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	175298	A. BUILDING _____ B. WING _____	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND POST ACUTE REHABILITATION	7850 FREEMAN AVENUE KANSAS CITY, KS 66112

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey and complaint survey regarding allegations in KS00194823 and KS00195514. The 2567 was sent electronically on 06/04/25.	F 000		
F 628 SS=E	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	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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resident, the facility must-
(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.

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F 628	Continued From page 2 §483.15(c)(5) Contents of the notice. The written 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	F 628		

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must update the recipients of the notice as soon 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

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hospitalization or therapeutic leave, a nursing 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 113 residents. The sample included 24 residents, with five reviewed for hospitalization. Based on record review and interview, the facility failed to notify the Office of the Long-Term Care Ombudsman (LTCO - a public official who works to resolve resident issues in nursing facilities) of Resident (R) 55, R5, R28, and R41's discharge. This placed the residents at risk for uninformed care choices.

Findings included:

- R55's Electronic Medical Record (EMR)

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documented the resident had diagnoses of rhabdomyolysis (breakdown of damaged skeletal tissue) and lactic acidosis (excessive accumulation of lactic acid produced by the muscle cells with the breakdown of carbohydrates for energy).

R55's "Significant Change Minimum Data Set" (MDS), dated 04/30/25, documented R55 had short- and long-term memory problems and severely impaired cognition. The MDS documented R55 required partial to moderate staff assistance with oral hygiene, bed mobility. The MDS documented R55 was dependent with toileting hygiene, showering, upper and lower body dressing, putting on and taking off footwear, and personal hygiene. The MDS documented R55 was independent with transfers and ambulation.

R55's "Care Area Assessment" (CAA), dated 04/30/25, did not trigger for activities of daily living (ADL).

R55's "Care Plan," revised 04/18/25, instructed staff to adjust the provision of ADLs to compensate for the resident's changing abilities. R55's plan of care documented R55 was dependent with toileting, showering, upper and lower body dressing. R55's plan of care documented he required partial to moderate staff assistance with bed mobility, and he was independent with transfers and ambulation.

R55's "Progress Notes," dated 04/19/25 at 10:34 AM, documented the resident was transferred to the hospital.

R55's clinical record lacked evidence the LTCO

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was notified of the hospital transfer.

On 05/20/25 at 12:57 PM, R55 rested quietly in bed on his back, with eyes closed, and no signs or symptoms of pain.

On 05/20/25 at 11:26 AM, Administrative Staff A stated the facility report regarding resident transfers to the hospital does not include residents on bed hold until they come back or go off the bed hold. Administrative Staff A verified the LTCO was not notified of R55's transfer to the hospital on 04/19/2025.

The facility's "Admission, Transfer and Discharge Policy," revised 11/2016, documented the facility would send a list of residents who had an emergency transfer and/or discharge to the LTCO.
- R5's Electronic Health Record (EHR) revealed diagnoses of diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), major depressive disorder (major mood disorder that causes persistent feelings of sadness), hyperthyroidism (a condition characterized by hyperactivity of the thyroid gland), muscle weakness, and contracture right ankle.

R5's "Quarterly Minimum Data Set" (MDS), dated 04/02/25, recorded R5 had a Brief Interview for Mental Status (BIMS) of 15 indicating intact cognition. The MDS recorded he required moderate staff assistance with transfers and activities of daily living (ADL). The MDS documented the resident propelled independently with a wheelchair and received insulin (a hormone that lowers the level of glucose in the blood), opioid (a class of controlled drugs used to

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treat pain) medications, and antidepressant (a class of medications used to treat mood disorders) medications.

The "Care Area Assessment" (CAA), dated 01/10/25, recorded R5 required assistance with ADLs and was independent mobility with a wheelchair. The CAA documented the resident was at risk for falls due to weakness.

R5 "Care Plan," dated 01/10/25, recorded R5 required moderate staff assistance with most ADL care and had an alteration in self-care due to cerebrovascular accident (CVA-stroke- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), diabetes mellites, and decreased functional mobility. The care plan documented R5 required partial to moderate assistance with sit-to-stand transfers and had a transfer pole to help with independence. The care plan documented R5 did not ambulate and was independent with a wheelchair.

On 02/17/25 at 09:36 AM, "Nurses Notes" documented the resident complained of increased pain in his left foot. The notes documented the resident had increased swelling and redness of his left foot and an open area noted on the middle toe. The notes documented the nurse practitioner and wound nurse were notified, and an order was received to transfer the resident to the hospital for further evaluation. The notes documented emergency medical services and the responsible party notified.

On 02/17/25 at 09:46 AM, "Nurses Notes" documented the resident was transported to the

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hospital.

On 02/17/25 at 03:42 PM, "Nurses Notes" documented the resident remained in the hospital.

On 02/25/25 at 07:00 PM, "Nurses Notes" documented the resident returned to the facility with a bandage to his left foot and no complaints of pain or discomfort.

R5's clinical record lacked documentation staff notified the LTCO of the resident's discharge from the facility.

On 05/20/25 at 11:00 AM, Social Service X stated she would send a notification to the Ombudsman monthly to notify them of the residents who are discharged from the facility.

