| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 17E528 | A. BUILDING _____ B. WING _____ | 08/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

| (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<br><br>The following citations represent the findings of a Health Resurvey.<br><br>The 2567 was sent electronically on 08/23/23. | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.<br><br>§483.10(b)(1) The facility must ensure that the | F 550 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 08/23/2023

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 | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 550 | Continued From page 1 | F 550 | | |

resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 87 residents. The sample included 18 residents of which Resident (R) 14 was reviewed for dignity. Based on observation, record review and interview the facility failed to promote dignity for R14 who had a urinary catheter (a tube in the bladder to drain urine). This placed the resident at risk for embarrassment and an undignified experience.

Findings included:

- R14's Electronic Medical Record (EMR) documented he had diagnoses of kidney failure (severe failure of kidneys to function), neurogenic bladder (lack of bladder control due to a disease process), and schizophrenia (serious mental condition).

R14's "Significant Change Minimum Data Set" (MDS), dated 07/20/23, documented the resident had a urinary catheter.

The urinary catheter "Care Area Assessment" (CAA), dated 07/20/23, documented the resident had end stage kidney failure and neurogenic bladder and required the use of a urinary catheter.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 17E528 | A. BUILDING _____ B. WING _____ | 08/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 550 | Continued From page 2 | F 550 | | |

The updated "Urinary Catheter" care plan, dated 07/12/23, instructed staff to cover the urinary drainage bag with a cover.

On 08/09/23 at 1:00PM, observation revealed R14 sat in a wheelchair in the front lobby. Further observation revealed the uncovered urinary drainage bag attached to the side of the wheelchair with urine visible in the bag.

On 08/10/23 at 11:15AM, observation revealed R14 sat in a wheelchair on C hallway. Further observation revealed the uncovered urinary drainage bag attached to the side of the wheelchair, with urine visible in the bag.

On 08/14/23 at 02:10PM, observation revealed R14 sat in a wheelchair coming in from the outside patio. Further observation revealed the uncovered urinary drainage bag attached to the side of the wheelchair with urine visible in the bag.

On 08/14/23 at 02:15PM, Licensed Nurse (LN) H verified the urinary drainage bag uncovered on the side R14's wheelchair. LN H verified the bag should be in a cover.

On 08/15/23 at 09:00AM, Administrative Nurse D verified R14's urinary drainage bag should be in a covered bag.

The facility's "Dignity Resident Rights" policy, dated 04/27/18, stated residents' have a right to a dignified existence.

The facility's "Catheter Care" policy, dated 04/27/18, stated residents' with a urinary catheter

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 550 | Continued From page 3<br>are to have the urinary bag covered when up and when in bed to provide dignity.<br><br>The facility failed to cover the urinary drainage bag for R14, placing the resident at risk for embarrassment and an undignified experience. | F 550 | | |
| F 625 SS=D | Notice of Bed Hold Policy Before/Upon Trnsfr<br>CFR(s): 483.15(d)(1)(2)<br><br>§483.15(d) Notice of bed-hold policy and return-<br><br>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-<br>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;<br>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;<br>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and<br>(iv) The information specified in paragraph (e)(1) of this section.<br><br>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.<br>This REQUIREMENT is not met as evidenced | F 625 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 625 | Continued From page 4 | F 625 | | |

by:
The facility had a census of 87 residents. The sample included 18 residents with one reviewed for hospitalization. Based on observation, interview, and record review the facility failed to provide a written notice of bed hold for Resident (R) 11 when he was hospitalized. This placed the resident at risk of being unable to return to the facility and in his prior room.

Findings included:

- R11's Electronic Medical Record documented diagnoses of heart disease and high blood pressure.

The "Annual Minimum Data Set" (MDS), dated 06/29/23, documented a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS documented R11 was independent with most activities of daily living and received pain medication.

The "Cardiac Care Plan," dated 07/08/23 directed staff to provide cardiac and respiratory medications or treatments as ordered, including Nitrostat (a medication that dilates blood vessels) for chest pain, as prescribed by his physician and observe for medication effectiveness.

The "Progress Note," dated 06/10/23 at 06:16 AM, documented staff notified the physician of R11's continued complaint of chest pain and requested to R11 to the Emergency Room (ER).

The EMR documented R11 was hospitalized from 06/10/23 to 06/12/23 due to chest pain.

