

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/26/2025
NAME OF PROVIDER OR SUPPLIER  Louisburg Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 S Broadway Louisburg, KS 66053	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility reported a census of 54 residents. The sample included 16 residents including one resident reviewed for dignity. Based on observation, interview, and record review, the facility failed to show respect and dignity to one Resident (R) 10 when staff left the window-blinds open during cares. This placed the resident at risk for impaired dignity and embarrassment. Findings included:- Review of R10's Electronic Medical Record (EMR) documented a diagnosis of dementia (a progressive mental disorder characterized by failing memory and confusion).R10's admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. She was frequently incontinent of bowel and bladder and was dependent on staff for toileting.The Care Area Assessments, dated 05/08/25, lacked analysis of findings.R10's Quarterly MDS, dated 08/08/25, documented that the resident had a BIMS score of three, indicating severe cognitive impairment. She was always incontinent of bowel and bladder and was dependent on staff for toileting.R10's Care Plan, revised 06/11/25, instructed staff that the resident was incontinent of bowel and bladder and wore incontinent products.On 08/25/25 at 08:59 AM, Administrative Nurse F and Certified Nurse Aide (CNA) N entered R10's room to perform peri-care. Staff removed the cover from the resident, unfastened her incontinent brief, and turned her toward the window. The window in the resident's room looked out onto the front parking lot with the window blinds raised approximately 12 inches. Staff GG requested Administrative Nurse F to close the blinds before continuing with the residents' cares.On 08/25/25 at 08:59 AM, Administrative Nurse F stated she should have closed the window blinds before the initiation of the cares.On 08/25/25 at 08:59, CNA N stated she had not thought to close the blinds before the cares were initiated.On 08/26/25 at 08:17 AM, Administrative Nurse E stated it was the expectation for the staff to close the window blinds before doing resident cares.The undated facility policy for Resident Rights included: Residents have the right to be treated with respect and dignity.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility reported a census of 54 residents; the sample included 16 residents. Based on interview, observation, and record review, the facility failed to inform Resident (R) 4, R8, R18, R43 and R49 and/or their representative regarding the risks related to psychotropic (alters mood or thoughts) medications. These practices had the potential to lead to uninformed decisions regarding treatment. Findings included:- Review of the Electronic Health Record (EHR) for R4 included diagnoses of altered mental status (a change in a person's level of consciousness, awareness, and cognitive function), metabolic encephalopathy (a condition in which brain function is disturbed either temporarily or permanently due to different diseases or toxins in the body), cognitive communication deficit (an impairment in organization, sequencing, attention, memory, planning, problem-solving, and safety awareness), and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear).</p> <p>R4's Admit Minimum Data Set (MDS), dated [DATE], documented a Brief Interview of Mental Status (BIMS) score of 14, indicating intact cognition. The MDS documented that R4 used a walker for mobility; R4 required substantial to maximum assistance for bathing, toileting, and personal hygiene, partial to moderate assistance for eating and upper body dressing, set-up and clean-up assistance for oral hygiene, and was dependent on staff for lower body dressing and putting on shoes. R4's MDS section for high-risk drug classes documented she used an antidepressant (a class of medications used to treat mood disorders).</p> <p>The Falls Care Area Assessment (CAA), dated 07/07/25, documented R4 had been taking an antidepressant.</p> <p>The Psychotropic Drug Use CAA, dated 07/07/25, documented R4 had been taking an antidepressant.</p> <p>R4's "Medicare-A MDS," dated 08/06/25, documented a BIMS score of nine, which indicated moderate cognitive impairment. The MDS documented that R4 used a wheelchair or walker for mobility, required set-up and clean-up assistance for eating, and substantial to maximum assistance for all other care and activities of daily living (ADLs). The MDS further documented that R4 used antidepressant medication.</p> <p>R4's Care Plan, dated 05/28/25, documented R4 had been prescribed psychotropic medications and was at risk for complications. An intervention dated 07/15/25 included the administration of ordered medications and for staff to monitor for side effects and effectiveness every shift.</p> <p>R4's EHR revealed a psychotropic consent signed and dated 05/04/25, listed psychotropic medication types with side effects, but lacked the names of individual medications and prescribed dosages. R4's EHR documented orders, dated 05/25/25, for Buspar (an antidepressant medication) 75 milligrams (mg) in the afternoon, and Cymbalta (an antidepressant medication), delayed release, 60 mg to be given in the afternoon.