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	175301	A. BUILDING _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WICHITA PRESBYTERIAN MANOR	4700 W 13TH STREET NORTH WICHITA, KS 67212

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00170228. This 2567 was electronically sent to the facility on 09/18/2023.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility reported a census of 47 residents with 14 residents sampled, including two residents reviewed for respiratory care. Based on observations, record reviews, and interviews, the facility failed to provide necessary respiratory care consistent with professional standards of practice regarding the use of a nebulizer (a device that delivers medication as a mist to the lungs) for Resident (R)2. Findings included: - R2's pertinent diagnoses from the "Electronic Health Record" (EHR) documented heart failure (a condition in which the heart muscle does not pump as well as it should which causes difficulty breathing) and dependence on supplemental	F 695		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/18/2023

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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F 695	Continued From page 1	F 695		

oxygen.

The 02/04/23 "Annual Minimum Data Set" (MDS) documented "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. The resident required extensive assistance of two or more staff for all cares except eating, which required setup and supervision. The resident received oxygen.

The 08/24/23 quarterly MDS documented a BIMS of 15, indicating intact cognition. The resident received oxygen.

The 03/08/23 "Care Area Assessment" (CAA) lacked documentation related to nebulized medication use.

The 09/12/23 "Care Plan" lacked instructions related to nebulized medication use or care of nebulizer equipment.

R2's EHR "Physician Orders" on 09/11/23 included ipratropium-albuterol inhalation solution to be given four times per day for hypoxia (inadequate supply of oxygen in the blood).

On 09/11/23 at 02:08 PM, R2 observed resident resting in bed with nebulizer mask sitting on top of the nebulizer machine with an unknown clear liquid in the nebulizer medication chamber.

On 09/12/23 at 02:00 PM, R2 observed resident resting in bed with nebulizer mask sitting on top of the nebulizer machine with an unknown clear liquid in the nebulizer chamber.

On 09/13/23 at 07:24 AM, observation of R2's nebulizer mask stored directly on top of the

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F 695	Continued From page 2	F 695		

nebulizer machine with an unknown clear liquid in the nebulizer chamber.

On 09/13/23 at 01:20 PM, R2 observed resident in bed with the nebulizer mask stored directly on top of the nebulizer machine with an unknown clear liquid in the nebulizer chamber.

On 09/14/23 at 07:50 AM, Certified Medication Aide (CMA) D revealed that nurses administer the nebulized medications and come back to the resident's room after the treatment was complete to take care of the equipment and that CMA and Certified Nurse Aide (CMA) staff were not to manipulate the nebulizer equipment.

On 09/14/23 at 08:25 AM, Licensed Nurse (LN) E revealed that after a breathing treatment, staff should disassemble the nebulizer's and wash the parts with a vinegar and water solution, then left on a paper towel to air dry. LN E confirmed that the nebulizer was not disassembled prior to administration of the nebulized medication.

On 09/14/23 at 08:31 AM, LN F revealed that after the administration of a nebulized medications, staff should disconnect the nebulizer's from the machine and place the nebulizer in a bag in the resident's room. The nebulizer chamber was supposed to be cleaned once per day but was unable to recall by whom or with what cleaning solution.

On 09/14/23 at 08:55 AM, Administrative Nurse B stated that her expectation was that after every nebulized medication administration, staff should wash the nebulizer chamber with tap water, then set out to dry on a paper towel in the bathroom to air dry.

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F 695	Continued From page 3 The facility's "Nebulizer Cleaning Instructions" policy, dated 10/08/21, documented that nebulizer equipment would be cleaned regularly to prevent contamination and cross-contamination. After each treatment, staff were to rinse the nebulizer chamber and mouthpiece/mask with water and allow to air dry in an open zipper-style plastic bag. After the final treatment for the day, the nebulizer equipment was to be disassembled and washed with soap and water and then soaked in a designated container in a white vinegar/water solution for 30 minutes, then rinsed with water and allowed to air dry on a paper towel. The facility failed to provide respiratory care consistent with professional standards of care for R2, regarding the use and cleaning of the nebulizer.	F 695		
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 §483.45(d)(5) In the presence of adverse	F 757		

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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 reported a census of 47 residents with 14 residents sampled, which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure one Resident (R)7, medication regimen was free of unnecessary drugs due to inadequate monitoring related to the resident, who required a laxative, without bowel movement on two occasions for a period of four to ten days.

