

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Kenwood View Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Elmhurst Blvd Salina, KS 67401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43204</p> <p>The facility identified a census of 73 residents. The sample included five residents reviewed for activities of daily living (ADLs). Based on observation, record review, and interview, the facility failed to ensure staff provided consistent bathing and/or showers for five sampled residents, Resident (R) 1, R2, R3, R4, and R5. This deficient practice placed the residents at risk for impaired dignity, infection, and alteration in skin integrity.</p> <p>Findings included:</p> <p>- R1's Electronic Medical Record (EMR) documented R1 had diagnoses of left below the knee amputation (surgical removal of a body part), diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), morbid obesity, need for ileostomy (surgical formation of an opening through which fecal matter empties), and major depression (major mood disorder which causes persistent feelings pf sadness).The Significant Change Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated R1 had intact cognition. The MDS further documented R1 was dependent on staff for all of his ADLs except eating which he required supervision/clean-up assistance. The Functional Abilities Care Area Assessment (CAA), dated 05/23/24, documented R1 required assistance with all of the self-care or mobility activities R1's Care Plan documented R1 required substantial/maximum assistance with showering/bathing. The care plan lacked documentation ofR1's preferences on showers or baths or when showers or baths would occur. The facility shower schedule documented R1 was to receive showers on every Monday and Thursday. R1's EMR Task tab documented R1 had only received five showers from June 16, 2024 through July 15, 2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Kenwood View Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Elmhurst Blvd Salina, KS 67401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's EMR documented R2 had diagnoses of metabolic encephalopathy (broad term for any brain disease that alters brain function or structure), end stage renal disease (ESRD-a terminal disease of the kidneys), right humerus (upper arm bone) fracture (broken bone), and chronic obstructive pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). The Admission MDS, dated [DATE], documented R2 had a BIMS score of 13 which indicated intact cognition. The MDS documented R2 was dependent on staff for toileting, lower body dressing, and donning shoes. The MDS documented R2 required substantial/maximum staff assistance for all other ADLs. The Function Abilities CAA, dated 06/25/24, documented R2 required assistance with all self-care and mobility activities. The Pressure Ulcer/Injury CAA, dated 05/24/24, documented R2 was at risk for pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction)due to her need for assistance for movement in bed. The CAA documented R2 was at further risk for pressure ulcers due to being frequently incontinent of bowel and bladder. R2's Care Plan documented R2 required substantial/maximum assistance with showering/bathing. The care plan lacked documentation R2's preferences on showers or baths or when showers or baths would occur. The facility shower schedule documented R2 was to receive showers on every Wednesday and Saturday. R2's EMR Task tab documented R2 had only received two showers from June 16, 2024 through July 15, 2024.</p> <p>R3's EMR documented R3 had diagnoses of peripheral vascular disease (PVD- slow and progressive circulation disorder causing narrowing, blockage, or spasms in a blood vessel) ESRD, morbid obesity, and DM. The Admission MDS, dated [DATE], documented R3 had a BIMS score of 14 which indicated intact cognition. The MDS documented R3 was dependent on staff for toileting, showering, lower body dressing, donning shoes and transfers. R3 required substantial/maximum assistance with all other ADL's. The Function Abilities CAA, dated 04/25/24, documented R3 required assistance with all self-care and mobility activities. The CAA documented R3 was at risk for further decline in functional abilities, falls, contractures (abnormal fixation of a joint or muscle), isolation, pressure ulcers and incontinence. The Pressure Ulcer/Injury CAA, dated 05/24/24, documented R3 was at risk for pressure ulcer due to her need for assistance for movement in bed. The CAA documented R3 was at further risk for pressure ulcers due to being frequently incontinent of bowel and bladder. R3'sCare Plan documented R3 required substantial/maximum assistance with showering/bathing. The care plan lacked documentation of R3's preferences on showers or baths or when showers or baths would occur. The facility shower schedule documented R3 was to receive showers on every Wednesday and Sunday. R3's EMR Task tab documented R3 had only received three showers from June 16, 2024 through July 15, 2024.