</p> <p>Observed on 08/26/25 at 09:48 AM, R4 was still in bed sleeping.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 08/25/25 at 01:00 PM, Administrative Staff A stated that the psychotropic consents had been completed as required by having the type of medication listed on the consent. Administrative Staff A further stated that the resident had been verbally educated about the individual medication, the medication dosage, and why they were prescribed it, but that was not documented.</p> <p>The facility policy for Use of Psychotropic Medications, dated 02/05/25, included: Prior to initiating or increasing a psychotropic medication, the resident and/or resident representative must be informed of the benefits, risks, and alternatives for the medication. The facility shall document that the resident and/or the resident representative was informed in advance of the risks and benefits of the proposed care.</p> <p>- Review of the Electronic Health Record (EHR) for R8 included diagnoses of borderline personality disorder (a disorder characterized by disturbed and unstable interpersonal relationships and self-image along with impulsive, reckless, and often self-destructive behavior), cerebral palsy (a progressive disorder of movement, muscle tone, or posture caused by injury or abnormal development in the immature brain, most often before birth), major depressive disorder (major mood disorder that causes persistent feelings of sadness), anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), cognitive communication deficit (an impairment in organization, sequencing, attention, memory, planning, problem-solving, and safety awareness), insomnia (inability to sleep).</p> <p>R8's Admit Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. The MDS documented that R8 used a wheelchair for mobility and required a mechanical lift; R8 required partial to moderate assistance for eating and oral hygiene and was dependent on staff for all other care and activities of daily living (ADL). R8's MDS section for high-risk drug classes documented she used antipsychotics (a class of medications used to treat major mental conditions that cause a break from reality), antianxiety (a class of medications that calm and relax people), and an antidepressant.</p> <p>The Falls Care Area Assessment (CAA), dated 07/07/25, documented R8 had been taking antianxiety and antidepressant medication.</p> <p>The Psychotropic Drug Use CAA, dated 07/07/25, documented R8 had been taking antipsychotic, antianxiety, and antidepressant medication.</p> <p>R8's "Quarterly MDS," dated 08/08/25, documented a BIMS of 10 which indicated moderate cognitive impairment. The MDS documented that R8 used a wheelchair for mobility and was dependent on staff for all cares and ADLs. The MDS further documented that R8 used antipsychotic, antianxiety, and antidepressant medication.</p> <p>R8's Care Plan, dated 05/22/25, documented R8 had been prescribed psychotropic medications and was at risk for complications, and R8 had a mood problem related to borderline personality disorder, major depression, and anxiety disorder. As an intervention, staff were to administer medications as prescribed and monitor R8 for side effects and effectiveness.</p> <p>R8's Care Plan, dated 06/17/25, documented R8 experienced trouble sleeping related to placement. Interventions included the administration of medications that promoted sleep for staff to obtain a sleep history and review her current medications that may have interfered with or promoted sleep.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8's Care Plan, dated 06/18/25, documented R8 had impaired thought processes at times and required assistance. Interventions included the administration of medications as ordered, and for staff to monitor and document side effects and effectiveness.</p> <p>R8's EHR revealed a psychotropic consent signed and dated 05/17/25 that listed psychotropic medication types with side effects but lacked the names of individual medications and prescribed dosages.</p> <p>R8's EHR documented orders, dated 07/18/25, for olanzapine (an antipsychotic medication) 10 mg twice a day, lorazepam (an antianxiety medication) one mg four times a day, fluoxetine (an antidepressant medication) 40 mg in the morning, and temazepam (an insomnia medication) 15 mg at bedtime.</p> <p>Observed on 08/25/25 at 10:35 AM, R8 became anxious and defiant when this surveyor asked to witness facility staff flush her gastrostomy tube (G-tube: tube surgically placed through an artificial opening into the stomach).</p> <p>During an interview on 08/25/25 at 01:00 PM, Administrative Staff A stated that the psychotropic consents had been completed as required by having the type of medication listed on the consent. Administrative Staff A further stated that the resident had been verbally educated about the individual medication, the medication dosage, and why they were prescribed it, but that was not documented.