

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Pittsburg Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 E Centennial Drive Pittsburg, KS 66762	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</b></p> <p>The facility reported a census of 52 residents with 16 residents selected for review, which included one resident reviewed for accommodation of needs. Based on observation, interview and record review, the facility failed to ensure staff assessed one Resident (R) 4, for positioning devices in a timely manner.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R) 4's medical record revealed diagnoses that included chronic back pain, osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain) and left wrist abscess (cavity containing pus and surrounded by inflamed tissue).</li> </ul> <p>The Five Day Admission Minimum Data Set (MDS) dated [DATE] assessed the resident with a Brief Interview for Mental Status (BIMS) score of 13, which indicated normal cognitive function.</p> <p>The ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 04/12/24, assessed the resident had a diagnosis of osteoarthritis, R4 had impairment to one side of his lower extremity, and required supervision with touch assistance to total dependence with ADLs. R4 could voice his needs and wants.</p> <p>The Baseline Care Plan, dated 04/06/24, revealed bed rails were not indicated for the resident.</p> <p>The Care Plan, reviewed 05/13/24, instructed staff to know R4 had low back pain and to encourage different methods for pain relief that included positioning. The care plan instructed staff the resident required supervision of touch assistance with bed mobility.</p> <p>Review of a Skilled Nurse Note, dated 05/08/24 at 04:59 AM, documented staff noted the resident had increased back pain with rolling and raising and lowering the head of the bed, and the resident assisted more with turning, which helped with his back pain.</p> <p>Observation, on 05/22/24 at 08:30 AM, revealed R4 in bed feeding himself breakfast. The resident was alert to person, place, and time and responded to questions appropriately. The resident stated he would prefer to have positioning rails on the side of his bed to aide in movements as he had low back pain. R4 stated he mentioned this to multiple staff, and they stated the rails were available, but no one had placed them on his bed.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview 05/28/24 at 08:45 AM with Licensed Nurse (LN) G revealed she did not know the resident requested positioning rails for his bed and would put a work order in for them.</p> <p>Observation, on 05/29/24 at 09:08 AM, revealed the resident positioned in bed eating breakfast. The resident stated the positioning rails were applied last evening, and he used them for positioning/turning himself in bed.</p> <p>Interview, on 05/29/24 at 09:10 AM, with Therapy Consultant GG revealed the use of positioning devices for R4 would be a nursing decision, and the device would assist the resident in positioning himself in bed.</p> <p>Interview, on 05/29/24 at 10:40 AM, with Administrative Nurse D, revealed residents were assessed by nursing staff for use of positioning rails and if a resident requested them to staff members, she would expect nursing staff to initiate the assessment for appropriateness and safety concerns.</p> <p>The facility policy Accidents, Bed Safety-Bed Rails, dated 09/2023, instructed staff to assess for appropriateness of positioning devices and the devices may be used at the resident's request to increase the resident's sense of security or if an assessment and consultation with the attending physician determined the need to help manage a medical symptom, help the resident reposition, move in bed and transfer.</p> <p>The facility failed to assess the R4's need for positioning devices to decrease pain when repositioning and to increase independence.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</b></p> <p>The facility reported a census of 52 residents with 16 sampled for review. Based on observation, interview, and record review, the facility failed to complete an accurate Minimum Data Set (MDS) for one Resident (R) 25, regarding opioid medications (a powerful pain-reducing medication).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R) 25's Electronic Medical Record (EMR) revealed a diagnosis of chronic pain (pain which persists for a long period).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. She received scheduled and as needed (PRN) medication and reported occasional pain which affected her sleep and day to day activities. She reported the worse pain in the past five days was a four on the one to ten pain scale. The MDS inaccurately documented the resident did not receive opioid medication (a powerful pain-reducing medication).</p> <p>The Pain Care Area Assessment (CAA), dated 12/22/23, documented the resident received Fentanyl (an opioid medication) every (Q) 72 hours.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, indicating intact cognition. She received scheduled and PRN pain medications and reported occasional pain which rarely, if ever, affected her sleep or day to day activities. She reported the worse pain in the past five days was a five on the one to ten pain scale. The MDS inaccurately documented the resident did not receive opioid medication.</p> <p>The Care Plan for pain, revised 04/01/24, instructed staff the resident received a Fentanyl pain patch for chronic pain. Staff were to administer the patch and remove, per physician's orders.</p> <p>Review of the resident's EMR revealed the following physician's order:</p> <p>Fentanyl patch (a medication administered through a patch on the skin used in the management and treatment of chronic pain) 72 hour, 100 micrograms (mcg) per hour, transdermally (medication absorbed through the skin), every (Q) 72 hours, for pain, ordered 09/21/23.