STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175174	A. BUILDING _____ B. WING _____	C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK HILLS	**2121 MEADOWLARK ROAD MANHATTAN, KS 66502**

(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 The following citation represents the findings of complaint investigation #KS00192930. The 2567 was electronically sent on 02/17/25.	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 had a census of 119 residents, with three residents sampled. Based on record review and interview, the facility failed to ensure Resident (R) 1 was secured with the safety belt in a mechanical spa lift chair, during a transfer out of a spa tub. This deficient practice resulted in R1 falling from the spa lift chair and R1 sustained a fractured (broken bone) right femur (thigh bone). Findings included: - R1 ' s Electronic Medical Record (EMR) documented diagnoses of age-related osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk), dementia (a progressive mental disorder characterized by failing memory and confusion) with other behavioral issues and agitation (feeling of aggravation or restlessness brought on by a provocation or a medical	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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F 689	Continued From page 1	F 689		

condition), difficulty in walking, compression fracture of first lumbar (lower back) vertebra (bone of the spinal column), presence of right artificial knee joint, periprosthetic fracture around internal prosthetic right knee joint, and need for assistance with personal care.

The "Annual Minimum Data Set" (MDS), dated 10/24/24, documented R1 had severe cognitive impairment, and physical and verbal behaviors directed toward others which occurred four to six days of the seven-day look back period, and R1 rejected care one to three days of the seven day look back period. R1 used a wheelchair for mobility and dependent on staff for toileting, shower/bathing, and lower body dressing. R1 required substantial/maximal assistance with tub/shower transfers.

The "Fall Care Area Assessment" (CAA), dated 11/12/24, documented R1 with pertinent diagnoses including Alzheimer ' s (progressive mental deterioration characterized by confusion and memory failure) disease, osteoporosis, and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). The CAA noted R1 had long and short-term memory impairments as well as physical and verbal aggressive behaviors and altered safety awareness secondary to cognitive loss. The staff were to anticipate most needs of care. R1 required a sit-to-stand lift with one staff assistance with all transfers and toileting and utilized a wheelchair for locomotion, propelled by staff. R1 remained at an elevated risk of experiencing falls related to incidents secondary to medication use, cognitive losses, impulsive behavior, alteration in safety awareness, activities of daily living needs, and behavioral alterations.

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F 689	Continued From page 2	F 689		

R1's "Care Plan" dated 10/25/21, documented R1 had an activity of daily living (ADL) self-care deficit related to weakness, dementia, and a recent femur fracture. The Care Plan directed R1 required two staff with a full body lift to move between surfaces.

R1's revised/updated "Care Plan" dated 01/27/25, then documented R1 as at risk of experiencing alteration in comfort/pain related to right femur fracture with surgical repair and Alzheimer ' s disease.

The "Progress Note" dated 01/14/24 at 10:51 PM, documented that around 07:45 PM the nurse was alerted by spa tub and spa toilet call lights. Upon entering the room, R1 laid in the spa tub on her right hip with her right arm tucked behind her back. The spa lift chair was beside the tub, approximately three feet from the spa tub floor. R1 had blood visible to the left nostril, and a bruise forming on the nose's left side. A small cut was seen above R1 ' s upper lip. R1 complained of feeling sore and called out "It hurts" when staff assisted her to a sitting position. R1 was then assisted out of the tub with a full body lift and three staff. R1 called out in pain when the right lower extremity was moved. Upon further assessment, while in bed, R1 ' s right leg was shorter than the left leg, and while palpating the hip R1 continued to express pain. The care coordinator was notified by phone, a call was placed to R1 ' s Durable Power of Attorney (DPOA) to notify the findings related to R1 ' s fall, and the DPOA wished R1 to be sent to the emergency room to be evaluated.

The "Progress Note" dated 01/15/25 at 09:17 AM,

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documented R1 admitted to the hospital with plans to consult with an orthopedic specialist (pertaining to bones) for a right femur fracture.

On 02/03/25 at 02:00 PM, Licensed Nurse (LN) G reported a Certified Nurse Aide (CNA) was bathing R1 in the spa. LN G stated the CNA was transferring R1 from the spa tub, with the spa lift chair, when R1 fell forward. LN G stated the CNA failed to buckle the seat belt correctly (on the spa lift chair).

On 02/03/25 at 02:41 PM, Administrative Nurse D stated she expected the staff to fasten the spa lift chair safety belt correctly. Administrative Nurse D reported while investigating R1 ' s fall, it was determined the CNA bathing R1 had failed to correctly fasten the spa lift chair safety belt and R1 fell forward, resulting in a right femur fracture that required a surgical intervention.

The facility ' s "High Risk for Falls Procedure" dated 11/2014, documented that team members are responsible for ensuring residents who do not have good sitting balance are encouraged and assisted to sit on furniture that provides appropriate support.

The facility failed to ensure staff safely secured R1 in the spa lift chair safety belt. This deficient practice resulted in R1 falling from the spa lift chair and R1 sustained a right femur fracture that required surgical repair.