</p> <p>The facility policy for Use of Psychotropic Medications, dated 02/05/25, included: Prior to initiating or increasing a psychotropic medication, the resident and/or resident representative must be informed of the benefits, risks, and alternatives for the medication. The facility shall document that the resident and/or the resident representative was informed in advance of the risks and benefits of the proposed care.</p> <p>- R8's Electronic Medical Record (EMR) revealed diagnoses, which included schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought) and major depressive disorder (MDD-major mood disorder that causes persistent feelings of sadness).</p> <p>R8's "Annual Minimum Data Set" (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. He received antipsychotic (medication used to treat psychosis, a major mental disorder characterized by a gross impairment in reality perception) and antidepressant (a medication used to treat symptoms of depression) medications during the assessment period.</p> <p>R8's "Psychotropic Drug Use Care Area Assessment" (CAA), dated 12/03/24, documented the staff shall monitor the resident for adverse side effects of the medications.</p> <p>R8's "Quarterly MDS," dated 06/05/25, documented the resident had a BIMS score of 15. He received antipsychotic and antidepressant medication during the assessment period.</p> <p>R8's Care Plan, revised 07/11/25, instructed staff to monitor the resident for side effects of his psychotropic medications.</p> <p>R8's EMR, under "Orders," included the following physician's orders:</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Abilify (an antipsychotic medication), 30 milligrams (mg), by mouth (PO), every hour of sleep (QHS), for a diagnosis of paranoid schizophrenia, ordered 06/10/25.</p> <p>Zoloft (an antidepressant medication), 25 mg, PO, every morning (QAM), for a diagnosis of MDD, ordered 03/24/25.</p> <p>R18's EMR under "Misc" lacked a thoroughly completed psychotropic consent form.</p> <p>On 08/25/25 at 01:00 PM, Administrative Staff A stated the facility's psychotropic consent forms are signed by the resident and/or the resident representative. The consent forms only include the classification of the medication, but no other specifics. Administrative Staff A said the facility will verbally explain risks, benefits, dose and name of medication, but they do not document the conversation.</p> <p>The facility policy for Use of Psychotropic Medications, dated 02/05/25, included: Prior to initiating or increasing a psychotropic medication, the resident and/or resident representative must be informed of the benefits, risks, and alternatives for the medication. The facility shall document that the resident and/or the resident representative was informed in advance of the risks and benefits of the proposed care.</p> <p>- Review of the Electronic Health Record (EHR) for R43 included diagnoses of alcohol induced dementia (a progressive mental disorder characterized by failing memory and confusion), alcohol induced psychosis (any major mental disorder characterized by a gross impairment in reality perception), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>R43's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. R43 had a mood score of 0, indicating no depression, and no behaviors were documented. The MDS section for high-risk drug classes documented she used an antidepressant (a class of medications used to treat mood disorders).</p> <p>The Psychotropic Drug Use Care Area Assessment, dated 01/04/25, documented R43 had been taking an antidepressant.</p> <p>R43's "Quarterly MDS" dated 08/01/25, documented a BIMS score of 15 and mood score of 0. The MDS documented that R43 used antidepressant medication and an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality).</p> <p>R43's "Physicians' Orders" noted an order for Seroquel (an antipsychotic medication) 25 milligrams (mg) at bedtime for depression; ordered on 07/18/25. R43 also took Sertraline (an antidepressant medication) 75mg for depression; ordered on 07/21/25.</p> <p>R43's EHR revealed a psychotropic consent signed and dated 09/04/24. The psychotropic consent documented R43 took an antidepressant and an antipsychotic medication with side effects for the medication class, but lacked the names of individual medications and prescribed dosages and reason for taking the medications. The consent did not show that R43 was notified of the required information when the dosages were changed or when the Seroquel was discontinued and later restarted.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/26/25 at 10:16 AM, R43 laid in bed with the cover up over her head.</p> <p>During an interview on 08/25/25 at 01:00 PM, Administrative Staff A stated that the psychotropic consents had been completed as required by having the type of medication listed on the consent. Administrative Staff A further stated that the resident had been verbally educated about the individual medication, the medication dosage, and why they were prescribed it, but confirmed that it was not documented.