Findings included:

- Review of Resident's (R)7's "Physician Orders," (POS) dated 09/12/23, documented diagnoses which included constipation, dementia (progressive mental disorder characterized by failing memory, confusion), abnormal weight loss, hypothyroidism (condition characterized by decreased activity of the thyroid gland), and anorexia (lack or loss of appetite).

The "Annual Minimum Data Set," (MDS), dated 09/15/22, documented the resident with "Brief Interview for Mental Status," score of 14, which indicated cognitively intact. She was incontinent of bowel occasionally and did not have constipation.

The "Quarterly MDS," dated 05/30/23, documented changes which included the resident

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was frequently incontinent of bowel.

The "Care Plan," dated 08/20/23, listed the side effects of multiple medication as constipation, initiated 05/15/2020. The care plan directed the staff to monitor for constipation as an adverse side effect.

The POS dated 09/12/23, included orders for laxative, Polyethylene glycol 3350, 17 grams/dose, by mouth oral every other day for constipation, ordered 12/20/2020.

Review of the daily charting in the "Electronic Medical Record," (EMR) for "Bowel Movements," (BM) documentation revealed the following concern:

1. On 08/16/23, the resident had one small and one medium BM. Upon further review of the "EMR" the resident had no BM for 10 days, from 08/17/23 thru 08/27/23. The EMR lacked address of follow-up to the resident's constipation, nor evidence of monitoring the resident for the potential side effect of constipation.

2. On 09/05/23, the resident had two medium BM's. Upon further review of the "EMR" the resident had no BM for four days, from 09/06/23 thru 09/09/23. The EMR lacked address of follow-up to the resident's constipation, nor evidence of monitoring the resident for the potential side effect of constipation.

On 09/12/23 at 11:55 AM, the resident was in her bed resting. She declined the staffs offer to assist her to get up for toileting and lunch.

On 09/12/23 at 11:57 AM, Licensed Nurse (LN) F

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F 757	Continued From page 6 stated the resident slept a lot and refused her medications and on 09/10/23, she refused her medications. She stated she was not aware of any issues or concerns related to constipation. She reported she could check the report in the EMR to see if the resident had BM's. On 09/13/23 at 10:17 AM, Administrative Nurse B verified the above findings. She stated third shift nurse should pull a BM BM list each night to determine if the resident had a BM in the previous two or three days. There are standing orders that can be initiated to address the resident's constipation. The third shift nurse should alert the oncoming charge nurse and the administrative nursing staff of the resident without a BM for 2-3 days. Administrative Nurse B stated she had not been made aware of the resident not having a BM for 4 to 10 days as noted above. She stated this was not the expected address of constipation. The facility lacked a policy to address monitoring the resident's medication regimen for unnecessary medications related to BM's. The facility failed to ensure the resident's medication regimen was free of unnecessary drugs due to inadequate monitoring related to the resident, who received a laxative, for adverse side effects of constipation.	F 757		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources	F 812		

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approved or considered satisfactory by federal, state or local authorities.
(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 47 residents. The facility identified one central kitchen with four dining areas. Based on observation, interview, and record review, the facility failed to provide sanitary food preparation and storage of food to prevent the spread of food borne illness to the residents of the facility.

Findings included:

- Initial tour of the kitchen on 09/11/23 at 11:00 AM with Dietary Staff C, revealed the following areas of concerns:

1. In the dry storage area revealed a container of shredded coconut, resealed with expiration date of 07/19/23.

2. In dry storage area revealed a container of white baking chips, with an expiration date of 04/08/23.

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F 812	Continued From page 8 3. In the walk-in refrigerator, eight trays contained dessert foods, uncovered and undated. 4. In the walk-in refrigerator, an undated partial roll of ground beef opened and resealed with plastic cling wrap. 5. In the walk-in freezer, a box of frozen raw dinner rolls, unsealed and open to air. The facility's undated "Food Storage" policy lacked documentation about labeling of open containers of meat or disposition of outdated foods. The facility's undated "Storing: Food and Equipment" policy documented that all food items were to be labeled with product name, use-by date, date the product was opened and time prepared with team member initials. Additionally documented that foods should be discarded or used by the use-by date. The facility's undated "Food Storage Chart" policy documented that ground beef was safe and acceptable in the refrigerator for two days after opening. The facility failed to provide sanitary food preparation and storage of food. This deficient practice had the potential to cause the spread of food borne illness to the residents of the facility.	F 812		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program	F 880		

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designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the

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least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 47 residents with 14 residents sampled, including two residents reviewed for respiratory care. Based on observations, record reviews, and interviews, the facility failed to appropriately clean the equipment for nebulized medication use by Resident (R)2. This deficient practice could lead to possible respiratory complications and contamination of the devices used for inhaled medication administration.