On 05/20/25 at 11:00 AM, Administrative Staff A stated they did not have any notifications to the Ombudsman regarding the resident's February discharge. Administrative Staff A stated the Electronic Health Record (EHR) program did not provide a list of residents discharged unless the resident was past the 10-day bed hold, so it did not capture the residents that went to the hospital for a shorter stay.

The facility's "Admission, Transfer, and Discharge," policy," dated 11/2016, documented that when the facility transfers or discharges a resident, the facility shall 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. The policy documented the facility would send a list of residents who have

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had an emergency transfer and/or discharge to the State Long Term Care Ombudsman monthly.
- R28's Electronic Medical Record (EMR) documented diagnoses of acute respiratory failure with hypoxia (inadequate supply of oxygen), tracheostomy (opening through the neck into the trachea through which an indwelling tube may be inserted) status, chronic kidney disease, diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), nontraumatic intracerebral hemorrhage (bleeding inside the brain), presence of cerebrospinal fluid drainage device, and need for assistance with personal care.

R28's "Quarterly Minimum Data Set" (MDS), dated 04/17/25, documented that R28 had severely impaired cognition, inattention, and altered level of consciousness behaviors, which were continuously present. The MDS documented R28 was dependent on functional abilities and mobility. The MDS further documented that R28 received scheduled and as-needed pain medication and received nutrition via a feeding tube (tube for introducing high-calorie fluids into the stomach).

R28's "Care Plan," dated 04/17/25, documented that R28 had a tracheostomy related to intracerebral hemorrhage and directed staff to assess for signs and symptoms of altered level of consciousness, irritability, listlessness, and cyanosis (bluish discoloration of the skin), and monitor/document and report to the medical doctor of upper respiratory infections. The care plan further directed staff to ensure the trach ties were secure at all times, replace the tube if coughed out, and obtain medical help

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immediately.

The "Progress Note" dated 02/26/25 at 12:19 AM documented that R28 had been admitted to the hospital from an out-of-facility appointment due to complications with the shunt.

On 05/21/25 at 11:20 AM, Social Service X stated she sent the ombudsman notification of discharges every month. Social Service X reported providing a list of ombudsman notifications for the month of February 2025, which did not include R28.

On 05/20/25 at 11:26 AM, Administrative Staff A stated that the facility report regarding resident transfers to the hospital did not include residents on bed hold until they came back or went off the bed hold. Administrative Staff A verified that the LTCO was not notified of R28's transfer to the hospital on 02/26/2025.

The facility's "Admission, Transfer and Discharge Policy," revised 11/2016, documented that the facility would send a list of residents who had an emergency transfer and/or discharge to the LTCO.

- R41's Electronic Medical Record (EMR) included diagnoses of chronic respiratory failure with hypoxia (inadequate supply of oxygen), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), obstructive sleep apnea (a disorder of sleep characterized by periods without respirations), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, major depressive disorder (major mood disorder that

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causes persistent feelings of sadness), and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin).

The "Quarterly Minimum Data Set" (MDS), dated 03/01/25, lacked cognitive assessment, no signs or symptoms of delirium (sudden severe confusion, disorientation, and restlessness), psychosis (any major mental disorder characterized by a gross impairment in reality perception), or behaviors. R41 required substantial/maximal assistance with dressing, personal hygiene, bed mobility, and transfers. The MDS further documented R41 had shortness of breath and trouble breathing with exertion and when lying flat, received oxygen therapy and a non-invasive mechanical ventilator.

R41's "Care Plan" dated 03/02/25, documented altered respiratory status, and difficulty breathing related to chronic respiratory failure. The care plan directed staff to administer inhalers, and medications as ordered, and apply BiPAP (a non-invasive mechanical ventilator) with oxygen. The care plan further instructed staff to monitor for signs and symptoms of respiratory distress and abnormal breathing patterns to report to the physician as needed.

The "Progress Note" dated 02/04/25 at 02:00 PM, documented that R41's family chose to send the resident out to an emergency department.

The "Progress Note" dated 03/27/25 at 09:06 AM, documented R41 had decreased oxygen levels and the family member agreed to send R41 to the emergency room.

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F 628	Continued From page 12 On 05/20/25 at 11:26 AM, Administrative Staff A stated that the facility report regarding resident transfers to the hospital does not include residents on bed hold until they come back or go off the bed hold. Administrative Staff A verified that the LTCO was not notified of R28's transfer to the hospital on 02/26/2025. The facility's "Admission, Transfer and Discharge Policy," revised 11/2016, documented that the facility would send a list of residents who had an emergency transfer and/or discharge to the LTCO.	F 628		
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	F 657		

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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 by:
The facility had a census of 113 residents. The sample included 24 residents. Based on observation, record review, and interview, the facility failed to revise the care plan to include resident-centered functional abilities for Resident (R) 41 and R69. This placed the residents at risk for unmet care needs.

Findings included:

- R41's Electronic Medical Record (EMR) included diagnoses of chronic respiratory failure with hypoxia (inadequate supply of oxygen), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), obstructive sleep apnea (a disorder of sleep characterized by periods without respirations), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, major depressive disorder (major mood disorder that causes persistent feelings of sadness), and diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin).

