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	175543	A. BUILDING _____ B. WING _____	11/15/2023

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ASCENSION LIVING VIA CHRISTI VILLAGE MCLEAN	777 N MCLEAN BLVD WICHITA, KS 67203

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigations #184046 and #183654. This 2567 was electronically sent to the facility on 11/21/23.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 35 residents with 15 selected for review which included three residents reviewed for accidents. Based on observation, interview and record review, the facility failed to ensure staff safely transferred two sampled residents, including Resident (R)27 with the required mechanical sit to stand lift which resulted in three metatarsal (bone in toe) fractures and failed to use a gait belt for R10. Findings included: - Review of Resident (R)27's "Physician Order Sheet," dated 11/08/23, revealed diagnosis included atrial fibrillation (rapid, irregular heartbeat), chronic kidney disease, congestive heart failure (a condition with low heart output and the body becomes congested with fluid), and	F 689		

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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history of back fracture.

The "Admission Minimum Data Set" (MDS), dated 04/27/23, assessed the resident with a Brief Interview for Mental Status (BIMS) Score of 15 which indicated normal cognitive function. The resident required extensive assistance of two staff for transfer.

The "Fall Care Area Assessment" dated 04/27/23 assess the resident had multiple falls in the past six months and was working with therapy services to address her physical and safety awareness status.

The Quarterly MDS dated 07/27/23 assessed the resident with a BIMS score of 8 which indicated moderate cognitive impairment and required extensive assistance of two staff for transfers.

The "Care Plan" revised 10/23/23, contained an entry dated 07/24/23, which instructed staff the resident required extensive assistance of two persons with the sit to stand lift. On 10/23/23, the resident required a full body mechanical lift for transfers. The Care plan updated 10/24/23, instructed staff the resident could bear weight as tolerated with the surgical shoe in place to prevent adverse reaction to her fractured toes. Staff instructed to ensure the resident had nonskid footwear on and to use the sit to stand mechanical lift for transfers.

Review of the "Facility Complaint Investigation Report" number 3654, completed 10/31/23, revealed the following: On 10/22/23, the resident reported pain in her left foot and voiced concern it occurred during a transfer. The resident's physician instructed staff to obtain an x-ray, which

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showed a possible fracture of her left foot (toes two through four) and was referred to an orthopedics/podiatry for confirmation of the fracture. Upon further questioning, the resident stated to Administrative Nursing Staff E, that CNA MM transferred her without the use of the sit-to-stand lift. Administrative Nursing Staff E and Administrative Staff A interviewed CNA MM, who admitted to transferring the resident without use of the sit-to-stand lift. CNA MM stated the resident's foot got caught in the front wheel of her wheelchair.

A "Nurse's Note," dated 10/22/23 at 08:34 PM, revealed the resident voiced pain in her left lateral foot, rated an 8 out of 10 with movement or touch. The resident reported to the nurse that her foot was injured during a transfer with the sit to stand lift.

A "Nurse's Note," dated 10/23/22 at 10:15 AM, revealed the physician assistant made rounds and ordered an x ray of the residents left foot due to pain.

The "Final Report" Xray results, dated 10/23/23, revealed possible acute nondisplaced fractures of the second, third and fourth proximal phalangeal (first bone in the toes) and clinical correlation recommended with follow up x rays to assess for interval healing.

A "Nurse's Note," dated 10/23/23 at 2:59 PM, revealed the Physician Assistant ordered a referral to orthopedic surgeon due to x ray report of possible left foot acute nondisplaced fracture of the second, third and fourth proximal phalangeal bones.

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A "Physician's Note" dated 10/24/23, revealed the resident had edema and pain to her left (foot) digits with no deformity and the Xray showed nondisplaced fracture of the bases of digits two through 4.

A "Physician's Order," dated 10/24/23, instructed staff to apply a surgical shoe to the resident's left foot.

Interview, on 11/13/23 at 10:42 AM with the resident revealed the resident had three broken toes on her left foot but could not remember how it happened. The resident had support hose on both legs and the surgical shoe on her left foot. The resident stated the toes were not as painful now but were very painful when the incident occurred.

Interview, on 11/23/23 at 02:45 PM, with Administrative Staff A, revealed the facility investigated the allegation and discovered the Certified Nurse Aide (CNA)MM, transferred the resident on 10/22/23 without the required sit to stand mechanical lift, which resulted in her foot injury.

