

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

PRINTED: 06/03/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175491		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2025	
NAME OF PROVIDER OR SUPPLIER HOEGER HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 20911 WEST 153RD STREET OLATHE, KS 66061			
(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 628 SS=D	The following citations represent the findings of a health resurvey and complaint investigation KS00194650. The 2567 was electronically sent on 06/03/25. Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)(i)-(iii) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-			F 628			

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 628	Continued From page 1 (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written	F 628			

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F 628	Continued From page 2 notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon	F 628			

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F 628	Continued From page 3 as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing	F 628			

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F 628	Continued From page 4 facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is not met as evidenced by: The facility had a census of 28 residents. The sample included 12 residents, with one reviewed for re-hospitalization. Based on observation, interview, and record review, the facility failed to notify the State Long Term Care Ombudsman (LTCO) of Resident (R) 16's discharge from the facility. This deficient practice placed R16 at risk for impaired resident rights. Findings include: - R16's "Electronic Medical Record (EMR)" documented diagnoses of fracture of left lower leg, atrial fibrillation (rapid irregular heartbeat),	F 628			

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F 628	Continued From page 5 end-stage renal disease with dialysis (a procedure where impurities or wastes were removed from the blood), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), and thrombosis (a clot that developed within a blood vessel) of deep veins of both lower extremities. R16's "Admission Minimum Data Set" (MDS), dated 04/11/25, documented a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS documented R16 required assistance with set up for eating and dressing and was dependent on staff for transfers, toileting, and lower body dressing. The MDS documented R16 received antibiotics and blood thinner drugs. R16's "Care Plan," dated 04/06/25, directed staff to report to the health care provider, as needed, any signs or symptoms of infection or pneumonia (inflammation of the lungs). R16's "EMR" documented she was hospitalized from 03/21/25 to 03/27/25 for fluid overload. R16's "EMR" documented she was hospitalized from 04/01/25 to 04/05/25 for thrombosis (clot that developed within a blood vessel) of the deep veins of the lower extremities. The facility lacked documentation that the state LTCO was notified of the discharge and transfers to the hospital for both hospitalizations. On 05/12/25 at 09:09 AM, R16 was in her	F 628			

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F 628	Continued From page 6 wheelchair in her room and reported no concerns with staff care and services. On 05/13/25 at 02:55 PM, Administrative Nurse D and Social Services Staff X stated neither one had notified the ombudsman of discharges. They were unaware they were required to. The facility's "Discharge and Transfer" policy, dated 03/28/2025, stated when a resident was temporarily transferred on an emergency basis to an acute care center, a notice of transfer must be provided to the resident and their representative as soon as practicable, and a copy of the notice must be sent to the ombudsman.	F 628			
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 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	F 812			

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F 812	Continued From page 7 by: The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store, prepare, distribute, and serve food by professional standards for food service safety and failed to consistently document dish machine temperatures. This placed the resident at risk for foodborne illnesses. Findings included: - On 05/12/25 at 07:45 AM, during the initial kitchen tour, the two-door refrigerator had dried food particles all across the bottom shelf, and the handles to the refrigerator had dried food on them. The two-door freezer beside the refrigerator had a large, approximately 36 inches in diameter, round milky white frozen substance on the bottom shelf. The ninja blender had brown, crusty, dried food debris around the top of the base of the blender, the microwave was dirty on the outside and had dried red substance all on the walls inside. The toaster had dried food on the front of the toaster and the knobs of it. The second two-door silver refrigerator by the steam table had dried food particles inside it. On 05/12/25 at 08:30 AM, Dietary BB was asked for the daily meal temperature logs, Dietary BB was unable to produce any of the logs for April 2025 or the first 11 days of May. Dietary BB stated he was the interim Dietary Manager (DM) and stated Dietary CC knew the procedures of cleaning the kitchen and how to take the food temperatures prior to meal service. On 05/12/25 at 09:00 AM, Administrative Nurse D stated she could not find any food temperature	F 812			

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F 812	Continued From page 8 logs. Administrative Nurse D stated that the Registered Dietician (RD) came to the facility weekly and reviewed the logs, but the previous DM had not left on good terms. Administrative Nurse D was unsure where the logs could be and could not prove that the meal temperatures were taken. On 05/12/25 at 11:55 AM, during the noon meal service, a review of the "Dish Machine Temperature and Thermal Sanitizing" sheet for March 2025 lacked documentation. The temperature was not taken during the following days: 03/20/25 03/21/25 03/22/25 03/24/25 03/25/25 03/26/25 03/26/25 03/27/25 03/28/25 03/29/25 03/30/25 03/31/25 A review of the "Dish Machine Temperature and Thermal Sanitizing" sheet for April 2025 lacked documentation. The temperature was not taken during the following days: 04/08/25 04/09/25 04/10/25 04/11/25 04/15/25 04/16/25 04/17/25 04/23/25	F 812			

