

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Council Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Sunset Drive Council Grove, KS 66846	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36881</p> <p>The facility reported a census 43 residents with 14 residents sampled, which included Resident (R)18 reviewed for reasonable accommodation. Based on observation, interview, and record review, the facility failed to ensure reasonable accommodation of R18's needs when the facility failed to follow up on recommendations for a different wheelchair, which would meet the resident's physical needs and preference to maintain his independence.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)18's Physician Orders, dated 08/18/24, included diagnoses muscular dystrophy (MD - group of inherited disorders that involve muscle weakness and loss of muscle tissue, and worsen over time), contracture (abnormal permanent fixation of a joint or muscle) of the right and left ankles, immobility syndrome (paraplegic-paralysis characterized by motor or sensory loss in the lower limbs and trunk) and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). <p>The Modified Annual Minimum Data Set (MDS), dated [DATE] documentation included a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. He required staff assistance for activities of daily living (ADLs). The resident had functional limitation with range of motion of his upper and lower extremities and had no behaviors. He reported it was very important to have his family or a close friend involved in discussion about his care. R18 lacked any noted skin conditions or treatments.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 10/19/23 revealed the resident was dependent with most activities of daily living (ADLs) due to his MD. The resident was independently mobile once he is in his motorized wheelchair.</p> <p>The Care Plan dated 08/01/24, directed the staff to know the resident had an activities of daily living (ADL) deficit, he was non weight bearing, and used electric wheelchair for locomotion.</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>Review of the Occupational Therapy (OT) Evaluation & Plan of Treatment dated 03/03/23 (17 months prior) documentation included the resident and clinician were to participate in a seating and positioning assessment to determine the resident's wheelchair needs to maximize his upright posture and decrease the risk of further skin breakdown/contracture's as the resident's disease process continued. His current electric wheelchair was donated to him years ago. The note stated the resident's knees were increasingly flexed and he had poor positioning of ankles/feet, which lead to worsening the risk of contracture's to the resident's lower extremities.</p> <p>The Weekly Nurses Note, dated 07/21/24 at 08:57 AM, included R18 had muscular dystrophy which was slowly advancing. The resident worried about his diagnosis and any subtle changes in his body or routine were very upsetting to him.</p> <p>The Physician Progress Note, in the electronic medical record (EMR), dated 08/21/24 at 03:51 PM, included the resident's muscular dystrophy, which was slowly progressing was causing weakness and disabilities. The note lacked documentation noting the resident's representative/1st emergency contact or responsible party were contacted regarding an evaluation or assessment for a new electric wheelchair or follow-up related to his changing condition.</p> <p>Review of R18's Electronic Medical Record dated 03/23/23 through 08/23/24 (17 months,) lacked documentation or follow-up regarding the assessment recommendation for R 18's specific wheelchair to meet his needs for seating and positioning related to maintain his functioning identified by therapy on 03/03/23, as noted above.</p> <p>On 08/27/24 at 09:54 AM, revealed the resident in the shower room and Certified Nurse Aide (CNA) R answered the call light and entered the shower room to assist the resident with dressing after his shower. CNA R confirmed the resident was dependent on the staff for transfers to the wheelchair and then operated his electric wheelchair independently.</p> <p>Observation on 08/27/24 at 10:03 AM the resident exited the shower room as he sat in his electric wheelchair maneuvering it independently. The resident controlled the wheelchair with his right hand maneuvered through the doorway without difficulty. R18 reported his wheelchair was on its last leg due to the wheels going flat and the last maintenance man and his brother had to patch and pumped the wheels up. He stated his brothers were talking with the nursing home administrator (NHA) about possibility of getting another wheelchair, but he did not know what the status was with his wheelchair.</p> <p>On 08/27/24 at 12:26 PM, R18's designated representative reported he made multiple attempts to contact the facility administrator and left messages with the staff of the facility regarding the resident obtaining a electric wheelchair to meet R18's needs. The representative expressed his displeasure with the facility's lack of communication, which included the failure to return phone calls and/or response to messages regarding the resident's need for a different wheelchair to prevent further decline and maintain his functioning. He stated he called and left messages with the facility as recent as 06/07/24 and 07/11/24. The administrator had not called him back at the time of the interview. R18's representative stated it should not be so difficult to get a timely response from the facility so he would have information on how to meet his family member's needs.</p> <p>(continued on next page)</p>		

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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>On 08/28/24 at 09:45 AM, Administrative Staff A stated a year or so ago therapy staff recommended the resident receive an evaluation for a new electric wheelchair. The provider assessed the resident and made recommendations. The recommendations were forwarded to the facility's corporate office for determination on how to proceed. On inquiry Administrative Staff A confirmed the resident's medical record lacked documentation of the assessment, recommendations, and/or corporate determination/directive how to proceed with meeting the identified need related to the resident's assessment and resulting recommendation. Additionally, Administrative Staff A verified the resident's electronic medical record lacked documentation of follow-up regarding the recommendations with the resident's representative, and he did not recall talking with the resident's representative regarding the providers recommendation or corporate decision regarding the provision of the needed device.