The "Quarterly Minimum Data Set" (MDS), dated 03/01/25, lacked cognitive assessment, no signs or symptoms of delirium (sudden severe confusion, disorientation, and restlessness), psychosis (any major mental disorder characterized by a gross impairment in reality

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perception), or behaviors. The MDS documented R41 required substantial/maximal assistance with dressing, personal hygiene, bed mobility, and transfers. The MDS further documented R41 had shortness of breath and trouble breathing with exertion and when lying flat, received oxygen therapy and a non-invasive mechanical ventilator.

R41's "Care Plan" dated 03/02/25, documented an alteration in self-care related to an indwelling catheter, bowel incontinence, and required assistance with activities of daily living. The care plan lacked directions to staff for toileting hygiene, transfers, bed mobility, bathing, oral hygiene, dressing, and eating.

The "Progress Note" dated 02/04/25 at 02:00 PM documented that R41's family chose to send the resident out to the emergency department.

The "Progress Note" dated 03/27/25 at 09:06 AM documented that R41 had decreased oxygen levels, and the family member agreed to send R41 to the emergency room.

On 05/20/25 at 12:29 PM, R41 had a meal tray on the over-bed table. R41 was lying mostly on her left side, slumped down toward the end of the bed. Unidentified nursing staff repositioned the resident for safe meal intake. R41 had a family member in the room.

On 05/21/25 at 01:13 PM, Certified Nurse Aide (CNA) N stated she got a report from a previous shift or from the nurse on what activities of daily living care a resident would need.

On 05/21/25 at 01:25 PM, Administrative Nurse F reported she completed the care plan following

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the MDS process. Administrative Nurse F reported that the lack of direction for staff on the care plan was a mishap and should have been completed.

On 05/21/25 at 02:02 PM, Administrative Nurse DD stated she had expected the functional ability care plan should be completed to provide direction to staff of the residents' needs.

The facility's "Care Plans-Initial/Baseline and Comprehensive" policy, dated 02/2022, documented it was the policy of the facility to develop and implement a baseline or initial and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the residents that meets professional standards of quality care. Care, treatment, and services are planned to ensure that they are appropriate to the resident's needs and provide an individualized, interdisciplinary plan of care for residents that is appropriate to the resident's needs, strengths, limitations, and goals.

- R69's Electronic Medical Record (EMR) documented diagnoses of neuromuscular dysfunction of the bladder (dysfunction of the urinary bladder caused by a lesion of the nervous system), hypertension (HTN - elevated blood pressure), paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), major depressive disorder (major mood disorder that causes persistent feelings of sadness), personal history of traumatic brain injury (TBI - an injury to the brain caused by external forces), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, morbid

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obesity (excessive body fat), pressure ulcer stage four (a deep pressure wound that reaches the muscles, ligaments, or even bone) of sacral region (large triangular bone/area between the two hip bones), weakness and need for assistance with personal cares, and dependence on wheelchair.

R69's "Admission Minimum Data Set" (MDS), dated 03/31/25, documented R69 had intact cognition, impaired functional range of motion impairment of both sides of lower extremities, dependent for toileting needs and chair/bed to chair transfers, required substantial/maximal assistance with upper and lower body dressing and personal hygiene. The MDS further documented that R69 had an indwelling catheter (tube placed in the bladder to drain urine into a collection bag) and an unhealed stage four pressure ulcer, which was present on admission.

The "Functional Abilities Care Area Assessment" (CAA), dated 04/01/25, documented R69 had an alteration in self-care related to an indwelling catheter, bowel incontinence, and required assistance with activities of daily living and was at risk for complications as evidenced by decreased functional mobility, paraplegia, history of traumatic brain injury, anxiety, major depressive disorder, neurogenic bladder, alcohol abuse, obesity and would proceed with the care plan.

The Care Plan, dated 03/31/25, documented R69 had an alteration in self-care related to an indwelling catheter, bowel incontinence, and required assistance with activities of daily living. The interventions lacked direction for staff on toileting hygiene, transfers, bathing, oral hygiene, dressing, and eating.

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The "Progress Note" by the provider, dated 04/03/25 at 11:25 AM, documented R69 had been admitted to the subacute level of care for ongoing need for medical management and comprehensive therapy services due to self-care deficits, generalized weakness, and status post hospitalizations. The note further documented R69 up in the chair no more than two hours at a time, to use of a mechanical lift, and not transferring to the chair with a slide board related to the wound vac to the sacrum.

On 05/20/25 at 07:52 AM, R69 was lying on his back, on a low-air-loss mattress, with a catheter drainage bag fastened to the bed frame at the foot of the bed. Staff brought a breakfast tray into the room and R69 requested a pain pill.

On 05/21/25 at 01:13 PM, Certified Nurse Aide (CNA) N stated she got a report from a previous shift or from the nurse on what activities of daily living care a resident would need.

On 05/21/25 at 01:25 PM, Administrative Nurse F reported she completed the care plan following the MDS process. Administrative Nurse F reported that the lack of direction for staff on the care plan was a mishap and should have been completed.

On 05/21/25 at 02:02 PM, Administrative Nurse DD stated she had expected the functional ability care plan should be completed to provide direction to staff of the residents' needs.

