STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175223	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chase County Care and Rehab	612 Walnut Cottonwood Falls, KS 66845

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility reported a census of 35 residents. Based on observation, record review, and interview, the facility failed to store and prepare food in one of one kitchen under sanitary conditions. This deficient practice placed the residents of the facility at risk for food borne illnesses. Findings included:- On 09/09/25 at 01:15 PM, during a kitchen tour with Dietary Staff BB, observation revealed the following sanitation concerns in the food preparation and storage area:A stainless-steel food preparation table countertop with rust and peeling paint adjacent to the surface Missing trim/door facing on one side of the kitchen door when exiting the dry food storage room, which exposed an unsealed sheetrock surfaceFour broken floor tiles in the dry food storage areaDietary Staff BB confirmed the finding and agreed the surface needed maintenance and was not sanitizable.The facility policy Sanitation F812, dated 09/25, documentation included the food service area shall be maintained in a clean and sanitary manner. Utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair, and shall be free from breaks, corrosion, open seams, cracks, and chipped areas that may affect their use or proper cleaning.

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. The facility reported a census of 35 residents. The sample included 13 residents. Based on interviews, record reviews and observation, the facility failed to ensure a safe environment in all areas of the facility including those used by visitors and staff. This deficient practice created a risk for impaired safety and cleanliness. Findings included:- Observed on 09/11/25 at 08:30 AM, in the hall one clean utility closet, where clean linen was being stored, there was torn and missing wallpaper on the end of the storage shelf with exposed wood. The fluorescent light cover had a missing piece that exposed the fluorescent bulbs.Observed on 09/11/25 at 08:57 AM, the hall two clean utility closet, storing the clean linen, had numerous holes in the walls with exposed and flaking sheetrock, and the fluorescent light cover was cracked and had a broken area.Observed on 09/11/25 at 09:10 AM, the ceiling in the clean linen storage and folding area had numerous areas with cracks and flaking paint, the attic access door had missed paint, and the framing around the access door had exposed wood; one of the fluorescent lights was missing a light cover.Observed on 09/11/25 at 09:15 AM, the ceiling in the washer and dryer room had missing paint and several holes, the ceiling and the ceiling fan were covered in dust, and the tops of the washers and dryers were covered in dust. Also observed was a window air-conditioning unit behind the dryers that was dirty and covered with dust, along with an attic fan vent that was open and dirty above the washers.Observed on 09/11/25 at 09:20 AM, the oxygen storage closet on hall three had no cover over the closet light fixture; Maintenance U stated that he was unaware the cover had been missing.During an interview on 09/11/25 at 08:33 AM, Administrative Staff A and Maintenance U stated that they were unaware of the broken light fixtures in the clean utility closet and the wall damage in the utility closets.During an interview on 09/11/25 at 08:35 AM, Administrative Staff A stated that there would be an environmental audit established to address environmental issues not covered by the current environmental Performance Improvement Project (PIP- a focused effort to identify and improve a specific area of care or service through data analysis) that had been established.During an interview on 09/11/25 at 09:17 AM, Housekeeping V stated that she was unaware of the ceiling damage and missing light cover in the clean laundry storage room. Housekeeping V also stated that maintenance was notified of concerns through The Equipment Lifecycle System (TELS- a computerized maintenance management system used to streamline maintenance operations) or she texted the issue to the maintenance supervisor. During an interview on 09/11/25 at 09:36 AM, Maintenance U stated that he performed equipment checks weekly and environmental checks bi-weekly and received maintenance requests through TELS. Maintenance U also stated that the roof had recently been repaired due to numerous leaks, but was unaware of the ceiling damage in the laundry area and therapy department. Maintenance U further stated that ceiling vents should not be dirty or rusty and reported that broken light covers and exposed sheetrock were environmental concerns.During an interview on 09/11/25 at 09:40 AM, Administrative Staff A stated that she expected staff to be vigilant and notify maintenance through TELS of all maintenance or environmental concerns; she further stated a monthly in-service was provided to all staff related to using the TELS system. Administrative Staff A also reported that damaged walls and ceilings, including broken light covers, presented environmental concerns.The facility policy Work Orders, Maintenance, dated 10/2024, documented that maintenance work orders would be maintained in order to establish a priority of maintenance service. The policy further documented that work order requests should be placed in the appropriate file basket at the nurses' station and are to be picked up daily or noted daily in TELS.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility reported a census of 35 residents; the sample included 13 residents. Based on interviews, record review and observation, the facility failed to ensure a safe, clean home-like environment in the resident's rooms. This deficient practice placed the residents at risk for safety and decreased comfort. Findings included:- During an observation on 09/09/25 at 10:32 AM, the ceiling in Resident (R) 1's room, next to the fluorescent room light, had an approximately five-inch area of paint peeling, and there was a large water stain around the peeled area.During an observation on 09/09/25 at 11:05 AM, R2's room had a large area of wall, next to the bed, scuffed with paint rubbed off. The end of the fluorescent ceiling light had the metal cover bent out with exposed wires, and the wall behind the television had multiple areas of paint chipped off. R2's bathroom door also had multiple areas scraped on the bottom, and there were several holes in the door.Observed on 09/09/25 at 11:48 AM, R5's room had multiple areas on the walls with paint missing, exposing the sheetrock; there were holes in the walls that exposed sheetrock, and the wooden door frame to the