</p> <p>The facility policy for Use of Psychotropic Medications, dated 02/05/25, included: Prior to initiating or increasing a psychotropic medication, the resident and/or resident representative must be informed of the benefits, risks, and alternatives for the medication. The facility shall document that the resident and/or the resident representative was informed in advance of the risks and benefits of the proposed care.</p> <p>- Review of the Electronic Health Record (EHR) for R49 included diagnoses of anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>R49's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. R43 had a mood score of 0, indicating no depression, and no behaviors were documented. The MDS documented R49 took an antidepressant (a class of medications used to treat mood disorders).</p> <p>The Psychotropic Drug Use Care Area Assessment, dated 07/07/25, documented R40 took an antidepressant medication.</p> <p>R49 Care Plan documented R49 was at risk for complications related to taking psychotropic medications; dated 06/05/25. R49 took Trazodone (antidepressant) for depression related to loss of independence and past traumas; dated 06/05/25.</p> <p>R49's "Physicians' Orders" noted an order for trazodone (an antidepressant) 100 milligrams (mg) at bedtime for depression; ordered on 03/03/25.</p> <p>R49's EHR revealed a psychotropic consent signed and dated 07/21/25 that listed psychotropic medication types with side effects, but lacked the names of individual medications and prescribed dosages</p> <p>Observation on 08/26/25 at 10:30 AM, R49 had been sleeping and just got up into his wheelchair. R49 got irritated when asked about his antidepressant medication. He said he did not want to take an antidepressant, but that he was told it would help with his pain. He then stated it is not helping with his pain.</p> <p>During an interview on 08/25/25 at 01:00 PM, Administrative Staff A stated that the psychotropic consents had been completed as required by having the type of medication listed on the consent. Administrative Staff A further stated that the resident had been verbally educated about the individual medication, the medication dosage, and why they were prescribed it, but that was not documented.</p> <p>(continued on next page)</p>		

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F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	The facility policy for Use of Psychotropic Medications, dated 02/05/25, included: Prior to initiating or increasing a psychotropic medication, the resident and/or resident representative must be informed of the benefits, risks, and alternatives for the medication. The facility shall document that the resident and/or the resident representative was informed in advance of the risks and benefits of the proposed care.		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> The facility reported a census of 54 residents; the sample included 16 residents. Based on observation, interview, and record review the facility failed to complete a thorough Minimum Data Set (MDS) for Resident (R)10, when staff did not complete the analysis of findings for the triggered Care Area Assessments (CAA). This placed the resident at risk for impaired care due to unidentified care needs. Findings included:- R10's Electronic Medical Record (EMR) documented a diagnosis of dementia (a progressive mental disorder characterized by failing memory and confusion).R10's admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. She was frequently incontinent of bowel and bladder and was dependent on staff for toileting. The Care Area Assessments, dated 05/08/25, lacked analysis of findings. R10's Care Plan, revised 06/11/25, instructed staff the resident was incontinent of bowel and bladder and wore incontinent products. On 08/26/25 at 08:17 AM, Administrative Nurse D stated it is the expectation for staff to thoroughly complete the MDS, including the triggered CAAs. The facility utilized the RAI manual for the accurate and thorough completion of the MDS, including the triggered CAAs.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>The facility reported a census of 54 residents. Based on observation, interview, and record review, the facility failed to ensure the posted daily nurse staffing sheets included accurate and identifiable information to include the daily licensed and unlicensed staff actual worked hours. Findings included:- Observed on 08/24/25 at 08:15 AM, the facility's posted daily staffing sheet did not list the actual number of hours worked. Also posted were the daily staffing sheets for 08/23/25 and 08/22/25, which also lacked the actual hours worked. Observed on 08/26/25 at 11:09 AM, the actual hours worked were not posted on the daily staffing sheet for 08/26/25. Record review for the month of August 2025 revealed the following daily staffing sheets did not list the actual hours worked: 08/20, 08/19, 08/17, 08/16, 08/12, 08/11, 08/10, 08/05, 08/08, 08/07, 08/06, 08/05, 08/04, 08/03, 08/02, and 08/01. During an interview on 08/26/25 at 08:30 AM, Administrative Staff A stated that if the actual hours worked was the same as the total number of hours worked, she did not rewrite it on the daily staffing sheet. The facility policy Nursing Services and Sufficient Staff, dated 02/05/25, documented that it was facility policy to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The policy further documented that the facility was responsible for submitting timely and accurate staffing data through the CMS Payroll-Based Journal (PBJ) system.