STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175215	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tonganoxie Terrace	1010 East Street Tonganoxie, KS 66086

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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to provide appropriate treatment and care for Resident (R) 1's peripherally inserted central catheter (PICC-a thin, flexible tube that is inserted into a vein in the upper arm and threaded into a large vein above the heart) including monitoring the resident's status for complications, assessing PICC insertion site, performing PICC line flushes, and providing a sterile dressing change per the standards of care for a PICC line at least every seven days. Findings included:- R1's Electronic Medical Record (EMR) documented diagnoses of bacteremia (presence of bacteria in the blood), sepsis due to Serratia (a severe, life-threatening bloodstream infection often related to indwelling medical devices), multiple sclerosis (MS- progressive disease of the nerve fibers of the brain and spinal cord), and chronic combined systolic and diastolic heart failure (occurs when the heart muscle both fails to contract effectively and becomes too stiff to relax and fill properly). The admission / Medicare Minimum Data Set (MDS), dated 06/05/2026, for R1 documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 required partial or moderate assistance for eating, oral hygiene, and personal hygiene. R1 required substantial or maximal assistance for showers, bathing, and dressing. R1 was dependent on staff for bed mobility and transfers. The Functional Abilities Care Area Assessment (CAA), dated 06/05/2026, documented R1 was non-ambulatory, transferred with Hoyer lift (total body mechanical lift), used a wheelchair for all mobility, and was propelled by staff. The CAA documented R1 required extensive assistance with bathing, dressing, and all bed mobility. R1's Care Plan lacked evidence R1 had a PICC line in place. R1's Care Plan lacked any documentation under the Focus, Goals or Interventions/Tasks sections related to R1's PICC line. R1's EMR, under the orders tab, lacked evidence of any orders for PICC line dressing changes, PICC line flushes, or PICC line site monitoring. Order review included all orders from admission on [DATE] to 06/10/2026 when R1 discharged to the hospital. R1's 06/01/2026 to 06/30/2026 Treatment Administration Record (TAR) lacked evidence staff had performed flushes, dressing changes, or site monitoring for R1's PICC line. R1's Nursing admission Screening, with a lock date of 06/02/2026, recorded under the drains and line section, R1 had a PICC line present in the right upper arm. The document recorded R1's PICC line had one lumen (an individual, separate channel or tube inside the main catheter). The document recorded the last dressing change date was 06/01/2026. An Encounter note, dated 06/03/2026, documented R1 had a PICC line but was not receiving intravenous (IV - administered directly into the bloodstream via a vein) antibiotics. The note recorded the provider would review outside Infectious Disease (ID) recommendations and plan for a PICC removal. A New PMR Consultation PCC note, dated 06/04/2026, recorded R1 had previously admitted to the hospital from [DATE] to 04/13/2026. The note recorded R1 was managed in the intensive care and step-down setting with high flow oxygen, weaned to two liters, and she received broad-spectrum IV antibiotics (medications that treat a wide variety of bacterial infections), later narrowed to ceftriaxone (antibiotic) via a newly placed PICC line. R1's EMR lacked any further progress notes related to R1's PICC line. Review of the facility's communication book from 05/31/2026 through 06/14/2026 revealed no documentation or orders related to R1's PICC line. R1's clinical record lacked evidence R1's PICC line dressing had been changed after 06/01/2026. (continued on next page)