Observation, on 11/14/23 at 11:20 AM, revealed Certified Nurse Aide (CNA) P and CNA Q transferred the resident with the sit to stand lift without incident. CNA P stated the resident has always been transferred with the either the sit to stand lift or full body lift.

Interview on 11/14/23 at 07:13 PM, with CNA MM, confirmed that on 10/22/23, she transferred the resident from her bed to wheelchair with a gait belt and no other staff assistance. During the transfer the resident's foot got caught on the

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wheelchair wheel. CNA MM confirmed the resident required a sit to stand lift for transfers, but the resident wanted to be transferred quickly. CNA MM stated she transferred the resident without the sit to stand lift prior to this incident without difficulty.

Interview, on 11/15/23 at 11:09 AM, with Administrative Nurse E, confirmed the resident had three left foot fractured metatarsals two through four when her foot got caught on the wheelchair wheel due to CNA MM's inappropriate transfer of the resident on 10/22/23. Administrative Nurse E confirmed CNA MM did not use the sit to stand lift for the resident's transfer on 10/22/23, and admitted she transferred the resident without the lift on previous transfers.

Interview, on 11/14/23 at , with Medical Consultant GG, revealed she would expect staff to transfer the resident as care planned to prevent injury.

The facility policy "Using the Care Plan" dated 01/2023, instructed staff to develop the resident's daily care routines and is available to associates providing care and services.

The facility policy "Safe Lifting and Moving of Patients," dated 01/2022, instructed staff to use appropriate techniques and devices to lift and move residents.

The facility failed to ensure staff provided safe transfer for this resident who required extensive assistance of two staff for transfers with the use of a sit to stand mechanical lift, which resulted in fractures of the left foot second, third and fourth

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digits and pain.

- Review of Resident (R)10's electronic medical record (EMR) revealed diagnoses which included: morbid obesity (a serious health condition resulting from an abnormally high body mass) and schizoaffective disorder (a mental disorder in which a person experiences a combination of symptoms).

The "Annual Minimum Data Set" (MDS), dated 12/09/22, documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. She required extensive assistance of two staff for transfers. Her balance was not steady, and she was only able to stabilize with staff assistance. She had no falls since her prior assessment.

The "Falls Care Area Assessment" (CAA), dated 12/09/22, documented the resident was at a high risk for falls.

The "Quarterly MDS," dated 09/07/23, documented the resident had a BIMS score of 15, indicating intact cognition. She required extensive assistance of one staff for transfers and had steady balance. She had no falls since her prior assessment.

The care plan, revised 09/26/23, instructed staff the resident required limited assistance of two staff for transfers.

Review of the resident's electronic medical record (EMR) revealed fall assessments, dated 10/05/23, 09/06/23 and 06/06/23, which placed the resident at a moderate risk for falls.

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F 689	Continued From page 6 Review of a "Fall Report", dated 10/02/23, provided by the facility, documented the resident had a non-injury fall in the shower room on 10/02/23 at approximately 06:50 AM. After Certified Nurse Aide (CNA) O finished dressing the resident and putting her shoes and socks on, following her shower, the resident got up out of the shower chair to transfer to her wheelchair. The resident stated she could not stand any longer and fell to the floor and then to her side. CNA O had not utilized a gait belt during the transfer. On 11/15/23 at 11:54 AM, CNA O stated she had not used a gait belt at the time of the fall, but she should have used one with the resident. On 11/15/23 at 11:13 AM, Administrative Nurse D stated the staff should always use a gait belt while transferring residents. The facility policy for "Safe Lifting and Moving of Patients", retrieved 11/2023, included: In order to protect the safety and well-being of residents and to promote quality care, this community uses appropriate techniques and devices to lift and move residents. The facility failed to properly transfer this dependent resident with a gait belt, which resulted in a non-injury fall.	F 689		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761		

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professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§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.

§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.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 35 residents with 15 selected for review which included six residents observed for medication administration. Based on observation, interview and record review, the facility failed to ensure appropriate storage of one Resident (R)19's inhaler of the six residents observed.

