

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

PRINTED: 10/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>175540</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/04/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOTTINGHAM HEALTH AND REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14200 W 134TH PLACE<br/>OLATHE, KS 66062</b>                                 |                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |                                                        |
| F 000                                                                           | INITIAL COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F 000                                                                      |                                                                                                                          |                            |                                                        |
| F 690<br>SS=D                                                                   | <p>The following citations represent the findings of a Health Resurvey.</p> <p>The 2567 was sent electronically on 10/13/22.</p> <p>Bowel/Bladder Incontinence, Catheter, UTI<br/>CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence.<br/>§483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOTTINGHAM HEALTH AND REHABILITATION</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>14200 W 134TH PLACE<br/>OLATHE, KS 66062</b>                                 |                            |                                                        |
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| F 690                                                                           | <p>Continued From page 1</p> <p>ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility identified a census of 40 residents. The sample included 12 residents with two reviewed for incontinence. Based on observations, record review, and interviews, the facility failed to assess and identify the services and assistance necessary to promote bladder continence for Resident (R)24 and R13. This deficient practice placed them at risk from decreased psycho-social wellbeing and increased incontinence.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> <li>- The "Medical Diagnosis" section within R24's Electronic Medical Records (EMR) included diagnoses of macular degenerations (progressive deterioration of the retina), overactive bladder, muscle weakness, cognitive communication deficit, unsteadiness of feet, and left femur fracture (broken bone) with routine healing.</li> </ul> <p>R24's "Admission Minimum Data Set (MDS)" dated 08/29/22 noted a Brief Interview for Mental Status (BIMS) score of five indicating severe cognitive impairment. The MDS noted that no toileting program had been attempted on admission. The MDS noted that she was frequently incontinent of both bowel and bladder with no toileting program.</p> <p>A review of R24's "Pressure Ulcer Care Area Assessment (CAA)" dated 09/28/22 indicated that she was frequently incontinent of bowel and bladder.</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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| F 690                                                                           | <p>Continued From page 2</p> <p>A review of R24's "Urinary Incontinence CAA" dated 09/28/22 noted that she had urinary urgency (involuntary passage of urine occurring soon after a strong sense of urgency to void) and needed assistance in toileting. The CAA noted modifiable factors of her incontinence as restricted mobility and urinary tract infections.</p> <p>R24's clinical record lacked evidence the facility assessed the type of incontinence or R24's voiding patterns.</p> <p>A review of R24's "Care Plan" created 08/23/22 indicated that she was incontinent of bowel and bladder related to decreased mobility. The care plan noted that R24 reported that she "feels that she will have a decrease in incontinence once she is feeling better and moving better." The care plan instructed staff to toilet R24 every two to three hours. The care plan indicated that she required assistance from one staff member for all activities of daily living and utilized a wheelchair for locomotion.</p> <p>A review of a "Daily Skilled Evaluation" dated 08/23/22 noted that R24 was able to verbalize her needs appropriately and oriented. The evaluation noted that she was incontinent of bladder but continent of bowel. The evaluation noted that she was dependent on staff for toileting hygiene and required touch assistance and supervision for toileting transfers.</p> <p>A review of "Summary of Skill" note dated 09/28/22 for R24 indicated that she was receiving self-care management training for ADL's tasks of donning clothing and safety training for transfers. The note indicated that R24 demonstrated a</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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| F 690                                                                           | <p>Continued From page 3</p> <p>decrease in participation due to reduced activity tolerance and was discharged from skilled services on 09/29/22 due to maximized functional potential.</p> <p>On 10/03/22 at 02:30PM R24 rested in her bed.</p> <p>On 10/04/22 at 10:15AM an interview with Certified Nurses Aid (CNA) N, he stated that R24 was checked every two hours for incontinence. He stated that she wore briefs and had an incontinence pad on her bed. He stated that when she first arrived, she struggled to moved due to her recent surgery but improved. He stated that she was able to let staff know her needs and if she had to use the restroom. He stated that R24 improved to the point of moving herself around her room by herself and staff would need to remind her to call for assistance. CNA N stated that R24 recently declined and started hospice services on 10/03/22.</p> <p>On 10/04/22 at 10:30AM an interview with Licensed Nurse (LN) H, she stated that all residents are checked every two hours for incontinence and repositioning. She stated that when R24 first arrived she had difficulties being toileted due to her immobility. She stated that R24's mobility improved with therapy and she was walking and improving until her decline and admission to hospice. She stated that R24's family recently purchased a Purewick device (external urinary collection device used for female urinary incontinence) but had not brought it to the facility yet.</p> <p>On 10/04/22 at 12:43PM Administrative Nurse D stated that the resident's bowel and bladder treatment was based upon staff's knowledge of</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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| F 690                                                                           | <p>Continued From page 4</p> <p>the resident's known history of incontinence and was dependent upon each resident's individualized care needs.</p> <p>The facility did not provide a policy related to bowel and bladder management.</p> <p>The facility failed to assess and identify the services and assistance necessary to promote bladder and bowel continence for R24. This deficient practice placed her at risk from decreased psycho-social wellbeing and increased incontinence.</p> <p>- R13's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of need for assistant with personal care, anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).</p> <p>The "Admission Minimum Data Set" (MDS) dated 11/25/21 documented R13 had a Brief Interview of Mental Status (BIMS) score of 12 which indicated moderately impaired cognition. The MDS documented that R13 required extensive assistance of one staff member for toileting, personal hygiene, dressing and transfers. The MDS documented R13 was frequently incontinent (seven episodes of urinary incontinence but at least one episode of continent voiding) and R13 was not on a toileting program.</p> <p>The "Quarterly MDS" dated 08/10/22 documented a BIMS score of 13 which indicated intact cognition. The MDS documented that R13 required supervision of one staff member for</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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| F 690                                                                           | <p>Continued From page 5</p> <p>personal hygiene, transfers, toileting and bed mobility. The MDS documented R13 was frequently incontinent of bladder and was not on a toileting program.</p> <p>R13's "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA) dated 12/02/21 lacked documentation.</p> <p>R13's "Care Plan" dated 01/28/22 documented to toilet R13 every two to three hours and as necessary.</p> <p>Review of the EMR under "Assessment" tab revealed an "Admission Assessment dated 09/20/22 and under the "Bladder/Bowel" section, the assessment documented R13 was not incontinent of bladder.</p> <p>The clinical record lacked evidence R13 was assessed for the type of urinary incontinence, suitability for bladder retraining program or voiding patterns for personalized toileting schedule.</p> <p>On 10/03/22 at 01:12 PM R13 walked with assistance of a walker off the unit, therapy staff was stand by assistance as they pushed her wheelchair.</p> <p>On 10/04/22 at 11:05 AM Certified Nurses Aide (CNA) M stated R13 was continent of her bladder prior to her last hospital visit. CNA M stated R13 was now incontinent of her bowels and bladder and called when she needed assistance with toileting. CNA M stated she did not believe R13 was on a toileting program.</p> <p>On 10/04/22 at 12:20 PM Licensed Nurse (LN) H</p> | F 690                                                                      |                                                                                                                          |                            |                                                        |