R11's clinical record lacked evidence the facility

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 625 | Continued From page 5<br>gave R11 a bed hold form as required.<br><br>On 08/15/23 at 07:35 AM, observation revealed Certified Medication Aide (CMA) R knocked on R11's door, took his pulse and administered medications. R11 took them whole, in applesauce, without problems.<br><br>On 08/15/23 at 08:59 AM, Administrative Nurse D stated she thought the resident was only out for observation not in-patient hospitalization and verified the facility had not provided the resident a bed hold notice.<br><br>The facility's "Bed Hold Notice" policy, dated 11/28/17, stated a written notice which specified the duration of the bed hold policy would be provided at the time of the transfer of a resident for hospitalization or therapeutic leave. The policy stated Medicaid allows up to 10 days per confinement for reservation of a bed when a nursing facility resident leaves and is admitted to an acute care facility.<br><br>The facility failed to provide a written notice of bed hold for R11 when he was hospitalized, placing R11 at risk to not be placed in his prior room. | F 625 | | |
| F 727 SS=F | RN 8 Hrs/7 days/Wk, Full Time DON<br>CFR(s): 483.35(b)(1)-(3)<br><br>§483.35(b) Registered nurse<br>§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.<br><br>§483.35(b)(2) Except when waived under | F 727 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 727 | Continued From page 6 | F 727 | | |

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 had a census of 87 residents. The sample included 18 residents. Based on record review, and interview, the facility failed to use the services of a registered nurse (RN) for at least eight consecutive hours a day, seven days a week, for the 87 residents who resided in the facility. This placed the facility and residents at risk for inadequate nurse guidance and decreased quality of care.

Findings included:

- Review of the "Registered Nursing Staffing Schedule" for May, June and September 2022, recorded the facility lacked a RN for eight consecutive hours on the following dates: 05/22/22, 05/30/22, 06/04/22, 06/05/22, 06/18/22, 06/19/22 and 09/05/22.

On 08/10/23 at 08:50 AM, Administrative Nurse D verified the facility did not have a RN in the building or working as a charge nurse for the above documented dates.

The facility's "Nursing Services" policy, dated 04/17/18 recorded the facility would provide nursing services to maintain resident safety and attain or maintain the highest practicable physical, mental, and psychological well-being of each resident. The policy recorded a registered nurse

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 727 | Continued From page 7<br>(RN) would be present in the facility for 8 consecutive hours a day.<br><br>The facility failed to provide a RN for the 87 residents who resided in the facility for at least eight consecutive hours a day, seven days a week, placing the facility and residents at risk for inadequate nurse guidance and decreased quality of care. | F 727 | | |
| F 761 SS=E | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§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.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§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.<br><br>§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.<br>This REQUIREMENT is not met as evidenced | F 761 | | |

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|---|---|---|---|
| | 17E528 | A. BUILDING _____ B. WING _____ | 08/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 761 | Continued From page 8 | F 761 | | |

by:
The facility had a census of 87 residents. The sample included 18 residents. Based on observation, interview, and record review, the facility failed to label Resident(R)41, R53, R65, R72, R55 and R56s' insulin (hormone which allows cells throughout the body to uptake glucose) flex pens and non-insulin flex pens with the date opened and expiration date and failed to discard expired stock medication on one medication cart. These deficient practices placed the affected resident at risk for ineffective medications.

Findings included:

- On 08/09/23 at 08:30 AM, observation of Hall D medication cart revealed the following: Magnesium Oxide (antacid or used to treat low magnesium) 400 milligrams (mg) 100 tablets expired 06/2023.

On 08/09/23 at 09:15AM, observation of the Hall A and B treatment cart revealed the following:

R41's Ozempic (insulin medication used to help the body make and release insulin) flex pen lacked an open date and expiration date.

R53's Victozia (non-insulin injection used to lower blood sugar) flex pen lacked an open date and expiration date.

R65's Novolog (rapid acting insulin) flex pen lacked an open date and expiration date.

R72's Levemir (long-acting insulin) flex pen lacked an open date and expiration date.

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 761 | Continued From page 9<br>R55's Novolog lacked an open date and expiration date.<br><br>R56's Novolog flex pen lacked an open date and expiration date.<br><br>On 08/09/23 at 09:45 AM, Licensed Nurse (LN) G verified the nurses were to date the flex pens when opened and discard the expired insulin and discard expired medications.<br><br>On 08/10/23 at 8:45 AM, Administrative Nurse D verified the nurses should label and date the flex pens with the resident's name and discard expired pens and discard expired medications.<br><br>The facility's "Storage of Medications" policy, undated, documented the facility shall store all drugs and biologicals in a safe, secure, and orderly manner. The facility shall discard outdated, contaminated, or deteriorated medications.<br><br>The facility failed to label, and date the resident's flex pens, with date opened and expiration dates and failed to dispose of expired medication placing the residents at risk for ineffective medication. | F 761 | | |
| F 801 SS=F | Qualified Dietary Staff<br>CFR(s): 483.60(a)(1)(2)<br><br>§483.60(a) Staffing<br>The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population | F 801 | | |

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|---|---|---|---|
| | 17E528 | A. BUILDING _____ B. WING _____ | 08/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 801 | Continued From page 10<br>in accordance with the facility assessment required at §483.70(e)<br><br>This includes:<br>§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-<br>(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.<br>(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.<br>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.<br>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.<br><br>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a | F 801 | | |

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|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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|---|---|---|---|---|
| F 801 | Continued From page 11 | F 801 | | |

person to serve as the director of food and nutrition services.
(i) The director of food and nutrition services must at a minimum meet one of the following qualifications-
(A) A certified dietary manager; or
(B) A certified food service manager; or
(C) Has similar national certification for food service management and safety from a national certifying body; or
D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or
(E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and
(ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and
(iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 87 residents. Based on observation, interview, and record review the facility failed to employ a full time certified dietary manager for the 87 residents who resided in the facility and received meals from the facility kitchen. This deficient practice placed the 87