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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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's clinical record lacked evidence that R1's PICC insertion site was monitored or assessed after 06/01/2026. R1's clinical record lacked evidence R1's PICC line was flushed after 06/01/2026. R1's clinical record lacked evidence R1's PICC line hub (plastic connector at the very end of a PICC that serves as the main access point) had been capped by staff. On 06/23/2026 at 03:04 PM, Consultant GG stated she had taken care of R1 after R1 arrived at the hospital. She stated central lines needed to have a closing on the end to help prevent infections and R1's PICC line did not have any cap or covering on the hub when she arrived at the hospital from the facility. She stated R1's PICC dressing was not at all intact and the PICC did not have a proper dressing in place. She stated the line appeared to have come out a few centimeters. Consultant GG stated the PICC line did not look right and said there was no date or initials on any part of the PICC line dressing to identify when it was last changed. Consultant GG stated R1 had poor hygiene, and she was concerned about infection risk. She said R1 reported she had not bathed in 10 days. Consultant GG stated R1 had a new PICC line placed while she was in the hospital due to the condition her old PICC was in when she arrived. On 06/23/2026 at 04:02 PM, Licensed Nurse (LN) G stated R1 had a PICC line in place, but they were not running any treatments through it. She stated she did not know if there were any orders for dressing changes or flushes for R1's PICC line. She stated she had been flushing the PICC to keep the lines open. She stated PICC line needed to be flushed to keep them active. LN G stated she believed the facility had standing orders for PICC lines. She stated the facility had a book with all of the standing orders. She verified PICC lines should have caps placed on them and dressings should have been done every three days or every week. She further stated staff were supposed to assess the PICC line site. She said R1 had mentioned that she was concerned about the PICC line and R1 said she still needed it. LN G stated staff were not using it, so she was not sure what R1 still needed the PICC for. She stated orders should probably be in the EMR for staff to document against, or staff should have put in a progress note. LN G stated she spoke to the provider about R1's PICC line and was told to flush it to keep it active. She stated they have a doctor's communication book they write things in for the provider to review that are non-emergent. On 06/23/26 at 04:06 PM, Administrative Nurse D stated she had only been at the facility since 06/08/2026. She stated she was not that familiar with R1 and when she came in R1 had left shortly after. She stated if a resident had a PICC line, staff should still have obtained orders for flushes and dressing changes. She stated PICC lines should be capped and assessed daily. She stated all orders related to PICC line should have been in the resident's chart and care plan. She stated if staff noted something was wrong with the PICC line they should contact the provider for additional orders. Administrative Nurse D stated she was still learning about how the facility handled standing orders; however, she stated if there were standing orders for PICC line cares, they should still have been in the resident's chart. She stated if staff flushed a resident's PICC line they should have documented it so they get credit for what they did. She stated if it was not documented, then it did not happen. She stated any dressing changes need staff initials and the date it was changed. She stated it was a common practice to document the date on a dressing change otherwise it would have been difficult for staff to know when to change it again. She stated any orders that were entered in the communication book would still have needed to be placed in the chart. On 06/23/2026 at 04:20 PM, Administrative Nurse E stated she was unsure if R1 had a PICC line; however, staff should flush and cap PICC lines. She stated the expectation was for staff to complete dressing changes for PICC lines. Administrative Nurse E stated the facility did not have any standing orders for flushes or dressing changes related to PICC lines. She stated that was something she was working on today. She stated any dressing change should have had the date and staff initials. She stated assessments of the PICC should have been documented in R1's chart. Administrative Nurse E further stated there should have been orders in the chart so staff knew what to do in relation to the care for R1's PICC line. She stated if staff had completed any of the cares for R1's PICC line it should have been documented in the TAR or in a progress note that it had been completed. On 06/23/26 at 04:46 PM, Administrative Staff A stated she was not clinical; however, if a resident had a PICC line (continued on next page)

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the expectation was for staff to contact the provider to get orders for PICC dressing changes, flushes, and assessments. She stated staff should have documented that those things were done. The facility's Peripherally Inserted Central Catheter Flushing, Locking, Removal policy with a revised date of 01/15/26, documented it is the policy of the facility to ensure that peripherally inserted central catheters (PICC) are flushed, locked, and removed consistent with current standards of practice. The frequency for flushing and locking central venous access catheter can vary depending upon type of catheter. If no IV therapy is being infused, the facility may follow these guidelines or as per facility/pharmacy protocol: a. Non-valved PICC every 24 hours; b. Valved PICC at least weekly. The facility's PICC/Midline/CVAD Dressing Change policy, with a revised date of January 2026, documented it is the policy of this facility to change peripherally inserted central catheter (PICC), midline or central venous access devices (CVAD) dressing weekly or if soiled, in a manner to decrease potential for infection and or cross contamination. Physician's orders will specify type of dressing and frequency of changes.