

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  12/30/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37450</p> <p>The facility had a census of 62 residents, The sample included 16 residents. Based on observation, record review, and interview, the facility failed to store and label medications in accordance with professional standards of practice. This placed the residents at risk of medication error.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 12/23/24 at 08:21 AM, during the initial tour of the facility, observation of the medication cart F with Licensed Nurse (LN) H revealed six medication cups with numerous pills in each cup sitting in the top drawer. The cups were labeled with various resident ' s names. LN H stated she placed the resident's medication in the cups for administration and would recheck them when she delivered the medication to the residents.</li> <li>On 12/30/24 at 10:36 AM, Administrative Nurse D verified medications should not be removed from the packing and stored without labeling and dosing instructions. The medications should not be prepared until the time of delivery to the residents.</li> <li>The facility ' s undated Medication Administration policy documented medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</li> <li>The facility failed to ensure the storage and delivery of medications in accordance with professional standards of practice, which placed the residents at risk of medication errors.</li> </ul>

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  12/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>32358</p> <p>The facility had a census of 62 residents. The sample included 16 residents. Based on observation, record review, and interview, the facility failed to ensure ice was maintained in a sanitary manner and failed to implement Enhanced Barrier Precautions (EBP-an infection control practice that uses personal protective equipment (PPE) to reduce the spread of multi-drug resistant organisms (MDRO) for Resident (R) 41 and R6 who had an indwelling urinary catheter (tube placed in the bladder to drain urine into a collection bag). These deficient practices placed the residents at risk of contracting or spreading infectious processes.</p> <p>Findings included:</p> <p>- On 12/23/24 at 02:31 PM, observation in the dining room revealed R45 ambulated to the unlocked ice machine, opened the lid, took the scoop off the side of the ice machine, placed his used styrofoam cup over the ice, and scooped ice into his cup.</p> <p>On 12/23/24 at 02:41 PM, observation in the dining room revealed R49 and R42 ambulated into the dining room and went to the drink center. R49 went to the unlocked ice machine, took the ice scoop off the outside to the ice machine, placed her cup over the ice machine bin, and scooped ice into her water container, overfilling it; the ice spilled from the cup back into the ice machine bin. Further observation revealed that R49 retrieved R42's water container, placed it over the ice bin, and filled the water container with ice.</p> <p>On 12/30/24 at 10:27 AM, Administrative Nurse D stated she expected staff to keep the dining room ice machine locked and unlock it during meals when staff were present.</p> <p>The facility's Ice Machines and Portable Ice Carts Policy, revised 01/15/24, documented that the ice machine and ice carts would be accessed by staff only.</p> <p>The facility failed to provide a safe and sanitary environment when R45 and R49 filled their used drinking containers over the ice in the dining room ice machine contaminating the ice. This placed the residents who received ice from the ice machine at risk of acquiring an infectious disease.</p> <p>37450</p> <p>- On 12/24/24 at 07:52 AM, observation revealed Certified Nurse Aide (CNA) M and CNA N checked R6's brief, provided perineal care, and catheter care, and then changed R6's incontinent brief. Observation revealed CNA N or M had not gowned before providing the care. Observation on the room door revealed a facility magnet with green arrows.</p> <p>On 12/24/24 at 09:37 AM, observation revealed CNA M providing indwelling urinary catheter care for R41. CNA M only utilized gloves and did not don a gown.</p> <p>On 12/24/24 at 09:40 AM, Licensed Nurse (LN) G stated CNA M should have worn a gown and gloves while providing care for R41.</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  12/30/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/24/24 at 10:06 AM, Activity Director (AD) Z stated the green magnet on resident room doors informed staff to use EBP.</p> <p>On 12/30/24 at 10:19 AM, Administrative Nurse D stated she expected all staff providing indwelling catheter care to the residents to follow the EBP while providing direct care. Administrative Nurse D verified that staff should have worn gloves and a gown while providing catheter care for R41 and R6. She stated each resident with EBP should have the supplies in their room on the back of the door. Administrative Nurse E verified some resident rooms did not have the supplies in their rooms.</p> <p>The facility's Enhanced Barrier Precaution policy, dated 06/14/23, documented enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be colonized or infected with MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>The facility failed to implement EBP for R6 and R41, who had an indwelling urinary catheter. This placed the resident at risk of contracting or spreading infectious processes.</p>		