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>The facility reported a census of 54 residents, one kitchen and one kitchenette. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions, to prevent the potential for food borne bacteria. This placed the residents at risk of food borne illnesses. Findings included:- During an initial tour of the kitchen on 08/24/25 at 09:23 AM, observation revealed the following areas of concern: 1. One black two-tiered cart utilized to hold milk, juice, clean cups, and other supplies at mealtimes had food debris on both tiers. 2. One three-tiered blue, plastic cart utilized to deliver food to residents at mealtimes had food debris on all tiers. 3. One two-tiered black, plastic cart utilized for holding desserts during mealtimes had several dried-on sticky areas. 4. The inside of a two-doored reach-in refrigerator had a dried-on red liquid on the bottom along with food debris. 5. The inside of a two-doored reach-in refrigerator contained three one-gallon containers of dressings with dried-on dressing around the top and sides of the containers. 6. One prep table had food debris on the bottom shelf. On 08/26/25 at 09:13 AM, Dietary Staff BB confirmed the areas of concern would need to be added to the kitchen's cleaning schedules. The facility did not provide a policy for the cleanliness of the kitchen.</p>		

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>The facility reported a census of 54 residents. Based on interview and record review, the facility failed to electronically submit complete and accurate staffing information to the Federal regulatory agency through Payroll-Based Journaling (PBJ) when the facility failed to accurately submit hourly staffing data for all weekend personnel. The facility failed to submit complete and accurate staffing information to the Federal regulatory agency through PBJ when the facility failed to accurately submit hourly staffing data for all weekend personnel. Findings included: - Review of the PBJ Staffing Data Report for Fiscal Year (FY) for Quarter 4 - 2024 (July 1 - September 30), FY Quarter 1-2025 (October 1 - December 31), and FY Quarter 2 - 2025 (January 1 - March 31) the facility failed to have sufficient staffing for the weekends. Review of the Nursing Schedule and Payroll Data Sheets for the weekends of the above months revealed the facility had sufficient weekend staff coverage. During an interview on 08/26/25 at 08:30 AM, Administrative Staff A stated that reported time had not been accurately recorded as it relates to how staff were scheduled to work, and that every staff member has a half-hour automatically deducted from the worked time by corporate for lunch. Administrative Staff A also stated that she ensures that staffing was sufficient for the questioned weekends. The facility policy Nursing Services and Sufficient Staff, dated 02/05/25, documented that it was facility policy to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The policy further documented that the facility was responsible for submitting timely and accurate staffing data through the CMS Payroll-Based Journal (PBJ) system.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/26/2025
NAME OF PROVIDER OR SUPPLIER  Louisburg Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 S Broadway Louisburg, KS 66053	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>The facility reported a census of 54 residents; the sample included 16 residents. Based on interviews, record reviews and observation, the facility staff failed to implement adequate 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- gowns, face shields and/or eyeglasses/goggles, and gloves) for Resident (R) 8 while accessing her gastrostomy tube (G-tube: tube surgically placed through an artificial opening into the stomach) for flushing. The facility failed to ensure a sanitary environment in the laundry area. This deficient practice placed the resident at risk infections related to lack of proper PPE usage and possible contaminated laundry. Findings included:- During an observation on 08/25/2025 at 08:15 AM, the ceiling in clean linen processing room had paint flaking and missing in multiple areas above the resident's clean laundry. The clean linen folding counter was cluttered with items that were not resident clean laundry, that included a staff purse, a laptop, and a desk organizer with pens/pencils/scissors. During an observation on 08/25/25 at 08:30 AM, the dirty laundry washing area was cluttered and backed up with resident linen and clothes in bags that were stacked on the floor that blocked the staff hand-washing sink, the eye-wash station, and the washer