Findings included:

- Review of Resident (R) 19 "Physician Order Sheet," dated 11/10/23, instructed staff to administer Advair disckus (an inhaled medication containing a steroid and broncho dilator) 100/50 micrograms one inhalation twice a day for chronic

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F 761	Continued From page 8 obstructive pulmonary disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). Observation, on 11/14/23 at 08:08 AM, revealed Licensed Nurse (LN) H, prepared to administer morning medications to Resident (R)19. LN H could not find the resident's inhaler in R19's box in the medication cart. LN H looked in the resident's room and was unable to find the inhaler. The resident was sitting at the common dining room table. LN H noted the inhaler in a flower arrangement on the table the resident sat at. Interview, with the resident revealed she used the inhaler at supper 11/13/23, and staff must have picked it up and placed it in the flower arrangement. Interview, on 11/15/23 at 11:30 AM, with Administrative Nurse E, revealed she would expect staff to store medications appropriately. The facility policy "Storage of Medications," dated 12/2021, instructed staff to store medications in an order manner in resident assigned cabinets and drawers of carts to prevent the possibility of mixing of medications of several residents. Staff were responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. The facility failed to ensure staff stored this resident's inhaler in a safe, sanitary manner to prevent the spread of infection, or inadvertent use by another resident.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		

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F 812	Continued From page 9 §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources 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 35 residents. Based on observation, record review and interview, the facility failed to prepare and serve food under sanitary conditions, to the residents of the facility appropriately to prevent the potential for food borne bacteria. Findings included: - During an initial tour of the kitchen on 11/14/23 at 10:03 AM, the following areas of concern were noted: 1. The white freezer had food debris on the bottom shelf. 2. The ice machine drainage pipe lacked an air	F 812		

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F 812	Continued From page 10 gap and rested directly touching on the grate of the floor drain. 3. The stationary can opener had dried, sticky food debris on the tip and on the surrounding holding device. 4. A large fan which blew directly onto the shelf where pots and pans were placed to dry, had a heavy build-up of dust and debris on the cage surrounding the blades. The fan was on and blowing at the time of the initial tour and again on a follow up visit to the kitchen. The facility policy for "Sanitation and Infection Prevention/Control", revised 01/2023, included: A basic sanitation inspection is conducted at least once per month to ensure that established procedures are being followed and that sanitation standards are maintained. Cleaning schedules and frequencies are revised based on inspection findings. The facility failed to prepare and serve food under sanitary conditions, to the residents of the facility appropriately to prevent the potential for food borne bacteria.	F 812		
F 880 SS=F	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 designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		

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F 880	Continued From page 11 §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 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	F 880		

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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 35 residents. Based on observation, interview and record review, the facility failed to maintain an effective infection control program with the failure to ensure sanitary storage of clean linen in the beauty shop, lack of housekeeping staff knowledge of cleaning products for clostridium difficile (a spore producing highly transmissible bacteria), use of expired sanitizing wipes, and unsanitary catheter care for resident (R)33.

Findings included:

- Observation, on 11/15/23 at 09:30 AM, during the environmental tour of the facility, revealed the beauty shop contained plastic wrapped clean towels placed directly on the floor. Administrative Staff A stated she would expect all staff to ensure towels were stored off the floor to prevent contamination.

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F 880	Continued From page 13	F 880		

Furthermore, interview, on 11/15/23 at 11:30 AM, with Housekeeping Staff W, revealed she did not know what cleaning solutions were required to clean an isolation room for clostridium difficile and thought the nursing staff would provide the cleaning supplies. Housekeeping Staff W obtained a container of sanitizing wipes from the storeroom and stated staff used the wipes for general cleaning. The expiration date on three of these containers was expired with date of 12/15/22. An opened container of the same wipes was on the nurses' station with the expiration date 12/15/22.

Interview on 11/15/23 at 01:00 PM, with Administrative Nurse D, revealed she would expect housekeeping staff to know what cleaning products to use for clostridium difficile isolation rooms. Administrative Nurse D stated staff use wipes containing bleach for cleaning an isolation room for clostridium difficile. Administrative Nurse D confirmed the general cleaning wipes were expired and should be replaced.

The facility policy "Cleaning and Disinfection of Environmental Surfaces" dated 12/2022, instructed staff to clean environmental surfaced according to the current CDC (Center for Disease Control) recommendations. If an EPA (Environmental Protection Agency) registered sodium hypochlorite (bleach) product was not available a generic version of sodium hypochlorite may be used.

