

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2026
NAME OF PROVIDER OR SUPPLIER  Lansing Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  210 Plaza Drive Lansing, KS 66043	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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> The facility documented a census of 52 residents. The sample included three residents. Based on observation, record review and interview, the facility failed to ensure a safe environment free from preventable accidents when staff turned cognitively impaired Resident (R) 1 and her wheelchair into her bed on 02/01/26, causing R1 to hit her left knee on the bed frame and R1 cried out in pain that staff broke her knee. The direct care staff decided to hug transfer R1 to bed without help from another direct care staff and R1 screamed they broke my [expletive] knee. R1 was dependent on staff for transfers and mobility in her wheelchair. The direct care staff informed the Nurse on 02/01/26 of the increased pain to R1's left lower extremity. On 02/03/26 the staff reported the bruising and an x-ray revealed R1 had an oblique fracture (a type of bone break where the fracture line runs at an angle, and are often caused by rotational force or sudden, direct force when the bone is hit from an angle) to her proximal tibia (the upper, wider end of the shinbone) and proximal fibula (the upper end of the bone located on the outer side of the lower leg), which was not present on R1's 10/20/25 left knee x-ray. The deficient practice caused R1 to have increased pain and discomfort, not fully addressed for two days (once bruising appeared), for a potentially pre-existing leg fracture for dependent resident R1. Findings included:- R1's Electronic Medical Record (EMR) documented diagnoses of unspecified dementia (progressive mental disorder characterized by failing memory, confusion), generalized muscle weakness, need for assistance with personal care, history of falling, and other reduced mobility. The Quarterly Minimum Data Set (MDS) dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of four which indicated severe cognitive impairment. The MDS documented R1 used a wheelchair and was dependent on staff to wheel at least 50 feet and make two turns. The MDS documented R1 had substantial to maximal assistance from staff for tub or shower transfers, toilet transfers, lying to sitting on side of bed, transition from sit to lying position, bed mobility, dressing, and personal hygiene. The MDS documented R1 was dependent on staff for toileting hygiene, showers and bathing, moving from seated to standing position, and chair to bed transfers. The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 09/21/25, documented R1 admitted to the facility for rehabilitation after a fall. The CAA documented R1 was alert with moderate episodes of confusion. The CAA documented R1 required staff assistance of one with Activities of Daily Living (ADL) but due to R1's advanced dementia, two staff provided care most of the time. R1's 09/22/25 Care Plan documented R1 had impaired cognitive function, dementia or impaired thought processes related to dementia. The Care Plan documented R1 required supervision and assistance with all decision making. R1's 09/17/25 Care Plan documented R1 had ADL self-care performance deficit related to fatigue, and impaired balance. The Care Plan documented the following interventions: 09/17/25 - R1 required two staff participation to reposition and turn in bed. 09/17/25 - R1 required skin inspection as ordered. The intervention directed staff to observe for redness, open areas, scratches, cuts, bruises and</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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