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| F 690                                                                           | Continued From page 6<br>stated R13 was incontinent of bladder and was not aware of a toileting program for R13 at this time. LN H stated a bladder assessment was completed on admission.<br><br>On 10/04/22 at 12:45 PM Administrative Staff A stated the resident's bowel and bladder treatment was based upon staff's knowledge of the resident's known history of incontinence and was dependent upon each resident's individualized care needs. Administrative Staff A stated the MDS coordinator reviewed the CNA documentation when completing the MDS. Administrative Staff A stated therapy would help to develop the individualized toileting programs.<br><br>The facility was unable to provide a policy related bowel and bladder assessment or individualized toileting plan.<br><br>The facility failed to identify and develop an individualized toileting program and/or bladder retraining for R13 to promote continence and maintain her dignity and well-being. | F 690                                                                      |                                                                                                                          |                            |                                                        |
| F 697<br>SS=D                                                                   | Pain Management<br>CFR(s): 483.25(k)<br><br>§483.25(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>The facility identified a census of 40 residents. The sample included 12 residents with one resident reviewed for pain. Based on observation,                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F 697                                                                      |                                                                                                                          |                            |                                                        |

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| F 697                                                                           | <p>Continued From page 7</p> <p>record review, and interviews, the facility failed to address and treat Resident (R) 17's pain when providing care. This placed R17 at risk of ongoing pain, impaired psychosocial wellbeing, and diminished quality of life.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R17's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of hypertension (elevated blood pressure), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and abdominal pain.</li> </ul> <p>The "Admission Minimum Data Set" (MDS) dated 08/19/22 documented a Brief Interview of Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. The MDS documented that R17 required extensive assistance of two staff members for activities of daily living (ADL's). The MDS documented R17 had pain and had not received any non-medication intervention or opioid medication (a class of medication used to treat pain) during the look back period. The MDS documented R17 had an injury from a fall.</p> <p>R17's "Cognitive Loss/Dementia Care Area Assessment" (CAA) dated 08/23/22 documented she was confused but was able to make herself understood.</p> <p>R17's "Care Plan" dated 08/23/22 documented staff were to address complaints of pain promptly and administer medication as ordered. Staff were to allow rest periods when care was provided and conduct a pain assessment every shift; staff were</p> | F 697                                                                      |                                                                                                                          |                            |                                                        |