bathroom had multiple scraped areas and splintered areas.Observed on 09/11/25 at 08:37 AM, the hall one shower room had missing tiles around the shower drain, missing caulking around the shower floor, missing and hanging trim around the shower ceiling, and a gap on one side of the light switch cover to the shower light.Observed on 09/11/25 at 08:45 AM, while touring the facility with the Administrative Staff A and Maintenance U, numerous ceiling vents in multiple halls were dirty and rusty. Observed on 09/11/25 at 08:53 AM, the ceiling in the therapy department had flaked areas exposing sheetrock and an area that was separating, and numerous water-stained areas on the ceiling.During an interview on 09/11/25 at 09:36 AM, Maintenance U stated that he performed equipment checks weekly and environmental checks bi-weekly and that he received maintenance requests through The Equipment Lifecycle System (TELS- a computerized maintenance management system used to streamline maintenance operations). Maintenance U also stated that the roof had recently been repaired due to numerous leaks, but he was unaware of the ceiling damage in R1's room. He further stated that broken light covers and exposed sheetrock were both environmental concerns.During an interview on 09/11/25 at 09:40 AM, Administrative Staff A stated that she expected staff to be vigilant and notify maintenance through TELS of all maintenance or environmental concerns; she further stated a monthly in-service was provided to all staff related to using the TELS system. Administrative Staff A also reported that damaged walls and ceilings, including broken light covers, presented environmental concerns, and she was unaware of the damage presented to her in the rooms of R1, R2, and R5.The facility policy Safe, Clean, Comfortable, Homelike Environment, dated 10/2024, documented that residents have the right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 35 residents. There were 13 residents included in the sample. Based on observation, record review and interview, the facility failed to review and revise the care plans for Resident (R) 16 regarding non-pharmacological interventions for pain, placing the resident at risk for unrelieved pain due to uncommunicated care needs. Findings included:- R16's Electronic Medical Record (EMR) revealed a diagnosis of pain.R16's Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. The resident had scheduled pain medications with no non-pharmacologic pain interventions attempted. The resident reported her pain in the past five days was seven on a one to 10 pain scale, with 10 being the worst pain imaginable. She reported the pain frequently occasionally affected her sleep and day-to-day activities. She received opioid (a type of drug that is used to treat moderate to severe pain) medication during the assessment period.The Pain Care Area Assessment (CAA), dated 10/29/24, documented the resident had chronic knee pain and received scheduled opioid medications.R16's Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 11, indicating moderately impaired cognition. She had scheduled pain medications with no non-pharmacologic pain interventions attempted. The resident received opioid pain medications during the assessment period.R16's Care Plan, revised 02/05/25, lacked non-pharmacologic pain interventions.On 09/11/25 at 10:03 AM, Administrative Nurse D stated the expectation was for the care plan to include non-pharmacologic interventions for pain.The facility policy for Pain Clinical Protocols and Guidelines, revised 04/2025, included: The facility shall identify appropriate non-pharmacologic interventions to be added to the care plan for residents who require pain management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. The facility reported a census of 35 residents. The sample included 13 residents. Based on interviews, record reviews and observation, the facility staff failed to implement adequate and acceptable infection control practices for Resident (R) 38 and R4 with regard to urinary catheter (a tube inserted into the bladder to drain the urine into a collection bag) tubing and drainage bags resting on the floor. The facility failed to ensure staff implemented proper Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care) personal protective equipment (PPE) with cares. This deficient practice placed the resident at risk for infections. Findings included:-Observed on 09/09/25 at 12:04 PM, R38's urinary catheter dignity bag was resting on the floor while attached to the foot of his bed. EBP PPE and signage were present on R38's room door, and the signage indicated gloves and gown PPE were to be utilized for all cares.Observed on 09/10/25 08:38 AM, R38's urinary catheter bag and tubing were resting on the floor. Certified Nurse Aide (CNA) P performed care and re-adjusted R38 in his bed. CNA P removed and changed R38's wet linens with gloves only. During an interview on 09/10/25 at 08:46 AM, CNA P stated that urinary catheter collection bags and/or the tubing should never rest or drag on the floor. CNA P confirmed she should have utilized a gown and gloves when she performed any care for R38; she further confirmed she only used gloves.During an interview on 09/10/25 at 08:48 AM, Administrative Nurse D stated that urinary catheter tubing should not be on the floor and that urinary catheter bags should not be on the floor. She further stated that dignity bags protect the actual urinary collection bag when it rests on the floor. Administrative Nurse D also stated gowns and gloves should be utilized with care of a resident who has any implanted medical device, including urinary catheters.The facility policy Indwelling Urinary Catheters, dated 10/2024, documented that the catheter tubing and drainage bag were to be kept off the floor.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. The facility reported a census of 35 residents. Based on observation, record review and interview, the facility failed to display accurate, publicly accessible staffing information that contained the number of actual nursing hours worked on a daily basis, for the 35 residents who resided in the facility. Findings included:- Review of the facility's Daily Staffing Sheets, from 08/16/25 through 09/09/25, revealed the actual hours worked had not been completed on the daily staffing sheets.On 09/10/25 at 12:53 PM, Administrative Nurse D confirmed the Daily Staffing Sheets lacked the actual nursing hours worked.The facility policy for Posting Direct Care Daily Staffing Numbers, revised 11/2023, included: Shift staffing information shall be recorded and posted for each shift and include the total number and actual number of hours worked by staff directly responsible for resident care.