</p> <p>Review of the resident's Medication Administration Record (MAR) from, 12/01/23 through 05/28/24, revealed the resident received the medication, as ordered.</p> <p>On 05/29/24 at 06:49 AM, Administrative Nurse D confirmed the Annual MDS, dated [DATE] and the Quarterly MDS, dated [DATE], were inaccurately coded as the resident had received an opioid medication during the lookback period of the assessments.</p> <p>The facility utilized the Resident Assessment Instrument (RAI) for accurate completion of MDSs.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to complete two accurate MDSs for this dependent resident who received an opioid medication.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28560</p> <p>The facility reported a census of 52 residents with 16 sampled, including four residents reviewed for accident hazards. Based on observation, interview, and record review the facility failed to ensure fall interventions were maintained for Resident (R)13. This placed the resident at increased risk for further falls, injury, and pain.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)13's Electronic Medical Record revealed diagnoses that included Huntington's disease (rare abnormal hereditary condition characterized by progressive mental deterioration; a disabling central nervous system movement disorder), major depressive disorder (major mood disorder), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of four, which indicated severe cognitive impairment. The resident had two or more nonmajor injury falls since the prior assessment.</p> <p>The Falls Care Area Assessment (CAA), dated 12/21/23, assessed the resident had repeated falls, weakness, lack of coordination, unsteadiness on his feet, and muscle weakness. The resident was independent for most activities of daily living and used a walker for mobility. The resident sustained two falls since the last assessment.</p> <p>The Quarterly MDS dated [DATE], assessed the resident with a BIMS score of four, and the resident sustained two noninjury falls, and one nonmajor injury fall since the last MDS.</p> <p>The Care Plan, reviewed 04/07/24, instructed staff the resident had a fall when he attempted to sit on the toilet in his bathroom. Due to the progression of the resident's Huntington's disease, the resident had increased fall incidents, did not use his walker, or call for staff assistance. The care plan instructed staff to ensure the nonskid strips in the bathroom in front of the toilet and by his recliner were in place; and ensure fall mats were in place.</p> <p>Observation on 05/22/24 and 05/23/24 revealed nonskid strips in front of R13's toilet. One of the strips contained a worn area approximately 10 inches in length by two inches in width.</p> <p>During an interview on 05/28/24 at 02:15 PM, Certified Nurse Aide (CNA) M revealed the resident often got up and ambulated without his walker or calling for staff assistance. CNA M stated the resident did have nonskid strips in front of his chair and in front of the toilet in the bathroom.</p> <p>During an interview and observation on 05/29/24 at 11:06 AM revealed one nonskid strip not adhered to the floor in the resident's bathroom. Housekeeping Staff V stated she cleaned the resident bathroom earlier as the resident soiled the floor. Housekeeping Staff V stated staff cleaned the bathroom frequently as the resident soiled the floor, and spits tobacco.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 05/29/24 at 01:30 PM, Maintenance Staff U confirmed the nonskid strip was not sticking to the floor, due to wetness. Maintenance Staff U stated at that time that he replaced the strip earlier and would apply a new one.</p> <p>During an interview on 05/29/24 at 02:15 PM, Administrative Nurse D revealed she expected staff to notify maintenance of the need for nonskid strip replacement and ensure the strips adhered to the floor.</p> <p>The facility lacked a policy for inspection of nonskid strips.</p> <p>The facility failed to ensure R13's bathroom contained nonskid strips in good working order to decrease the risk of falls as care planned.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34056</p> <p>The facility reported a census of 52 residents with 16 residents sampled, including five residents reviewed for unnecessary medications. Based on interview and record review, the facility failed to ensure one Resident (R) 25 remained free from unnecessary medications related to the failure to administer as needed (PRN) medications for lack of bowel movements (BM) for longer than three days.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R) 25's Electronic Medical Record (EMR) revealed a diagnosis of constipation (inability to pass stool).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. She was dependent on staff for toileting needs, had no behaviors, and rejected cares one to three days of the assessment period. She was occasionally incontinent of bowel and had no constipation.</p> <p>The Behavioral Symptoms Care Area Assessment (CAA), dated 12/22/23, documented the resident would frequently refuse bowel interventions for constipation and would hold her bowels for several days choosing not to use the bedpan to have a bowel movement (BM).</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, indicating intact cognition. She had no behaviors and refused cares one to three days of the assessment period. She was dependent on staff for toileting needs and was always incontinent of bowel.</p> <p>The Care Plan for constipation, revised 04/01/24, instructed staff the resident was at risk for constipation due to decreased mobility and medication side effects. Staff were instructed to follow the facility bowel protocol for bowel management and notify the nurse if the resident had difficulty with hard stools. The nurse was to monitor the electronic documentation system daily for no BM in three days and to follow-up as needed. Staff were to record all BMs, each day.