The facility's "Care Plans-Initial/Baseline and Comprehensive" policy, dated 02/2022, documented it was the policy of the facility to

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F 657	Continued From page 18 develop and implement a baseline or initial and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the residents that meets professional standards of quality care. Care, treatment, and services are planned to ensure that they are appropriate to the resident's needs and provide an individualized, interdisciplinary plan of care for residents that is appropriate to the resident's needs, strengths, limitations, and goals.	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 by: The facility had a census of 113 residents. The sample included 24 residents, with one reviewed for activities of daily living (ADL). Based on observation, record review, and interview, the facility failed to provide consistent bathing and grooming for one resident, Resident (R) 43. This placed the resident at risk for complications related to poor hygiene and impaired dignity. Findings included: - The Electronic Medical Record (EMR) recorded diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), hypertension (high blood pressure), atrial fibrillation (rapid heart rate),	F 677		

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cognitive communication deficit (an impairment in organization, sequencing attention, memory planning, problem-solving, and safety awareness), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).

R43's "Quarterly Minimum Data Set" (MDS), dated 11/15/24, documented R43 had severely impaired thinking. The MDS documented R43 required partial staff assistance for dressing, mobility, transfers, ambulation, personal hygiene, and showers. The MDS documented R43 had disorganized thinking and rejected care for one to three days during the lookback period.

The "Annual MDS," dated 02/13/25, documented R43 had severely impaired thinking. The MDS documented R43 required partial staff assistance with dressing, showers, mobility, and supervision for personal hygiene. The MDS documented R43 had verbal behaviors for one to three days and rejection of care for four to six days during the lookback period.

R43's "Care Plan," dated 05/10/25, initiated on 02/26/25, documented R43 had behaviors that were resistant to care, and refused to allow staff to weigh her. The care plan directed staff to give a clear explanation of all care activities before and as they occurred during each contact. R43's plan of care directed staff to negotiate a time for ADLs so that the resident participated in the decision-making process and returned at the agreed-upon time. R43's plan of care directed staff to praise R43 when her behavior was appropriate and provide consistency in caregivers, and her routine.

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The "March 2025 Shower Sheets and Bathing Record" documented R43 requested showers on Monday and Thursday dayshift and documented R43 had not received a bath or shower during the following days:
03/06/25-03/31/25 (26 days)

The "March 2025 Shower Sheets" documented R43 refused a shower or bed bath on 03/06/25, 03/10/25, 03/13/25, 03/17/25, 03/20/25, 03/24/25, and 03/27/25.

The "April 2025 Shower Sheets and Bathing Record" documented R43 requested showers on Monday and Thursday dayshift and documented R43 had not received a bath or shower during the following days:
04/01/25-04/13/25 (13 days)
04/15/25-04/30/25 (15 days)

The "April 2025 Shower Sheets" documented R43 refused a shower or bed bath on 04/03/15, 04/07/25, 04/10/25, 04/17/25, 04/21/25, 04/28/25.

The "May 2025 Shower Sheets and Bathing Record" documented R43 requested showers on Monday and Thursday dayshift and documented R43 had not received a bath or shower during the following days:
05/08/25-05/20/25 (13 days)

The "May 2025 Shower Sheets" documented R43 refused a shower or bed bath on 05/12/25, 05/15/25, and 05/19/25.

On 05/19/25 at 10:47 AM, observation revealed R43 propelled herself down the hall, hair was uncombed with an elastic hair tie that her hair was tangled and matted to.

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On 05/20/25 at 07:56 AM, observation revealed R43 had on the same clothes as the previous day, and her hair was uncombed with an elastic hair tie that her hair was tangled and matted to.

On 05/21/25 at 07:50 AM, observation revealed R43 had on clean clothes, but her hair was very tangled and matted at the back of her head.

On 05/20/25 at 02:45 PM, Certified Nurse Aide (CNA) M stated that R43 dressed herself each day but had not changed her clothes for over a week. CNA M stated that only one staff member was allowed to try to shower her, but that only happened once, and R43 never allowed another shower. CNA M further stated that staff offered multiple times during her shower days, but documentation only showed one attempt after she refused.

On 05/21/25 at 09:02 AM, Licensed Nurse (LN) H stated that R43 had only had one shower so far this month, as she always refused. LN H stated she was unsure if there had been any type of trauma in her life that would make her not want to get into the shower but R43 got very nasty towards staff when you asked her.

On 05/21/25 at 09:15 AM, Administrative Nurse E agreed that R43's hair was tangled and matted and stated the facility had tried multiple times to get R43 to take showers or even bed baths. Administrative Nurse E stated staff offered wash rags, and sometimes she would take them, and other times she would not. The family has been made aware. Administrative Nurse D stated the family stated that it was a lifelong pattern for her and did not want to be contacted every time R43