Findings included:

- R2's pertinent diagnoses from the "Electronic Health Record" (EHR) documented heart failure

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(a condition in which the heart muscle does not pump as well as it should which causes difficulty breathing) and dependence on supplemental oxygen.

The 02/04/23 "Annual Minimum Data Set" (MDS) documented "Brief Interview for Mental Status" (BIMS) score of 15, indicating intact cognition. The resident required extensive assistance of two or more staff for all cares except eating, which required setup and supervision. The resident received oxygen.

The 08/24/23 quarterly MDS documented a BIMS of 15, indicating intact cognition. The resident received oxygen.

The 03/08/23 "Care Area Assessment" (CAA) lacked documentation related to nebulized medication use.

The 09/12/23 "Care Plan" lacked instructions related to nebulized medication use or care of nebulizer equipment.

R2's EHR "Physician Orders" on 09/11/23 included ipratropium-albuterol inhalation solution to be given four times per day for hypoxia (inadequate supply of oxygen in the blood).

On 09/11/23 at 02:08 PM, R2 observed resident resting in bed with nebulizer mask sitting on top of the nebulizer machine with an unknown clear liquid in the nebulizer medication chamber.

On 09/12/23 at 02:00 PM, R2 observed resident resting in bed with nebulizer mask sitting on top of the nebulizer machine with an unknown clear liquid in the nebulizer chamber.

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F 880	Continued From page 12 On 09/13/23 at 07:24 AM, observation of R2's nebulizer mask stored directly on top of the nebulizer machine with an unknown clear liquid in the nebulizer chamber. On 09/13/23 at 01:20 PM, R2 observed resident in bed with the nebulizer mask stored directly on top of the nebulizer machine with an unknown clear liquid in the nebulizer chamber. On 09/14/23 at 07:50 AM, Certified Medication Aide (CMA) D revealed that nurses administer the nebulized medications and come back to the resident's room after the treatment was complete to take care of the equipment and that CMA and Certified Nurse Aide (CMA) staff were not to manipulate the nebulizer equipment. On 09/14/23 at 08:25 AM, Licensed Nurse (LN) E revealed that after a breathing treatment, staff should disassemble the nebulizer's and wash the parts with a vinegar and water solution, then left on a paper towel to air dry. LN E confirmed that the nebulizer was not disassembled prior to administration of the nebulized medication. On 09/14/23 at 08:31 AM, LN F revealed that after the administration of a nebulized medications, staff should disconnect the nebulizer's from the machine and place the nebulizer in a bag in the resident's room. The nebulizer chamber was supposed to be cleaned once per day but was unable to recall by whom or with what cleaning solution. On 09/14/23 at 08:55 AM, Administrative Nurse B stated that her expectation was that after every nebulized medication administration, staff should	F 880		

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wash the nebulizer chamber with tap water, then set out to dry on a paper towel in the bathroom to air dry.

On 09/14/23 at 08:58 AM, Administrative Nurse G stated that it was an infection control concern for nebulizer equipment to be sitting intact inside residents' rooms without being cleaned in between uses. Further stated that nebulizer chambers should be cleaned and placed inside a sealed air-tight container to wait for the next treatment.

The facility's "Nebulizer Cleaning Instructions" policy, dated 10/08/21, documented that nebulizer equipment would be cleaned regularly to prevent contamination and cross-contamination. After each treatment, staff were to rinse the nebulizer chamber and mouthpiece/mask with water and allow to air dry in an open zipper-style plastic bag. After the final treatment for the day, the nebulizer equipment was to be disassembled and washed with soap and water and then soaked in a designated container in a white vinegar/water solution for 30 minutes, then rinsed with water and allowed to air dry on a paper towel.

The facility's "Infection Control" policy, dated 09/07/22, lacked documentation related to cleaning of respiratory equipment.

The facility failed to properly clean and store the nebulizer for R2. This deficient practice could lead to possible respiratory complications and contamination of the devices used for inhaled medication administration.