

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

PRINTED: 12/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175267		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/11/2023	
NAME OF PROVIDER OR SUPPLIER SHAWNEE GARDENS HEALTHCARE & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6416 LONG STREET SHAWNEE, KS 66216			
(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			F 000			
F 726 SS=G	The following citations represent the findings of complaint investigations #KS00184517 and KS00184523. The 2567 was sent electronically on 12/20/23. Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident			F 726			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/20/2023

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 726	Continued From page 1 assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: The facility identified a census of 110 residents. The sample included three residents reviewed for accidents. Based on record review, interview, and observation, the facility failed to ensure staff possessed the appropriate knowledge, skills, and training to provide resident care in a safe manner when uncertified Nurse Aide Student (NAS) M transferred Resident (R)1 without a facility staff member or her nursing instructor present. NAS M could not complete the transfer with R1, which resulted in an assisted fall and R1 subsequently diagnosed with a left distal (away from the farthest point of origin or attachment) femur (thigh bone) fracture. Findings included: - R1's Electronic Medical Record (EMR), under the "Diagnosis" tab listed diagnoses of cerebral palsy (progressive disorder of movement, muscle tone or posture caused by injury or abnormal development in the immature brain, most often before birth), lack of coordination, abnormal posture, pain in left upper arm, and muscle weakness. The "Annual Minimum Data Set" (MDS) assessment dated 05/02/23 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R1 was dependent on staff for bed to chair transfers, toilet transfers, and sitting to standing. R1 was dependent on staff for lower body dressing and applying or removing footwear. The "Falls Care Area Assessment" (CAA) dated	F 726			

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F 726	Continued From page 2 05/02/23 documented R1 as at risk for falls related to her chronic health conditions. The "Activities of Daily Living (ADL) CAA" dated 05/02/23 documented R1 required extensive assistance with daily care related to her chronic health conditions. The "Quarterly MDS" dated 11/02/23 lacked a BIMS assessment. The MDS also lacked an ADL assessment. R1's "ADL Care Plan" initiated 06/23/22 documented R1 required minimal assistance of one staff member for transfers. The facility's "Fall Incident" dated 12/04/23 at 01:40 PM documented R1 reported her bed was too high and her feet could not touch the ground while sitting up, prior to her transfer. Review of NAS M's notarized "Witness Statement" dated 12/04/23 documented NAS M lowered R1's bed as low as it would go. NAS M placed a gait belt on R1 and lifted R1 into a sitting position and moved R1's legs so they hung off of the bed. NAS M then placed R1's wheelchair beside the bed with the brakes on and started to lift R1. NAS M tried to guide R1 into her wheelchair, but reported it seemed like R1's legs gave out. R1 stated her legs hurt. NAS M realized that R1 could not be lifted high enough to get into her wheelchair. NAS M revealed she lowered R1 to the ground and asked NAS N to get a nurse. Review of NAS N's notarized "Witness Statement" dated 12/04/23 documented NAS N saw R1 falling down and NAS M holding R1 up with the gait belt. NAS N stated she grabbed R1	F 726			

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F 726	Continued From page 3 from the back of the belt and tried placing R1 down slowly. R1 complained of pain while NAS M lowered her, so NAS N went to get a nurse. NAS N revealed R1 complained she needed a new bed and stated her bed was not able to go low enough. On 12/11/23 at 11:24 AM R1 laid in her bed with the bed in the lowest position. R1 stated when NAS M attempted to transfer her from the bed into her wheelchair, NAS M dropped her. R1 revealed that NAS M was alone when NAS M attempted to perform the transfer. R1 further revealed her leg broke and she had to go out to the hospital and have surgery. On 12/11/23 at 11:29 AM Certified Medication Aide (CMA) R stated prior to the fall R1, required one person to transfer and further stated R1 could stand and pivot easily with one staff member. CMA R revealed NAS M was with R1 without a facility staff member when the incident happened. CMA R stated students were not supposed to transfer a resident alone and were required to have a staff member with them. On 12/11/23 at 11:31 AM Licensed Nurse (LN) G stated all students were supposed to have a staff member with them when transferring a resident so the level of care needed for the residents was known, and the residents were kept safe. On 12/11/23 at 11:33 AM LN H stated the students had different levels of training. The care the students were allowed to give depended on where they were in the program. LN H revealed the students' instructor was present on the unit. LN H said they did not understand what NAS M was doing alone, because students were	F 726			

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F 726	Continued From page 4 supposed to always have a staff member with them. On 12/11/23 at 12:08 PM Administrative Nurse D stated the facility relied on the instructor to know how the students were doing and the students' ability to transfer residents safely or not. Administrative Nurse D revealed the students were never told they could not do cares without staff present. Administrative Nurse D further revealed she expected R1's feet to touch the floor prior to starting a transfer. Administrative Nurse D confirmed the facility was uncertain if R1 had footwear on as it was not documented in any of the statements. On 12/11/23 at 01:03 PM R1 reported the day she fell, she did not have any footwear on because she had just gotten up from sleeping and was not dressed yet. R1 confirmed that her bed was not lowered all the way and her feet did not touch the ground. On 12/11/23 at 03:06 PM Administrative Staff A stated she expected a facility staff member to be present when the students transferred a resident. On 12/11/23 at 03:35 PM Consultant GG stated he felt that R1 had a spontaneous fracture that resulted in her fall. Consultant GG further stated that for R1 to break her femur, it would have needed to be a big fall. The Facility's "Nursing Services and Sufficient Staff" revised October 22 documented the facility would provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial	F 726			

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F 726	Continued From page 5 well-being of each resident. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. The facility failure to ensure trained staff with the appropriate skills and knowledge necessary were present during a transfer. As a result, R1 had an assisted fall which resulted in a left distal femur fracture.	F 726			