</p> <p>Review of the resident's electronic medical record (EMR), from 05/01/24 through 05/27/24, revealed the resident had no behaviors.</p> <p>Review of the resident's EMR revealed the following physician's orders:</p> <p>Colace (a stool softener used to soften stool and ease the passing of stool) 100 milligrams (mg), by mouth (po), twice daily (BID), for constipation, ordered 06/30/21.</p> <p>Lactulose oral solution (a laxative used to treat constipation) 10 grams (gr)/15 milliliters (ml), 15 ml po, every day (QD), for constipation, ordered 10/11/23.</p> <p>Milk of Magnesia (MOM-a laxative) 30 cubic centimeters (cc), po, QD as needed (PRN), for constipation, ordered 06/30/21.</p> <p>Bisacodyl suppository (a laxative), 10 mg rectally, QD PRN, for constipation, ordered 11/17/23.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Fleets disposable enema (a laxative), rectally, one every (Q) 24 hours PRN, for constipation, ordered 03/08/21.</p> <p>Review of the resident's EMR, from 04/24/24 through 05/27/24, revealed the following concerns:</p> <p>The resident did not have a BM from 04/28/24 through 05/04/24, for a total of six days with staff failing to administer a PRN BM medication or enter a nurse's note documenting the resident's refusal for a bowel management intervention.</p> <p>The resident did not have a BM from 05/06/24 through 05/13/24, for a total of six days with staff failing to administer a PRN BM medication or enter a nurse's note documenting the resident's refusal for a bowel management intervention.</p> <p>The resident did not have a BM from 05/19/24 through 05/23/24, for a total of four days with staff failing to administer a PRN BM medication or enter a nurse's note documenting the resident's refusal for a bowel management intervention.</p> <p>On 05/28/24 at 07:51 AM, Licensed Nurse (LN) G stated the resident had constipation from time to time but would refuse the ordered PRN medications.</p> <p>On 05/29/24 at 12:05 PM, Administrative Nurse D communicated Administrative Nurse E would review the bowels on the electronic documentation system Monday through Fridays for any resident who may require a PRN medication for bowels. Administrative Nurse E would then communicate the findings to the staff for follow-up. Staff did not document on the Medication Administration Record (MAR) when a resident refused a PRN medication, but it was the expectation for them to complete a brief nurse's note if the intervention was offered and declined.</p> <p>The Facility Protocol for Bowel Management, undated, included: If a resident does not have a BM for three days, staff were to give MOM. If a resident does not have a BM for four days, staff were to give a suppository. If a resident does not have a BM for five days, staff were to give an enema, notify the PCP and make a nurses note. If the resident refuses the protocol, staff were to make a brief nurse's note stating the intervention was offered and refused.</p> <p>The facility failed to keep this dependent resident free from unnecessary medications by failing to administer PRN medications for the lack of BMs.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>28560</p> <p>The facility reported a census of 52 residents. Based on observation and interview the facility failed to ensure sanitary food storage in the therapy room refrigerator and failed to maintain the microwave in a sanitary manner.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation, on 05/29/24 at 01:30 PM, with Maintenance Staff U, revealed unlabeled, undated hamburger patties in the therapy room refrigerator freezer. The freezer also contained two medical devices for cold therapy and multiple cold packs. The lower shelf of the freezer contained a purple sticky substance.</li> </ul> <p>The refrigerator contained the following items of concern:</p> <ol style="list-style-type: none"> <li>1. An undated open container of almond milk with an expiration date of 12/20/23.</li> <li>2. Four containers of yogurt with expiration date of 12/23/23 and a multi pack of 24 small containers of yogurt with expiration dated  of 12/23/23.</li> <li>3. A sack which contained various foods in undated, unmarked Styrofoam containers with a date of 04/10/24, found on a small bag of chicken strips.</li> <li>4. A 32-ounce opened container of chicken broth, without an open date.</li> </ol> <p>Observation on 05/29/24 at 01:30 PM, of the microwave in the therapy room revealed the interior with rusted surfaces along the perimeter of the interior, and the interior upper surface with splatters of unidentified substances.</p> <p>Interview with Maintenance Staff U on 05/29/24 at 01:30 PM, confirmed the above items, and stated housekeeping was responsible for daily cleaning of the therapy room, and this would include the refrigerator and microwave.</p> <p>Interview, on 05/29/24 at 02:15 PM, with Therapy Consultant GG, confirmed the above areas of concern, and stated therapy did use the kitchen equipment for resident rehabilitation purposes. Therapy Staff GG stated he did not know who put the food in the freezer/refrigerator.</p> <p>The facility policy Foods Brought in by Family/Visitors dated 10/2023, instructed staff to store perishable foods in resealable containers wit tightly fitting lids in the refrigerator. Staff to label the containers with the resident's name, identification of the item and use by date. The food service staff and nursing staff are responsible for discarding perishable foods on or before the use by date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility lacked a policy for cleaning the microwave.</p> <p>The facility failed to ensure staff maintained the therapy room refrigerator, freezer and microwave in a sanitary manner and failed to ensure food items did not exceed the use by date to prevent food borne illness amongst the residents.</p>