10	F 757		

§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 35 residents. The sample included 7 residents. Based on interviews, observation, and record review the facility failed to obtain physician orders for blood pressure (BP) parameters and testing to including a time frame, used for effective medication monitoring for 1 (#12, who received hypertensive medications) of 5 residents sampled for unnecessary medications.

Findings included:

- The resident's Electronic Medical Record (EMR) listed diagnoses of hypertension (elevated blood pressure-(BP), and schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).

The annual Minimum Data Set (MDS) dated 5/10/18 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The resident performed his/her Activities of Daily Living (ADLs) independently.

The mood Care Area Assessment (CAA) dated 5/10/18 documented the resident's mood state varied depending on the situation.

The quarterly MDS dated 12/31/18 documented a

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F 757	Continued From page 11	F 757		

BIMS score of 15. The resident performed his/her ADLs independently.

The resident's comprehensive care plan lacked documentation on interventions in place for hypertension monitoring.

The EMR documented a physician's order, dated 6/13/17, for Toprol XL (medication to treat hypertension) 50 milligrams (mgs.) orally every day-notify physician if the systolic (pressure in the heart when it beats) BP is over 200 mmHg (milliliters of Mercury) or under 90 mmHg, or if the diastolic (pressure in the heart as it rests) BP was over 115 mmHg or under 60 mmHg. This order lacked direction to staff when and how often to obtain resident blood pressures for effectiveness of the medication.

The Medication Regimen Review (MRR) reviewed June 2018 thru January 2019 lacked BP monitoring irregularities documentation.

On 2/12/19 at 10:00 AM the resident sat in his/her room painting a picture. He/she was alert and smiling. The resident stated he/she enjoyed art work.

On 2/13/19 at 2:58 PM licensed staff G stated BPs are monitored for the first week after a BP medication is prescribed, then if BP is stable and within prescribed parameters BPs are monitored weekly. He/she verified the order for Toprol did include BP monitoring parameters and the MAR lacked BP documentation.

On 2/13/19 at 3:07 PM administrative nursing staff D verified the resident's Toprol order did include physician notification needed for BP

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F 757	Continued From page 12 parameters and the MAR lacked BP documentation. The facility has no policy for following physician orders. The facility failed to obtain physician orders for blood pressure (BP) testing to monitor a blood pressure medication for this resident with hypertension.	F 757		