STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175569	A. BUILDING _____ B. WING _____	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERNAULD VILLAGE	716 TWEED STREET WINFIELD, KS 67156

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F 000	INITIAL COMMENTS The following deficiencies represent the findings of a Health Resurvey and investigation of complaint # 187243. This 2567 was electronically sent to the facility on 06/11/24.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 06/11/2024

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 657	Continued From page 1	F 657		

by:
The facility reported a census of 34 residents with 13 residents sampled, including five residents reviewed for unnecessary medications. Based on observation, interview and record review the facility failed to review and revise one dependent Resident's (R)29's care plan to include non-pharmacological interventions for pain.

Findings included:

- Review of Resident (R)29's electronic medical record (EMR) documented the following diagnoses: pain (physical suffering or discomfort) and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain).

The "Admission Minimum Data Set" (MDS), dated 09/22/23, documented the resident had a Brief Interview for Mental Status (BIMS) score of eight, indicating moderately impaired cognition. She received as needed (PRN) medications for pain and reported occasional moderate pain which did not affect her sleep or day to day activities.

The "Pain Care Area Assessment" (CAA), dated 09/22/23, did not trigger.

The "Quarterly MDS," dated 03/08/24, documented the resident had a BIMS score of seven, indicating severe cognitive impairment. The resident received scheduled pain medication and denied pain at the time of the assessment.

The care plan for pain, revised 06/05/24, instructed staff the resident had moderate leg pain which she received Acetaminophen (an

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F 657	Continued From page 2 over-the-counter medication for pain), 325 milligrams (mg), two tablets by mouth (po), every (Q) six hours and Acetaminophen 500 mg, po, three times per day (TID). The care plan lacked staff instruction on non-pharmacological interventions for pain. Review of the resident's EMR included the following physician's orders: Tylenol 500 mg, po, Q six hours, PRN for pain, ordered 03/14/24. Tylenol Extra Strength (ES) 500 mg, po, TID, for back pain, ordered 10/12/23. On 06/05/24 at 01:15 PM, Administrative Nurse D stated she would expect the resident's care plan to include non-medical interventions for pain. The facility's policy for "Pain Management-Assessment, Monitoring, and Care Planning", revised 10/20/24, included: The facility shall develop and implement both non-pharmacological and pharmalogical interventions for pain, which will be included in the resident's plan of care. The facility failed to include non-medical interventions for pain in R29's care plan.	F 657		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced	F 677		

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F 677	Continued From page 3	F 677		

by:
The facility reported a census of 34 residents with 13 selected for review, which included one resident reviewed for activities of daily living. Based on observation, interview, and record review, the facility failed to ensure one Resident (R)30 received grooming per his usual preference.

Findings included:

- Review of Resident (R)30's medical record revealed diagnoses that included fracture of left pubis (pelvic bone), third lumbar vertebra (bone of the spinal column), dementia (progressive mental disorder characterized by failing memory, confusion),and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

The "Admission Minimal Data Set" (MDS), dated 05/06/24, assessed the resident with moderately impaired cognitive skills, fluctuating inattention, and physical behavior directed towards others, and rejection of care.

The "ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment" (CAA), dated 05/06/24, assessed the resident could be resistive to care and combative. R30 was dependent on care for personal hygiene.

The "Care Plan" reviewed 05/10/24, instructed staff the resident required staff assistance for personal hygiene. The resident's bath days were Monday and Wednesday, on the evening shift.

Observation, on 06/03/24 at 10:56 AM, revealed

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F 677	Continued From page 4	F 677		

R30 seated in his recliner with his eyes closed and chin resting on his chest. R30 had several days' worth of facial hair. The family member stated the resident preferred a clean- shaven appearance and did not recall when the resident last received a shave.

Observation, on 06/03/24 at 12:15 PM, revealed the resident seated in his wheelchair in the dining room with the family member attempting to feed the resident. The resident's chin was on his chest, and the resident did not respond to requests to hold his head up.

Observation on 06/04/24 at 08:00 AM, revealed the resident positioned in bed with no response to verbal stimuli.

Observation, on 06/04/24 at 10:38 AM, revealed the resident remained in bed, with minimal response to verbal and tactile stimulus. Interview at that time with Certified Nurse Aide M revealed R30 had a decline and became less responsive for approximately one week. CNA M states the resident usually received shaving with bathing but did not know what shift or day.

Interview, on 06/04/24 at 01:03 PM, with Licensed Nurse (LN) H, confirmed the resident's increased somnolence and decline in status over the past two weeks and notified the physician for assessment.