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F 677	Continued From page 22 refused her shower. Administrative Nurse E felt the staff had tried everything they could to get her to bathe or change her clothes. The facility's "Quality of Care, ADL Services" policy, dated 10/23, documented that the residents are given the appropriate treatment and services to maintain or improve his/her abilities. Maintenance and restorative programs would be provided to residents in accordance with the resident's comprehensive assessment as ordered by the physician. Residents who are unable to carry out ADLs would receive services to maintain good nutrition, grooming, personal hygiene, and oral hygiene.	F 677		
F 744 SS=D	Treatment/Service for Dementia CFR(s): 483.40(b)(3) §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by: The facility had a census of 113 residents. The sample included 24 residents, with four reviewed for dementia (a progressive mental deterioration characterized by confusion and memory failure) care. Based on observation, record review, and interview, the facility failed to address one resident, Resident (R) 36's dementia care needs, when R36 continued to go through staff members' belongings that were kept at the nurse's station. This placed R36 at risk for decreased quality of life and accidents. Findings included:	F 744		

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- The Electronic Medical Record (EMR) recorded diagnoses of Wernicke's encephalopathy (a degenerative brain disorder caused by the lack of vitamin B1), alcohol-induced persisting amnestic disorder (a cognitive disorder characterized by significant memory impairment), alcohol dementia (a progressive mental disorder characterized by failing memory and confusion), schizoaffective disorder (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thoughts), behaviors associated with the physiological disorder (changes in an individual's actions, reactions, or patterns of behavior that are linked to a physical or medical condition affecting the body's organs or systems), mood disorder (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

The "Quarterly Minimum Data Set" (MDS), dated 01/18/25, documented R36 had intact cognition. The MDS documented R36 was independent with eating, dressing, mobility, transfers, and ambulation. The assessment further documented R36 received antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), and antidepressant (a class of medications used to treat mood disorders) medications and had no behaviors.

The "Quarterly MDS," dated 04/20/25, documented R36 had moderately impaired cognition. The MDS documented R36 required

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staff supervision with ambulation, and was independent with mobility, transfers, and dressing. The MDS documented R36 had delusions (sudden severe confusion, disorientation, and restlessness), had other behaviors for one to three days, and wandered for four to six days during the look-back period. The MDS documented R36 received antipsychotic and antianxiety medication (medication that calms and relaxes people).

R36's "Care Plan," dated 04/14/25, initiated on 11/29/22, documented R36 had impaired safety awareness and directed staff to document wandering behavior and attempted divisional interventions. R36's plan of care further directed staff to identify patterns of wandering and intervene as appropriate. The update, dated 04/21/25, directed staff to distract him from wandering by offering pleasant distractions, structured activities, food, conversation, television, and books. The care plan documented R36's preferred food and soda.

The "Physician's Order," dated 08/01/24, directed staff to administer Seroquel (an antipsychotic medication), 100 milligrams (mg), one tablet, by mouth, three times per day, for schizoaffective disorder.

The "Physician's Order," dated 08/01/24, directed staff to administer oxcarbazepine (an anticonvulsant medication), 300 mg, one tablet, by mouth, in the morning and at bedtime, for mood disturbance.

The "Physician's Order," dated 04/14/25, directed staff to administer mirtazapine (an antidepressant medication), 15 mg, one tablet, by mouth, at

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bedtime, for depression.

The "Physician's Order," dated 05/05/25, directed staff to administer Ativan (an antianxiety medication), 0.5 mg, on a tablet, by mouth, three times a day, for anxiety.

The "Nurse's Note," dated 03/29/25 at 10:37 AM, documented R36 monitored for increased wandering. Staff observed R36 wandering around the nurse's station looking for food after he had just had breakfast. R36 was provided a snack.

The "Nurse's Note," dated 04/03/25 at 09:03 AM, documented R36 attempted to take a beverage and snack from a staff member's belongings. R36 was provided a snack.

The "Nurse's Note," dated 04/06/25 at 12:45 PM, documented R36 attempted to take items from behind the nurse's station and was redirected back to his room.

The "Nurse's Note," dated 04/20/25 at 10:35 AM, documented R36 stole a beverage out of a staff member's bag. R36 was educated that his behavior was not appropriate, and if he wanted a beverage or snack, he had options that were brought to the facility by his family.

The "Nurse's Note," dated 04/23/25 at 09:10 AM, documented R36 attempted to take items from the drawers in the dining room area. R36 was redirected easily back to his room and educated that it was not okay to steal.

The "Nurse's Note," dated 04/23/25 at 12:59 PM, documented R36 attempted to take markers from another resident as well as a metal fork. R36 was

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redirected by staff and items were returned to their rightful spot.

The "Nurse's Note," dated 04/29/25 at 10:44 AM, documented R36 attempted to take items from another resident's tray and was redirected to his hallway.

The "Nurse's Note," dated 04/29/25 at 12:03 PM, R36 attempted to go through a staff member's belongings, was redirected away from the nurse's station, and education was provided.

The "Nurse's Note," dated 05/05/25 at 10:00 AM, documented R36 attempted to enter another resident's room, staff redirected him and educated him that it was not appropriate. The note further documented once R36 was down his hallway, he went into the nurse's station and attempted to take items.

The "Nurse's Note, dated 05/05/25 at 03:44 PM, documented R36 continued to try and get into other residents' rooms and was unable to be redirected for a long period. R36 had been stopped taking multiple times throughout the shift, and staff notified the family.

The "Nurse's Note," dated 05/14/25 at 12:04 PM, documented R36 attempted to go into the nurse's station and stated he wanted to "look around." R36 was redirected and education was provided multiple times throughout the day.