laundry-soap refill. Multiple areas of the ceiling had paint chipped and missing, and the wall on the dryer side had multiple areas of chipped and missing paint. During an observation on 08/25/25 at 10:42 AM, Licensed Nurse (LN) G and LN H accessed and flushed R8's G-tube with tap water. LN G and H performed proper hand hygiene before and after the procedure and donned gloves, but neither LN G nor LN H wore a gown as required. R8's electronic health record had an order dated 05/16/25, for EBP of gown and gloves due to a feeding tube for all cares. During an interview on 08/25/25 at 08:40 AM, Administrative Staff A stated that paint flaking and chipping in or around the clean laundry was not appropriate and presented an infection concern and acknowledged that the only items that should be on the clean laundry folding area was clean laundry. During an interview on 08/25/25 at 08:45 AM, Maintenance U stated that he had been unaware of the missing paint on the ceilings and walls in the laundry management areas and acknowledged that it should not have been that way. During an interview on 08/25/25 at 08:47 AM, Housekeeping V stated that one of the washers had been down for repairs and that laundry had been backed up while maintenance was awaiting parts. Housekeeping V further reported that she had been unaware that non-laundry items should not have been on the laundry folding counter. During an interview on 08/25/25 at 11:00 AM, LN H stated that the proper PPE to be worn while accessing a G-tube should have been gown and gloves, and acknowledged that she had only worn gloves while performing the G-tube flushing on R8. During an interview on 08/25/25 at 03:38 PM, Administrative Staff A stated that EBP PPE should have been used on residents that had chronic wounds, any open wounds being treated, had multiple drug-resistant organisms (MDRO-common bacteria that have developed resistance to multiple types of antibiotics), or had any implanted medical devices. During an interview on 08/25/25 at 03:52 PM, Administrative Nurse E stated EBP was utilized for residents who had chronic wounds, any implanted medical devices, or if they had an MDRO. The facility policy Preventive Maintenance Program, dated 10/25/19, documented that the maintenance director would be responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. The facility policy Enhanced Barrier Precautions, dated 04/01/24, documented that an order for enhanced barrier precautions will be obtained for residents that had wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous ulcers) and/or implanted medical devices (e.g., central lines, urinary catheter devices, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with an MDRO.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/26/2025
NAME OF PROVIDER OR SUPPLIER  Louisburg Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 S Broadway Louisburg, KS 66053	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>The facility reported a census of 54 residents; the sample included 16 residents. Based on interviews, record reviews and observation, the facility failed to ensure a safe and sanitary environment in all areas of the facility including the laundry area. This deficient practice placed the residents at risk for contaminated laundry. Findings included:- During an observation on 08/25/2025 at 08:15 AM, the ceiling in clean linen processing room had paint flaking and missing in multiple areas above the resident's clean laundry. The clean linen folding counter was cluttered with items that were not resident clean laundry, that included a staff purse, a laptop, and a desk organizer with pens/pencils/scissors.During an observation on 08/25/25 at 08:30 AM, the dirty laundry washing area was cluttered and backed up with resident linen and clothes in bags that were stacked on the floor that blocked the staff hand-washing sink, the eye-wash station, and the washer laundry-soap refill. Multiple areas of the ceiling had paint chipped and missing, and the wall on the dryer side had multiple areas of chipped and missing paint. During an interview on 08/25/25 at 08:40 AM, Administrative Staff A stated that paint flaking and chipping in or around the clean laundry was not appropriate and presented an infection concern and acknowledged that the only items that should be on the clean laundry folding area was clean laundry.During an interview on 08/25/25 at 08:45 AM, Maintenance U stated that he had been unaware of the missing paint on the ceilings and walls in the laundry management areas and acknowledged that it should not have been that way. During an interview on 08/25/25 at 08:47 AM, Housekeeping V stated that one of the washers had been down for repairs and that laundry had been backed up while maintenance was awaiting parts. Housekeeping V further reported that she had been unaware that non-laundry items should not have been on the laundry folding counter.The facility policy Preventive Maintenance Program, dated 10/25/19, documented that the maintenance director would be responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner.</p>		