STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175426	A. BUILDING _____ B. WING _____	07/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW NURSING & RESIDENTIAL LIVING	**808 N 8TH STREET SENECA, KS 66538**

(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 citation represents the findings of an MDS (minimum data set) Focus Survey.	F 000		
F 278 SS=D	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a	F 278		

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 278	Continued From page 1	F 278		

material and false statement.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 29 residents with 8 sampled for review. Based on observation, interview, and record review, the facility failed to accurately code 1 of 8 residents' MDS (minimum data set) assessment related to intermittent catheterization (insertion and removal of a catheter several times a day to empty the urinary bladder). (#7)

Findings included:

- Resident #7's 10/26/16 annual MDS (minimum data set) assessment revealed the resident had a BIMS (brief interview for mental status) score of 3 which indicated severely impaired cognition. The resident required extensive assistance of 2 persons for transfers and was dependent on 2 persons for toilet use. The bowel and bladder section of the MDS indicated no appliances were used for the resident and urinary incontinence could not be rated. The MDS did not code the use of intermittent catheterization. Active diagnoses included neurogenic bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system).

The 10/31/16 urinary incontinence CAA (care area assessment) triggered due to the resident's need to be straight cathed (intermittent catheterization) several times a day.

The 1/11/17 quarterly MDS indicated staff provided intermittent catheterization for the resident.

The quarterly MDS assessments dated 4/4/17

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F 278	Continued From page 2	F 278		

and 6/26/17, both failed to code the use of intermittent catheterization for resident #7.

The 7/5/17 nursing care plan directed staff to catheterize the resident 3-5 times a day, usually before getting up for breakfast, when he/she layed down after lunch, at bedtime, between 2 and 5 a.m., and as needed. The resident was not on a toileting program due to the intermittent catheterization.

Review of the clinical record included a 6/1/16 physician order to straight cath the resident a minimum of 2-3 times a day and up to 4-5 times a day for neurogenic bladder.

During an observation on 7/18/17 at 12:57 p.m., direct care staff M and N transferred resident #7 from his/her wheelchair to the bed using a hoyer lift (full sling mechanical lift). Staff provided incontinence care prior to positioning the resident on his/her side.

During an interview on 7/19/17 at 11:31 a.m., licensed nurse G verified the nurses performed intermittent catheterizations daily for resident #7.

During an interview on 7/19/17 at 11:45 a.m., administrative nurse D stated he/she checked the MDS assessments for completion. Nurse D indicated administrative nurse E completed and documented the MDS assessments.

An interview on 7/19/17 at 11:50 a.m. with administrative nurse E confirmed he/she completed the MDS assessments for resident #7. He/she verified the assessments should include intermittent catheterization in the bowel and bladder section of the MDS.

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F 278	Continued From page 3 The facility failed to include intermittent catheterization in the bowel and bladder section of resident #7's 10/26/16 annual MDS, 4/4/17 quarterly MDS, and the 6/26/17 quarterly assessment.	F 278		