The "Nurse's Note," dated 05/14/25 at 01:23 PM, documented R36 was provided snacks throughout the shift and was given a soda before lunch to assist with his wandering/rummaging behaviors. The intervention was not effective, and

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RIVERBEND POST ACUTE REHABILITATION	7850 FREEMAN AVENUE KANSAS CITY, KS 66112

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F 744	Continued From page 27	F 744		

R36 attempted to take items out of a Certified Nurse Aide's (CNA) bag that was behind the nurse's station. R36 was easily redirected, however, he immediately went and began to take items off of food trays that had been put up. R36 was redirected to his room.

The "Nurse's Note," dated 05/18/25 at 08:34 AM, documented that R36 attempted to go through a staff member's belongings behind the nurse's station. He was easily redirected from the area with a breakfast tray provided to him.

The "Nurse's Note," dated 05/19/25 at 08:48 AM, documented R36 attempted to take items off another resident's food tray but was stopped before contamination. He attempted to take metal utensils and had attempted to rummage through drawers in the dining room. When staff asked what he was doing, he stated "Nothing."

On 05/20/25 at 01:30 PM, R36 independently ambulated with his walker down the hallway from the dining room and went into his room.

On 05/20/25 at 12:45 PM, CNA M stated that R36 wandered behind the nurse's station a lot and often rummaged through the drawers. R36 also wandered in and out of their resident rooms, but most of the time he was easily redirectable. CNA M further stated staff provide him with snacks when he does that. CNA M further stated she did not keep her belongings at the nurse's station because he often went through the staff's belongings.

On 05/21/25 at 08:58 AM, Licensed Nurse H stated staff monitored R36 for wandering behaviors. He did like to rummage through

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F 744	Continued From page 28 drawers and go through staff belongings if they were left at the nurse's station. R36 was easily redirectable, and the family and the physician were aware. LN H stated that R36 received behavioral health services. On 05/21/25 at 09:15 AM, Administrative Nurse E stated staff had been educated to not keep personal items at the nurse's station. Administrative Nurse E felt R36 was just looking for food items and staff redirected him as appropriate. The facility's "Care of Dementia" policy, dated 03/20, documented that all residents would have an individualized plan of care and have the least restrictive approaches to care. Staff are offered specialized training in the care of the dementia population, appropriate approaches to care, and management. Social Services would also meet with the resident and attempt to identify possible psychosocial issues that may be causing behaviors and develop a baseline social history. The team would review the findings of evaluations and develop a plan of care addressing the needs of the resident. The physician would be involved in the plan of care and make any changes to the medical regimen as necessary. Staff would be trained in approaches to intervening in a crisis and managing/monitoring behaviors.	F 744		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-	F 757		

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F 757	Continued From page 29 §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility had a census of 113 residents. The sample included 24 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to hold blood pressure medication per the physician-ordered parameters for Resident (R) 13. This placed the resident at risk for physical decline and other related complications. Findings included: - The Electronic Medical Record (EMR) for R13 documented diagnoses of hypotension (low blood pressure), cognitive communication deficit (an impairment in organization, sequencing attention, memory planning, problem-solving, and safety awareness), depression (a mood disorder that causes a persistent feeling of sadness and loss	F 757		

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F 757	Continued From page 30	F 757		

of interest), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

R13's "Quarterly Minimum Data Set" (MDS), dated 02/27/25, documented R13 had severely impaired cognition. R13 required partial staff assistance for showers, dressing, personal hygiene, mobility, transfers, and ambulation. R13 received antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), antidepressant (a class of medications used to treat mood disorders), and anticonvulsant (a class of medications used to prevent or treat seizures (convulsions) medications.

R13's "Care Plan," dated 05/19/25, directed staff to administer medication as ordered, observe for adverse effects and report to the physician as needed.

The "Physician's Order," dated 11/21/24, directed staff to administer midodrine (antihypotensive medication) 2.5 milligrams (mg) by mouth, three times per day, for hypotension. Hold the medication if the systolic blood pressure (SBP - the top number, the force your heart exerts on the walls of your arteries each time it beats) is greater than 130 millimeters of mercury (mmHg).

R13's "Medication Administration Record," dated February 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
02/04/25 - 138/67 mmHg
02/16/25 - 133/77 mmHg
02/18/25 - 140/80 mmHg

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Midday Dose
02/16/25 - 135/78 mmHg
02/17/25 - 140/78 mmHg

R13's "Medication Administration Record," dated March 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
03/20/25 - 134/86

Midday Dose
03/12/25 - 139/77
03/20/25 - 141/72
03/30/25 - 147/81
03/31/25 - 132/60

R13's "Medication Administration Record," dated April 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
04/04/25 - 133/76 mmHg
04/22/25 - 136/52 mmHg
04/27/25 - 143/87 mmHg

Midday Dose
04/06/25 - 158/80 mmHg
04/08/25 - 131/67 mmHg

R13's "Medication Administration Record," dated May 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
05/21/25 - 134/85 mmHg