Interview, on 06/05/24 at 01:30 PM, with Administrative Nurse E, revealed the resident resisted care when first admitted and recently had a decline in condition, and now would receive hospice services. Administrative Nurse E stated she would expect staff to provide grooming

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F 677	Continued From page 5 opportunities to the resident as he allowed, not just on scheduled bath days. The facility policy "Activities of Daily Living" reviewed 09/18/23, instructed staff to provide grooming opportunities according to their care plan. The facility failed to ensure staff provided grooming opportunities for this dependent resident with a decline in condition and decline in resistive behaviors.	F 677		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: The facility reported a census of 34 residents. Based on observation, interview, and record review, the facility failed to prepare food consistent with required recipes to ensure nutritional value and preservation of vitamins for three residents identified to receive pureed diets. Findings included: - On 06/04/24 at 10:43 AM, dietary staff FF identified she prepared pureed diets for three facility residents. The menu included beef tips,	F 804		

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F 804	Continued From page 6 mashed potatoes, and brussel sprouts. Upon inquiry, she stated she did not have recipes to follow to puree the residents' food. She stated she would add water, gravy, or butter, till she got the food to the right consistency. When asked how she knew which to add to maintain the nutritional value, she stated she did not know. On 06/04/24 at 10:48 AM, dietary staff BB confirmed the facility had three residents that received pureed diets and the facility lacked recipes to prepare the pureed diets to ensure the nutrients and vitamins preserved. Additionally, he reported he was not aware the pureed diets should have recipes to direct the staff in the preparation of pureed diets to preserve the nutritional value of the food. On 06/04/24 at 10:58 AM, dietary staff BB confirmed he had contacted the facility dietician who confirmed the facility should have recipes to follow for each food item in the menu for residents who receive a pureed diet. The facility lacked a policy to address the use of recipes for preparation of pureed diets to ensure nutritional value and maintain vitamin preservation. The facility failed to prepare food consistent with required recipes for three residents that received pureed diet.	F 804		
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 -	F 812		

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F 812	Continued From page 7	F 812		

§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 34 residents. Based on observation and interview, the facility failed to prepare food under sanitary conditions, for the residents of the facility related to the appropriate use of hair restraints, beard restraints, and cross contamination following handwashing.

Findings included:

- On 06/03/24 at 10:11 AM, an initial tour of the kitchen with Dietary Staff CC, revealed the following areas of concern:

1. Dietary staff DD walked through the food preparation area with his hair unrestrained and exposed outside of his ball cap.

2. Dietary staff EE worked in the food preparation area with his hair exposed and unrestrained outside of his ball cap. Dietary staff

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F 812	Continued From page 8	F 812		

EE had a facial beard and he lacked a beard guard. Dietary Staff CC confirmed the above findings during the initial tour and stated the dietary staff should wear hair nets and beard guards while in the food preparation area to prevent staff hair from contaminating the food and resulting in food borne illnesses.

On 06/03/24 at 10:30 AM, dietary staff BB stated dietary staff should wear beard guards and hair restraints when food preparation area to prevent contamination of the food. He reported he had provided ball caps for dietary staff to use as hair restraints. Dietary staff BB verified the above noted staff with unrestrained hair loose and exposed which extended beyond the ball caps. Additionally, he confirmed the staff lacked required beard guards.

On 06/04/24 at 10:43 AM, observed dietary staff FF wash her hands at the kitchen handwashing sink, dry her hands with paper towels, walk to a large, covered trash barrel in the food prep area, lift the lid with the used paper towel, throw the paper towel in the barrel and then slid the garbage can lid with her bare hand. She then proceeded to prepare the pureed foods. Dietary staff BB stated dietary staff should wash and dry their hands and dispose of paper towels in the foot operated trash can without having direct contact with the trash can lid to prevent cross contamination of food during preparation.

The facility lacked a policy to address appropriate use of hair restraints, beard restraints, cross contamination following handwashing.

The facility failed to prepare food under sanitary conditions, for the residents of the facility related

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F 812	Continued From page 9 to the appropriate use of hair restraints, beard restraints, cross contamination following handwashing.	F 812		
F 814 SS=F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: The facility reported a census of 34 residents. Based on observation, interview, and record review, the facility failed to maintain and/or dispose of garbage and refuse properly in a sanitary condition to prevent the harborage and feeding of pests. Findings included: - On 06/03/24 at 10:33 AM, initial tour with Dietary Staff BB revealed a three compartment outside dumpster with open lids. One of the three compartments contained a full garbage bag. Dietary staff BB confirmed the dumpster lids should be closed at all times to prevent rodents and wildlife in the area from entering the garbage and spreading it throughout the facility grounds to attract pests and prevent the spread of contaminations. Additionally, dietary staff BB stated the dumpsters were used by all facility staff. He reported the staff should have ensured the lid was closed to contain the trash/garbage when placed into the dumpster. On 06/05/24 at 10:50 AM, Administrative Staff AA, confirmed all facility staff used the dumpsters for disposal of trash and garbage. She verified facility staff should close the lids to contain the	F 814		

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F 814	Continued From page 10 contents when placing trash or garbage in the dumpster. Additionally, she stated there were multiple wildlife in the general area which came on facility grounds which could have access to the content of the dumpsters if the lids were not closed and trash contained. The facility lacked a policy to address garbage and refuse disposal and containment. The facility failed to maintain and/or dispose of garbage and refuse properly in a sanitary condition to prevent the harborage and feeding of pests.	F 814		