</p> <p>R4's EMR documented R4 had diagnoses of hypertension (high blood pressure), ESRD, and DM. The Quarterly MDS, dated [DATE], documented R4 had a BIMS score of 15 which indicated intact cognition. The MDS documented R4 used a wheelchair, a walker, and had a limb prosthesis. The Function Abilities CAA, dated 03/05/24, documented R4 required assistance with all self-care and mobility activities. The CAA documented R4 was at risk for further decline in functional abilities, falls, contractures, isolation, pressure ulcers and incontinence. The CAA documented R4 was blind which further complicated his functional abilities. The Pressure Ulcer/Injury CAA, dated 05/24/24, documented R4 was at risk for pressure ulcer due to his need for assistance for movement in bed. The CAA documented R4 was at further risk for pressure ulcers due to being frequently incontinent of bladder. R4's Care Plan documented R4 required moderate staff assistance with all of his ADL's. The care plan lacked documentation of R4's preferences on showers or baths or when showers or baths would occur. The facility shower schedule documented R4 was to receive showers on every Tuesday and Friday. R4'sEMR Task tab documented R4 had only received one shower from June 16, 2024 through July 15, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Kenwood View Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Elmhurst Blvd Salina, KS 67401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's EMR documented R5 had diagnoses of lupus (an autoimmune disease that makes the immune system damage organs and tissue throughout the body), major depressive disorder, morbid obesity, and DM. The Quarterly MDS, dated [DATE], documented R5 had a BIMS score of 15 which indicated intact cognition. The MDS documented R5 was dependent on staff for toileting, showering, dressing, bed mobility and transfers. The Function Abilities CAA, dated 04/26/24, documented R5 required assistance with all self-care and mobility activities. The CAA documented R5 was at risk for further decline in functional abilities, falls, contractures, isolation, pressure ulcers and incontinence. The Pressure Ulcer/Injury CAA, dated 05/24/24, documented R5 was at risk for pressure ulcer due to her need for assistance for movement in bed. The CAA documented R5 was at further risk for pressure ulcers due to being frequently incontinent of bowel and bladder. R5's Care Plan documented R5 was dependent on staff assistance with showering/bathing. The care plan lacked documentation of R5's preferences on showers or baths or when showers or baths would occur. The facility shower schedule documented R5 was to receive showers on every Mondays and Fridays. The EMR Task tab documented R5 had only received two showers from June 16, 2024 through July 15, 2024.</p> <p>On 07/15/24 at 09:45 AM, observation revealed R1 was in bed watching TV. R1 had a distinct odor about him. R1's hair appeared greasy and oily.</p> <p>On 07/15/24 at 10:00 AM, observation revealed R2 sat in her wheelchair. There were food stains and particles on the immobilizer to keep her right humerus fracture still. R2's hair was greasy. R2 had a distinct odor about her.</p> <p>On 07/15/23 at 11:00 AM, observation revealed R3 in bed watching TV. R3's hair was unkempt and appeared greasy.</p> <p>On 07/15/24 at 11:15 AM, observation revealed R4 in bed. R4's hair was greasy and R4 had a distinct odor about him.</p> <p>On 07/15/24 at 12:45 PM, observation revealed R5 sat in a chair watching TV. R5's hair was greasy and oily.</p> <p>On 07/15/24 at 09:45 AM, R1 stated that he did not get showers or baths the way that he was supposed to. R1 stated he thought all of his skin problems were from not getting consistent showers.</p> <p>On 07/15/24 at 10:00 AM, R2 stated she did not receive showers the way that she would like. R2 stated when she didn't receive showers she felt unclean and smelly.</p> <p>On 07/15/24 at 11:00 AM, R3 stated she did not receive showers in a timely fashion at the facility. R3 stated she knew she didn't get that dirty laying in bed but with incontinence, brief use, and just sweating she felt dirty and stinky. R3 stated she would like to have more consistent showers.</p> <p>On 07/15/24 at 11:15 AM, R4 stated he did not get showers the way he wanted. R4 stated he could not rely on the facility staff to give him shower. R4 stated he was only able to clean his butt and his head and needed staff assistance with everything else.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Kenwood View Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Elmhurst Blvd Salina, KS 67401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/15/24 at 12:45 PM, R5 stated she did not get bathed like she wanted. R5 stated she preferred bed baths. R5 stated after going so long without any bathing she felt gross and disgusting. R5 stated she was incontinent of urine and needed to be bathed consistently. R5 stated she had psoriasis (a chronic skin disorder characterized by red patches covered by thick, dry silvery adherent scales) and she said she felt like her psoriasis had progressively gotten worse due to lack of bathing. R5 stated she felt like the facility pulled the bath aide off of baths all of the time to cover for call-ins.</p> <p>On 07/15/24 at 01:00 PM, Certified Nurse's Aide (CNA) M stated the day shift could not get all of the showers done every day and they would tell the evening shift staff to get them done on their shift.</p> <p>On 07/15/24 at 01:15 PM, Administrative Nurse D stated she knew baths were not getting done and that it was a problem facility wide.</p> <p>On 07/15/24 at 01:30 PM, Administrative Staff A, stated she thought the showers were getting done but staff were not charting the showers appropriately. Administrative Staff A stated the facility had come up with a way of monitoring the previous weeks charting to ensure staff were charting in the EMR.</p> <p>The facility's undated Resident Showers Policy documented it is the practice of this facility to assist resident with bathing to maintain proper hygiene, stimulate circulation, and help prevent skin issues as per current standard of practice. Residents will be provided shower as per request or as per facility schedule protocols and based upon resident safety.</p> <p>The facility failed to ensure staff provided consistent bathing and/or showers for five sampled residents, R1, R2, R3, R4, and R5. This deficient practice placed the residents at risk for impaired dignity, infection, and alteration in skin integrity.</p>