Midday Dose

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F 757	Continued From page 32 05/18/25 - 135/70 mmHg On 05/20/25 at 08:33 AM, Certified Medication Aide (CMA) R provided R13 with her medication in the hallway without incident. On 05/21/25 at 08:08 AM, CMA R verified she had not held R13's blood pressure medication that morning and did not realize R13's blood pressure was out of parameters and should have held the medication. On 05/21/25 at 09:02 AM, Licensed Nurse (LN) H verified that R13 had received her blood pressure medication when it was out of physician-ordered parameters. LN H stated she contacted the physician and the parameters have been changed to hold the medication if the SBP was greater than 140 mmHg. On 05/21/25 at 09:30 AM, Administrative Nurse E stated staff should administer blood pressure medication as ordered and notify the nurse so that she can contact the physician as needed. The facility's "Medication Administration-General Guidelines" policy, dated 08/14, directed staff to administer medications as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Medications are administered in accordance with written orders of the prescriber.	F 757		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.	F 760		

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F 760	Continued From page 33	F 760		

This REQUIREMENT is not met as evidenced by:
The facility had a census of 113 residents. The sample included 24 residents. Based on observation, record review, and interview, the facility failed to prevent a medication administration error for Resident (R) 13, whose blood pressure was out of the physician's ordered parameters, and she received her blood pressure medication. This placed the resident at risk for physical decline and other related complications.

Findings included:

- The Electronic Medical Record (EMR) for R13 documented diagnoses of hypotension (low blood pressure), cognitive communication deficit (an impairment in organization, sequencing attention, memory planning, problem-solving, and safety awareness), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).

R13's "Quarterly Minimum Data Set" (MDS), dated 02/27/25, documented R13 had severely impaired cognition. R13 required partial staff assistance for showers, dressing, personal hygiene, mobility, transfers, and ambulation. The MDS documented R13 received antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), antidepressant (a class of medications used to treat mood disorders), and anticonvulsant (a class of medications used to prevent or treat seizures (convulsions) medication.

R13's "Care Plan," dated 05/19/25, directed staff

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to administer medication as ordered, observe for adverse effects and report to the physician as needed.

The "Physician's Order," dated 11/21/24, directed staff to administer midodrine (antihypotensive medication), 2.5 milligrams (mg), by mouth, three times per day, for hypotension. Hold the medication if the systolic blood pressure (SBP - the top number, the force your heart exerts on the walls of your arteries each time it beats) is greater than 130 millimeters of mercury (mmHg).

R13's "Medication Administration Record," dated February 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
02/04/25 - 138/67 mmHg
02/16/25 - 133/77 mmHg
02/18/25 - 140/80 mmHg

Midday Dose
02/16/25 - 135/78 mmHg
02/17/25 - 140/78 mmHg

R13's "Medication Administration Record," dated March 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
03/20/25 - 134/86

Midday Dose
03/12/25 - 139/77
03/20/25 - 141/72
03/30/25 - 147/81
03/31/25 - 132/60

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F 760	Continued From page 35	F 760		

R13's "Medication Administration Record," dated April 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
04/04/25 - 133/76 mmHg
04/22/25 - 136/52 mmHg
04/27/25 - 143/87 mmHg

Midday Dose
04/06/25 - 158/80 mmHg
04/08/25 - 131/67 mmHg

R13's "Medication Administration Record," dated May 2025, documented the following days R13 received the midodrine when the SBP was over the ordered parameters:
AM Dose
05/21/25 - 134/85 mmHg

Midday Dose
05/18/25 - 135/70 mmHg

On 05/20/25 at 08:33 AM, Certified Medication Aide (CMA) R provided R13 with her medication in the hallway without incident.

On 05/21/25 at 08:08 AM, CMA R verified she had not held R13's blood pressure medication that morning and did not realize R13's blood pressure was out of parameters. CMA R stated she should have held the medication.

On 05/21/25 at 09:02 AM, Licensed Nurse (LN) H verified that R13 had received her blood pressure medication when it was out of physician-ordered parameters. LN H stated she contacted the physician and the parameters have been changed to hold the medication if the SBP was

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F 760	Continued From page 36 greater than 140 mmHg. On 05/21/25 at 09:15 AM, Administrative Nurse E stated, she expected staff to follow physician orders and would write up a medication error for the given medication. On 05/21/25 at 01:55 PM, Administrative Nurse DD stated, that she expected staff to staff to follow physician orders and that the medication should have been held. The facility's "Medication Error and Adverse Reactions" undated policy requires that adverse drug reactions and medication errors with adverse clinical consequences must be reported to the resident's attending physician immediately. The nursing service must immediately implement and follow the physician's orders. The resident's condition must be closely monitored for 72 hours or as may be directed. A detailed account of the incident must be recorded on an incident report. Clinically relevant information about the follow-up of the resident should be recorded in the chart. The medical director, director of nursing services, and consultant pharmacist must be informed of all medication errors and adverse reactions.	F 760		
F 761 SS=E	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 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.	F 761		

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F 761	Continued From page 37 §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 had a census of 113 residents. The sample included 24 residents. Based on observation, interview, and record review, the facility failed to label Resident (R) 35s, R5s, R88s, R17s, R59s, R13s, R6s, R110s, R10s, R16s, and R64s insulin (a hormone that lowers the level of glucose in the blood) flex pens and vials with the opened date and when expired. This deficient practice placed the affected residents at risk for ineffective medications. Findings included: - On 05/20/25 at 09:00 AM, observation of the facility's South Hall medication cart revealed the following: R35's Insulin Aspart (fast-acting) flex pen was not labeled with the date opened or the date expired.	F 761		

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R5's Lispro (fast-acting) insulin vial was not labeled with the date opened or the date expired.