</p> <p>On 08/28/24 at 11:12 AM, R18 reported the therapist recommended a new wheelchair that would fit him better than the current one. He reported the current electric wheelchair was on its last leg and he did not know the status regarding obtaining a wheelchair that met his identified need for positioning R18 reported he thought the facility administrator was discussing the wheelchair with his chosen representative. He stated his representative informed him that he had trouble getting in touch with the administrator, although he had tried multiple times. R18 confirmed he expected the facility to communicate with his chosen representative regarding health care decisions because he forgot things sometimes.</p> <p>On 08/28/24 at 11:50 AM, Therapy Consultant HH stated she tried to get R18 a new wheelchair in March of 2023. She reported she felt a new wheelchair fitted to the resident would be beneficial to maximize the resident's upright posture and decrease the risk of skin breakdown and contracture's as the resident's disease progressed. The company that assessed the resident was specialized in seating and positioning. Consultant HH reported the resident exhibited tightening of his bilateral leg muscles related to his diagnosis. She felt the current electric wheelchair would contribute to further decline and it was her opinion that a power tilt chair would benefit the resident and enhance his independence. The company assessed the resident and recommended the resident to have a power tilt wheelchair. The recommendation was then submitted to the administrator who informed her the recommendation was forwarded to the facility's corporate office. Consultant HH stated she was not aware of the follow up or final determination regarding the resident getting the recommended electric wheelchair.</p> <p>The facility lacked a policy to address reasonable accommodation of identified needs for a resident.</p> <p>The facility failed to ensure reasonable accommodation of R18's needs when the facility failed to follow up on recommendations for a different wheelchair, which would meet the resident's physical needs and preference to maintain his independence.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36881</p> <p>The facility reported a census 43 residents with 14 residents sampled, which included one Resident (R)18 reviewed for notification of change in condition. Based on observation, interview, and record review, the facility failed to notify the resident's chosen representative when the resident required a new form of treatment, related to the resident's newly diagnosed scabies infestation.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 18's Physician Orders, dated 08/18/24, included diagnoses muscular dystrophy (MD-group of inherited disorders that involve muscle weakness and loss of muscle tissue, and worsen over time), contracture (abnormal permanent fixation of a joint or muscle) of the right and left ankles, immobility syndrome (paraplegic) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, and scabies infestation (contagious infestation of the skin by burrowing mites). <p>The Modified Annual Minimum Data Set (MDS), dated [DATE] included a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. He required staff assistance for activities of daily living (ADL), had functional limitation with range of motion of his upper and lower extremities, and used a wheelchair for mobility. He reported it was very important to have his family or a close friend involved in discussions about his care. The MDS lacked any noted skin conditions for R18's treatments.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 10/19/23, revealed the resident was dependent for most ADLs due to his muscular dystrophy. He was cognitively intact with a BIMS of 15 and independently mobile once in his motorized wheelchair.</p> <p>The Care Plan dated 08/01/24, lacked any interventions related to the resident's change of condition and/or treatment for a scabies infestation.</p> <p>R18's Physician Orders, dated 08/18/24, included an order for Permethrin External Cream 5 % (Permethrin-lotion used to treat scabies infestation). Staff were to apply to the resident's skin from neck down topically one time a day for rash for seven days at night and shower it off in the morning.</p> <p>Review of the Progress Notes dated 08/21/24, lacked documentation of the resident's representative/1st emergency contact, or responsible party were notified of the resident's change in condition and/or new order for treatment of scabies.</p> <p>The Weekly Nurses Note, dated 08/24/2024 at 10:17 AM, documentation included the resident was treated for a scabies type rash.</p> <p>Observation on 08/27/24 at 09:54 AM, revealed the resident in the shower room and Certified Nurse Aide (CNA) R answered the call light and entered the shower room to assist the resident with dressing after shower. CNA R confirmed the resident had a rash and received lotion for treatment of scabies infestations.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/27/24 10:03 AM, the resident exited the shower room as he sat in his electric wheelchair maneuvering it independently. The resident controlled it with his right hand and maneuvered through the doorway without difficulty. The resident reported no discomfort or itching.</p> <p>On 08/27/24 at 03:31 PM, Administrative Nurse D stated the resident's representative should be notified change of condition and/or medication /treatment. She reported when the physician diagnosed the resident with the scabies infestation and ordered the treatment, she expected the staff to notify the resident's chosen representative. Upon review of R18's electronic medical record she confirmed the resident's representative had not been notified of the change of condition and treatment plan. Additionally, the resident's care plan had not been updated to direct the staffs care of R18.</p> <p>On 08/28/24 at 11:12 AM, R 18 reported it was his understanding that the facility would let his chosen representative know about changes in his condition and/or changes in his treatment or medication. He confirmed his documented representative was his chosen representative and would want him aware of his health status at all times. R18 stated sometimes he forgot information and what was said.</p> <p>The facility Policy Notification of Change in Patient/Resident Health Status dated 06/2027 documentation included to ensure all interested parties are informed of the patient's/resident's change in health status so that a treatment plan can be developed which is in the best interest of the patient/resident. The center will notify the patient's representative when an acute illness occurs.</p> <p>The facility failed to notify the resident's chosen representative when there was a need to commence a new form of treatment, related to the resident's newly diagnosed scabies infestation.</p>		