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F 812	Continued From page 9 04/24/25 04/29/25 04/30/25 A review of the "Dish Machine Temperature and Thermal Sanitizing" sheet for May 2025 lacked documentation. The temperature was not taken during the following days: 05/01/25 05/02/25 05/03/25 05/04/25 05/05/25 05/06/25 05/07/25 05/08/25 05/09/25 On 05/12/25 at 12:15 PM, Dietary CC stated he did not know where the April 2025 food temperature log was and verified that he had not taken breakfast temperatures that day. He stated he had taken them in the past, but did not know where the paperwork was. Dietary CC further stated his coworker, who works opposite of him, did not clean the kitchen, so he did not feel like he needed to clean either. Dietary CC stated he did not know when the kitchen was last cleaned. The facility's "Food Temperature Monitoring-Food and Nutrition Services" policy, dated 12/16/24, documented that food temperatures were taken and recorded before each meal service. Periodically, temperatures were taken at other times during or at the end of meal service to ensure temperatures were held within acceptable ranges. Food was served at proper serving temperatures.	F 812			

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F 812	Continued From page 10 The facility's "General Sanitation-Food and Nutrition" policy, dated 06/25/24, documented that the facility stored, prepared, distributed, and served food under sanitary conditions at all times. The policy documented cleaning and sanitizing equipment surfaces was a two-step process, surfaces are cleaned and rinsed before being sanitized. The policy documented that all food contact surfaces would be washed, rinsed, and sanitized. When cleaning fixed/immobile equipment such as mixers and slicers, removable parts are washed and sanitized, while non-removable parts are cleaned with detergent and hot water, rinsed, air-dried, and sprayed with sanitizing solution at an effective concentration. If any food contact surfaces are contaminated during reassembly, re-sanitize. The staff were to wipe down equipment and food spills.	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 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,	F 880			

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F 880	Continued From page 11 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 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 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.			F 880			

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F 880	Continued From page 12 §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 had a census of 28 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when the facility failed to ensure Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organism which employ targeted gown and glove use during high contact care) were used for Resident (R) 23, who had a surgical incision (a surgical cut made in the skin). The deficient practice placed residents in the facility at risk of infectious disease processes. Findings included: -On 05/13/25 at 03:35 PM, R23's room door had an EBP sign. R23 propelled herself into the bathroom, she had an elastic bandage wrapped from her foot to her knee around her left ankle and started to try to transfer herself onto the toilet. Further observation revealed Licensed Nurse (LN) G went into the bathroom and shut the door. After a short time, LN G came out and sanitized her hands. LN G stated that R23 was on EBP due to her surgical incision and stated that R23's Person Protective Equipment (PPE) of	F 880			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER HOEGER HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 20911 WEST 153RD STREET OLATHE, KS 66061		
(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 13 gowns and gloves were in the cabinet beside her room. LN G stated that R23 had a surgical incision, and staff were to wear PPE when they provided wound care, but she has not had to do that yet. LN G stated she had assisted R23 on and off the toilet, but R23 was able to do her own personal care. On 05/13/25 at 12:26 PM, Certified Nurse Aide (CNA) M went into R23's room, put a gait belt around R23's waist, and maneuvered her wheelchair to the side of the bed. CNA M grabbed the gait belt and transferred R23 into R23's wheelchair. CNA M wheeled R23 to the recliner and transferred R23 into it. Further observation revealed CNA M grabbed the footrest of the recliner and lifted it so that R23 could elevate her legs. CNA M gave R23 her call light, fixed the covers on R23's bed, and walked out of the room. CNA M had not donned a gown or gloves and had not sanitized her hands after she left the room. R23 stated staff only had to wear a gown and gloves when staff assisted R23 with toileting. CNA M stated the facility had monthly skills checks and CNA M was reeducated about EBP and infection control monthly. On 05/13/25 at 01:00 PM, Administrative Nurse E stated staff were reeducated monthly about EBP and infection control. Administrative Nurse E further stated staff were to wear PPE while performing high contact care, especially with transfers and personal care. Administrative Nurse E stated that LN G asked her about when to wear PPE with R23, and Administrative Nurse E reeducated LN G that LN G should have worn a gown and gloves when LN G assisted R23. Administrative Nurse E stated CNA M should have worn a gown and gloves and should have	F 880			

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F 880	Continued From page 14 sanitized her hands after she assisted R23. On 05/14/25 at 10:30 AM, Administrative Nurse D stated that staff received education about EBP and PPE monthly, and as needed. Administrative Nurse D stated that staff were to wear PPE with high contact care like transfers and toileting, care of any kind. The facility's "Standard, Enhanced Barrier and Transmission Based Precautions" policy, dated 04/05/25, documented Enhanced Barrier Precautions (EBP) that expand the use of personal protective equipment beyond situations in which exposure to blood and body fluids is anticipated. EBP is used for residents who are infected or colonized with a CDC (Centers for Disease Control)- targeted MDRO (Multidrug-Resistant Organism), or an epidemiologically important MDRO (per facility discretion), when contact precautions do not otherwise apply. The policy documented high-contact resident care activities included transfers, dressing, toileting, and bathing. Staff were to also wear PPE when changing linens, devices, wound care, and during therapy. The policy further documented, that residents on EBP would have clear signage posted on the door or wall outside of the resident's room, indicating the type of precautions and required PPE.			F 880			