R88's Lantus Solostar (long-acting) insulin was not labeled with the date opened or the date expired, and Lispro Kwik pen was not labeled with the date opened or the date expired.

R17's Glargine (long-acting) insulin flex pen was not labeled with the date opened or the date expired.

R59's Glargine insulin flex pen was not labeled with the date opened or the date expired.

R13's Humalog (fast-acting) insulin flex pen was not labeled with the date opened or the date expired.

R6's Novolog insulin flex pen was not labeled with the date opened or the date expired.

R110's Insulin Aspart flex pen was labeled with the date opened of 03/29/25 and lacked an expired by date. Insulin Aspart has a 28-day in-use date and had expired on 04/26/25.

R10's Lantus Solostar insulin flex pen was not labeled with the date opened or the expired date.

R16's Glargine insulin flex pen was not labeled with the date opened or the expired date.

R64's Tresiba (long-acting) insulin flex pen was not labeled with the date opened or the expired date.

Medlineplus.gov directed that open, unrefrigerated Insulin Aspart, Lispro, Lantus,

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F 761	Continued From page 39 Glargine, Humalog, and Novolog can be used within 28 days and Tresiba can be used within 56 days; after that time, they must be discarded. The facility's "Storage and Controlling Medications" policy, undated, documented medications that are discontinued, expired, contaminated, or deteriorated and those that are in containers that are cracked, soiled, or without secure closures are immediately removed from the locked medication storage area and disposed of in accordance with the facility policies and procedures.	F 761		
F 880 SS=E	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, 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;	F 880		

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(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 40 §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. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175298	A. BUILDING _____ B. WING _____	05/21/2025

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F 880	Continued From page 41 §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 113 residents. The sample included 24 residents. Based on observation, record review, and interview, the facility failed to adhere to infection control for enhanced barrier precautions (EBP - an infection control intervention designated to reduce transmission of resistant organisms that employs targeted gown and glove used during high contact resident care activities) for Resident (R) 5 who had a diabetic neuropathy ulcer (wound on the skin, typically the feet, that develops due to nerve damage (neuropathy) and decreased sensation caused by diabetes) on his right great toe and right second toe. This placed the resident at risk for possible exposure to infection. Findings included: - On 05/20/25 at 08:00 AM, observation revealed License Nurse (LN) G entered the room of R5, who was lying in bed in his room with both feet under the covers. Observation revealed LN G removed the covers from his right lower leg. Observation revealed LN G washed her hands, donned gloves but no gown, and removed R5's dressings on his right great toe, and right second toe. Continued observation revealed LN G used hand sanitizer, donned gloves but no gown, applied Santyl (a topical enzymatic medication used to remove damaged or burned skin) to the two open areas on the great toe and covered them with a band aide, then cleansed the right second toes and applied skin prep to the reddened area on the side toe and applied a band	F 880		

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F 880	Continued From page 42	F 880		

aide. Continued observation revealed LN G discarded her gloves in the trash can in the room. LN G covered the resident feet with the covers. Observation revealed the resident did not have any PPE available in the room or instructions for the use of PPE when providing cares for the resident with diabetic ulcers.

On 05/20/25 at 08:30 AM, an interview with LN G verified she wore gloves to change the R5's two right toes dressings but did not wear a gown. LN G stated she was instructed by administrative staff to wear gloves when changing R5's dressing, but did not need a gown or any additional PPE. LN G verified there was no PPE available on the outside of the resident's door and no EBP guidelines available for R5.

On 05/20/25 at 09:10 AM, Administrative Nurse D stated the staff should wear PPE for EBP when providing cares for R5. Administrative Nurse D verified they lacked PPE equipment or a sign on the door that indicated the staff should wear PPE when providing R5's wound care. Administrative Nurse D verified she would post the necessary signage on the resident's door and have the PPE available for staff to wear.

The facility's "Infection," policy dated 03/2024, documented it was the policy of the facility to implement infection control measures to prevent the spread of communicable diseases and conditions. Transmission-Based Precautions (TBP) are the second tier of basic infection control used in addition to Standard Precautions for patients who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. The policy documented

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F 880	Continued From page 43 EBP is used in conjunction with standard precautions and expands the use of PPE through the use of a gown and gloves during high contact resident care activities that provide opportunities for indirect transfer of MDROs to staff hands and clothing then indirectly transferred to residents or from resident-to resident. (Residents with wounds and indwelling medical devices are at especially high risk of both acquired and colonized with MDROs). The use of a gown and gloves for high-contact resident care activities are indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of known Multidrug-resistant organism (MDRO) infection or colonization. Wounds include, but are not limited to chronic wounds, pressure injuries, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. High-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include any skin opening requiring a dressing. Enhanced Barrier Precautions are intended to be in place for the duration of the resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.	F 880		