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

PRINTED: 10/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| F 697                                                                           | <p>Continued From page 8</p> <p>to assist R17 with identifying the level of pain. Staff were to monitor for signs of pain such as refusal of care, agitation or refusal to eat.</p> <p>Review of the EMR under "Orders" tab revealed the following physician orders:</p> <p>Acetaminophen (analgesic - class of medication used to treat pain) tablet 650 milligrams (mg) give one tablet by mouth every four hours as needed for general discomfort (do not exceed (NTE) three grams (g) in 24-hour period) dated 08/11/22.</p> <p>Morphine sulfate (concentrate) solution (opioid) 100 mg/ five milliliters (ml) give 0.25 ml by mouth every three hours as needed for pain and shortness of breath dated 08/20/22.</p> <p>Norco tablet 5-325 mg (opioid) give one tablet by mouth every six hours as needed for pain (NTE three grams of acetaminophen in 24 hours from all sources dated 09/09/22.</p> <p>Observation on 10/04/22 at 09:56 AM Certified Nurses Aide (CNA) O and CNA M entered R17's room, explained they were there to assist her with dressing and getting her ready for the day. CNA O began to assist R17 onto her left side, R17 began to cry out and moan. CNA M asked R17 was she in pain and R17 replied yes. CNA staff continued to provide peri-care and dress R17 as she moaned and cried during cares. CNA O and CNA M assisted R17 into an upright position on the side of the bed and R17 cried out. Staff asked R17 if her back hurt and R17 replied yes. CNA staff then transferred R17 into the wheelchair. CNA staff stated R17 always cried out that way and stated staff report complaints of pain to the</p> | F 697                                                                      |                                                                                                                          |                            |                                                        |

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

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| F 697                                                                           | <p>Continued From page 9<br/>nurse.</p> <p>On 10/04/22 at 11:55 AM Certified Nurse's Aide (CNA) M stated R17 always acted that way (crying, moaning) during cares. CNA M stated she would report any resident that was in pain to the charge nurse and she said she reported R17's pain to the nurse.</p> <p>On 10/04/22 at 12:20 PM Licensed Nurse (LN) H stated she did not remember if the CNAs had reported R17's complaint of pain. LN H stated she had not assessed R17 or administered any as needed pain medication.</p> <p>On 10/04/22 at 12:45 PM Administrative Staff A stated it would depend upon the situation whether the nursing staff would stop during cares when a resident was moaning and complained of pain. Administrative Staff A stated every situation and all residents were different.</p> <p>The facility "Pain Management" policy undated documented effective pain management can remove the adverse psychological and physiological effects unrelieved pain. Optimal management of the resident experiencing pain enhances the healing and promotes both physical and psychological wellbeing. Negative verbalizations and vocalizations (groaning, crying, whimpering, screaming).</p> <p>The facility failed to address and treat R17's pain. This placed R17 at risk of untreated pain, impaired psychosocial wellbeing and diminished quality of life.</p> | F 697                                                                      |                                                                                                                          |                            |                                                        |
| F 761<br>SS=E                                                                   | <p>Label/Store Drugs and Biologicals<br/>CFR(s): 483.45(g)(h)(1)(2)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | F 761                                                                      |                                                                                                                          |                            |                                                        |

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

PRINTED: 10/13/2022  
FORM APPROVED  
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| F 761                                                                           | <p>Continued From page 10</p> <p>§483.45(g) Labeling of Drugs and Biologicals<br/>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>The facility identified a census of 40 residents and had three medications carts. Based on observation, record review, and interview, the facility failed to date one insulin (a hormone which regulates blood sugar) pen and failed to discard one expired I insulin pen in one of the three medication carts. This deficient practice left the residents at risk for adverse consequences or ineffective medication treatment.</p> <p>Findings included:</p> | F 761                                                                      |                                                                                                                          |                            |                                                        |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 761                                                                           | <p>Continued From page 11</p> <p>- On 09/28/22 at 01:38 AM, the nurse's medication cart on the 200 hall contained the following insulin pens: one Novolin N flex pen (an intermediate-acting insulin that starts to work in two to four hours, and keeps working for 12 to 18 hours) that was opened and not dated ; one Lantus pen (a long-acting insulin) that was opened had an expiration date of 09/13/22.</p> <p>On 09/28/22 at 01:46 PM Licensed Nurse (LN) G stated that the medication carts should be checked by staff daily for outdated medications or insulin pens. All insulin pens should be dated upon being opened and discarded when expired.</p> <p>On 10/04/22 at 12:54 PM Administrative Nurse D stated she expected staff nurses to date any insulin pen upon opening and put the expiration date on them. The insulin pens should be discarded when expired. The medication carts should be checked daily by staff for any undated or expired medications.</p> <p>On 10/04/22 at 01:07 PM Administrative Staff A stated that the medication carts should be checked by staff daily. The carts are audited by numerous staff members weekly.</p> <p>The undated facility policy "Medication Labeling and Storage" documented: upon opening of insulin pens, the licensed nurse will write the date opened along with resident's name on the pen itself.</p> <p>The facility failed to ensure that nursing staff properly dated resident's insulin pens when opened, and failed to ensure expired medications were disposed of, which had the potential to</p> | F 761                                                                      |                                                                                                                          |                            |                                                        |

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

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FORM APPROVED  
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| F 761                                                                           | Continued From page 12<br>cause adverse consequences or ineffective<br>treatment to the residents.                           | F 761                                                                      |                                                                                                                          |                            |                                                        |