The facility policy " Infection Prevention and Control program" dated 05/2023, instructed staff to provide a safe, sanitary, and comfortable environment to help prevent the development and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175543	A. BUILDING _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING VIA CHRISTI VILLAGE MCLEAN	777 N MCLEAN BLVD WICHITA, KS 67203

(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 880	Continued From page 14	F 880		

transmission of communicable diseases and infections.

The facility failed to maintain an effective infection control program to ensure staff stored towels in a sanitary manner, had knowledge of cleaning products required for clostridium infections, and ensured stock cleaning items were not past the expiration date to prevent the spread of infections.

- The undated "Physician Order Sheet" (POS) for Resident (R)33 documented a diagnosis of neuromuscular dysfunction of the bladder (when a person lacks bladder control due to brain, spinal cord, or nerve problems).

The "Admission Minimum Data Set" (MDS), dated 10/26/23, documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. He had an indwelling urinary catheter (a thin tube inserted into the bladder to drain urine).

The "Urinary Incontinence and Indwelling Catheter Care Area Assessment" (CAA), dated 10/26/23, documented the resident had an indwelling urinary catheter and required staff assistance to maintain it.

The care plan, dated 11/01/23, instructed staff the resident required assistance with the indwelling urinary catheter.

Review of the resident's electronic medical record (EMR) revealed a physician's order, which included: Catheter care every shift, ordered 10/20/23.

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F 880	Continued From page 15 On 11/14/23 at 08:55 AM, Certified Nurse Aide (CNA) M entered the resident's room to empty his catheter bag. CNA M disconnected the nozzle from the port of the catheter bag and placed it inside a used urinal. The tip of the nozzle came into direct contact with the inside of the urinal multiple times while 400 cubic centimeters (ccs) of urine was drained from the bag into the urinal. CNA M then wiped the tip of the nozzle with a peri-wipe cloth and reconnected the nozzle into the port of the catheter bag. On 11/14/23 at 08:55 AM, CNA M stated this was how she always emptied the resident's catheter bag and always used a peri-wipe to cleanse the nozzle before reinserting into the port of the catheter bag. On 11/15/23 at 11:13 AM, Administrative Nurse D stated it was the expectation that staff not allow the tip of the nozzle to contact with the inside of the urinal while draining urine from the catheter bag. The facility policy for "Catheter Care, Urinary", revised 11/2023, included: Avoid contact of the drainage spigot with the nonsterile container while draining urine. The facility failed to properly drain the urine from the catheter bag into the urinal for this dependent resident with an indwelling urinary catheter.	F 880		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional,	F 921		

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	175543	A. BUILDING _____ B. WING _____	11/15/2023

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F 921	Continued From page 16 sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: The facility reported a census of 35 residents. Based on observation, interview and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents and staff regarding the parameter of the kitchen floor containing trash and debris. Findings included: - During an initial tour of the kitchen on 11/14/23 at 10:03 AM, the following area of concern was noted: The parameter of the kitchen floor contained food and trash debris throughout. On 11/15/23 at 10:01 AM, Dietary staff BB confirmed the kitchen floor needed to be cleaned around the parameter. The cleaning schedule for the kitchen, used as a cleaning policy, revealed the kitchen floor was to be mopped every shift. The facility failed to provide a safe, functional, sanitary and comfortable environment for residents and staff.	F 921		
F 923 SS=E	Ventilation CFR(s): 483.90(i)(2) §483.90(i)(2) Have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two. This REQUIREMENT is not met as evidenced	F 923		

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F 923	Continued From page 17	F 923		

by:
The facility reported a census of 35 residents. Based on observation and interview, the facility failed to ensure the beauty shop exhaust ventilation remained in good working order for the residents of the facility.

Findings included:

- Observation, on 11/14/23 at 02:30 PM, with Beauty Shop Operator V, revealed she did not know if the beauty shop had an exhaust fan, but that she provided very few permanents that would create foul odors.

Observation, on 11/15/23 at 09:03 AM, with Maintenance Staff U and Administrative Staff A during the environmental tour, revealed the ventilation exhaust fan was non-working. Administrative Staff A stated the fan was checked once a year and staff did not report that fan was not working, and the damper was probably non-functioning.

The facility lacked a policy for maintenance of the beauty shop exhaust fan.

The facility failed to ensure the beauty shop exhaust fan was maintained in good working order as required for the residents of the facility who utilize the beauty shop.