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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|---|---|
| COUNTRYSIDE HEALTH CENTER | 440 SE WOODLAND AVENUE TOPEKA, KS 66607 |

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| F 801 | Continued From page 12<br>residents at risk for receiving inadequate nutrition.<br><br>Findings included:<br><br>- On 08/09/23 at 08:32 AM, observation revealed Dietary Staff (DS) BB supervising staff in the kitchen. DS BB stated the facility did not have a Dietary Manager and the administrator and director of nursing supervised the dietary department.<br><br>On 08/14/23 at 09:34 AM, Administrative Staff A verified the facility did not have a certified dietary manager since the last one quit. He stated the Registered Dietician, who checked the kitchen, came to the facility monthly and the director of nursing placed the food orders with vendors.<br><br>The facility's "Director of Dining Services Roles and Responsibilities" policy, dated 04/03/20, stated the Director of Dining Services meets one of the following requirements: is a qualified dietician; is a certified dietary manager; or has an associate's or higher degree in food service management from an accredited institution of higher learning. The Director of Dining Services is a full-time employee and responsible for the day-to-day functions of the dining services.<br><br>The facility failed to employ a full time certified dietary manager for the 87 residents who resided in the facility and received meals from the facility kitchen, placing the 87 residents at risk for receiving inadequate nutrition. | F 801 | | |
| F 849 SS=D | Hospice Services<br>CFR(s): 483.70(o)(1)-(4)<br><br>§483.70(o) Hospice services. | F 849 | | |

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| | 17E528 | A. BUILDING _____ B. WING _____ | 08/15/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| F 849 | Continued From page 13<br>§483.70(o)(1) A long-term care (LTC) facility may do either of the following:<br>(i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices.<br>(ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.<br><br>§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:<br>(i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.<br>(ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:<br>(A) The services the hospice will provide.<br>(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.<br>(C) The services the LTC facility will continue to provide based on each resident's plan of care.<br>(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day. | F 849 | | |

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| F 849 | Continued From page 14 | F 849 | | |

(E) A provision that the LTC facility immediately notifies the hospice about the following:
(1) A significant change in the resident's physical, mental, social, or emotional status.
(2) Clinical complications that suggest a need to alter the plan of care.
(3) A need to transfer the resident from the facility for any condition.
(4) The resident's death.
(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.
(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.
(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies

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| F 849 | Continued From page 15 | F 849 | | |

where permitted by State law and as specified by the LTC facility.
(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.
(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.

§483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.
The designated interdisciplinary team member is responsible for the following:
(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.
(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.

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| F 849 | Continued From page 16<br>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.<br>(iv) Obtaining the following information from the hospice:<br>(A) The most recent hospice plan of care specific to each patient.<br>(B) Hospice election form.<br>(C) Physician certification and recertification of the terminal illness specific to each patient.<br>(D) Names and contact information for hospice personnel involved in hospice care of each patient.<br>(E) Instructions on how to access the hospice's 24-hour on-call system.<br>(F) Hospice medication information specific to each patient.<br>(G) Hospice physician and attending physician (if any) orders specific to each patient.<br>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.<br><br>§483.70(o)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.<br>This REQUIREMENT is not met as evidenced by:<br>The facility had a census of 87 residents. The | F 849 | | |

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| F 849 | Continued From page 17 | F 849 | | |

sample included 18 residents with Resident (R) 14 reviewed for Hospice services. Based on observation, record review and interview, the facility failed to ensure R14 had a hospice plan of care in place and available for facility staff direction on hospice provided care. This deficient practice placed R14 at risk for unmet hospice care/services and a decline in his well-being.

Findings included:

- R14's Electronic Medical Record (EMR) documented he had diagnoses of kidney failure (severe failure of kidneys to function), neurogenic bladder (lack of bladder control due to a disease process), and schizophrenia (serious mental condition).

R14's "Significant Change Minimum Data Set"(MDS), dated 07/20/23, documented the resident received hospice services.

Review of the EMR documented hospice services for end stage kidney failure started 07/13/23. Further review of the EMR lacked a facility hospice care plan which contained the hospice contact information, frequency of visits, supplies provided, and medications covered.

On 08/10/23 at 11:15AM, observation revealed R14 seated in a wheelchair in the front lobby.

On 08/10/23 at 12:45PM, Administrative Nurse E verified R14 lacked a facility hospice care plan.

On 08/15/23 at 08:10AM, Administrative Nurse D verified R14 lacked a facility hospice care plan for coordination of hospice services.

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| F 849 | Continued From page 18<br>The facility's "Hospice/End of Life policy, dated 11/2017, stated the facility will collaborate with hospice on a plan of care to be developed jointly between the hospice and facility.<br><br>The facility failed to coordinate Hospcie cares for R14 who received hospice services. This deficient practice placed R14 at risk for unmet hospice care/services and a decline in his well-being. | F 849 | | |