

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>175246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Belleville Healthcare and Rehabilitation Center                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2626 Wesleyan Dr<br>Belleville, KS 66935 |                                                 |
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| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation, and interview, the facility failed to identify, assess, and implement pressure injury prevention interventions for Resident (R) 1, who developed a painful wound to her buttock, in which the hospital identified as an unstageable (depth of the wound is unknown due to the wound bed being covered by a thick layer of other tissue and pus) pressure ulcer. Staff also failed to assess and document evidence of monitoring the wound once it developed. Findings included:- R1's Electronic Medical Record (EMR) documented R1 admitted on [DATE]. R1's EMR revealed diagnoses of weakness, abnormalities of gait and mobility, repeated falls, chronic pain, and unspecified abdominal pain. R1's admission Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 required moderate to substantial staff assistance with most of her activities of daily living (ADL) except eating. The MDS documented R1 was at risk for sustaining pressure ulcers. R1 admitted to the facility without any pressure ulcers or skin issues, and no pressure-relieving devices for her chair or bed were initiated. The MDS noted a turning and repositioning program had not been initiated. The Functional Abilities Care Area Assessment (CAA), dated 04/31/2026, documented R1 was cognitively alert but physically frail and required varying levels of assistance for all daily tasks due to chronic conditions. The CAA documented R1's functional mobility would be addressed in her care plan, and staff were to assist R1 with ADL care as needed, anticipate her needs so her care needs were adequately met, and provide therapy services to help increase her functional mobility. The Incontinence CAA, dated 04/31/2026, documented R1 was continent of bowel but incontinent of bladder at times. The CAA documented staff should consider prompted toileting or a toileting program. The CAA directed staff to monitor R1's output, monitor R1 for signs and symptoms of a urinary tract infection, and protect R1's skin. The Pressure Ulcer/Injury CAA, dated 04/31/2026, documented R1 was at risk for pressure ulcers and skin breakdown. The CAA documented R1's skin was free from pressure ulcers, but she had a small red spot on her left gluteal (pertaining to the buttocks or buttocks muscles) fold, along with a larger open lesion that had a depth of 0.5 centimeters (cm) just above the small red spot. The area was reported to be painful to R1 and treated with protective cream. The CAA directed staff to assist with repositioning R1 per protocol and as needed to help maintain skin integrity. Licensed Nursing (LN) staff were to monitor R1's skin weekly to monitor skin issues. The CAA documented pressure redistributing surfaces should be in place on R1's bed and wheelchair to help maintain R1's skin integrity. R1's Care Plan, initiated 04/24/2026, documented R1 was at risk for skin breakdown based on the Braden Scale (a clinical tool used to predict a resident's risk of developing pressure injuries but did not list interventions to prevent pressure injuries until 05/05/2026. Interventions dated 05/05/2026 (after the development of the pressure injury) directed the following:R1 would receive preventative measures to keep skin intact.Staff were to ensure R1 had (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | adequate protein, implement a turning schedule, provide pressure redistributing devices for R1's bed and chair, increase caloric intake, maintain good hydration, refer to the dietician for all skin concerns, and supplement R1 with vitamins as needed.R1's Care Plan documented an intervention dated 05/07/2026 that directed staff to provide R1 with a low air loss mattress.R1's required assistance for bed mobility was not addressed in the care plan. The Clinical admission Note, dated 04/24/2026, documented R1 had no skin issues identified. The Braden Scale, dated 04/24/2026, documented a score of 19, which indicated a low risk for pressure ulcers. The Nurse's Note, dated 04/28/2026, documented R1's responsible party was concerned R1 seemed off. Upon assessment, R1 was warm to the touch and temperature was consistently 101 degrees Fahrenheit (F). R1's blood pressure had a low diastolic blood pressure (DBP-minimum level of blood pressure measured between contractions of the heart; the bottom number of blood pressure reading) and R1 was lethargic. Staff notified R1's primary care physician, who ordered fluids intravenously (IV-administered directly into the bloodstream via a vein). The late entry Multidisciplinary Care Conference Note, dated 04/26/2026, documented R1 had an average meal intake of 50%. The note documented R1 received intravenous fluids for dehydration on 04/28/2026, and R1's skin was intact. The Nutritional Assessment Note, dated 04/30/2026, documented R1 weighed 150.6 pounds, and her body mass index (BMI) was 25.8, within normal limits. R1's average meal intake was 50%, and R1 was at risk for malnutrition. The dietitian recommended fortified food with all meals and Ensure, eight ounces every day to optimize nutrition. The note documented R1's skin was intact. The Skin Check Note, dated 05/01/2026, documented R1 had a new skin issue. R1 had an open lesion to her left gluteal fold, which the note documented as being present on admission. The wound was continuously painful to R1. The note documented staff would implement an intervention to reposition R1. The wound measured 2 cm by 2 cm by 0.5 cm. The Braden Scale Evaluation Note, dated 05/01/2026, documented R1 had a score of 16, which indicated R1 was at mild risk for pressure ulcers. R1's EMR lacked any documentation of treatment to the wound area (first identified in the CAA dated 04/31/2026 and again on 05/01/2026) or of physician notification until 05/04/2026. The Nurse's Note, dated 05/04/2026, documented R1 had a small red spot on her left gluteal fold with a larger area with some depth above it. Protective cream was applied to the areas. The staff notified the wound nurse of the area, and notified R1's primary care physician, who wanted more documentation. The Skin and Wound Tab, dated 05/05/2026, showed a picture of R1's wound to her buttock. Observation revealed there was a smaller circular area on the left side of the buttock which had 80% slough (dead tissue, usually cream or yellow in color), and the edges were red. In the middle of R1's buttock cleft was a larger open wound with 90% slough to the wound bed. The peri-wound (skin surrounding the wound) was dark purple/red in color. Administrative Nurse E documented the wound was Moisture-Associated Skin Damage (MASD) and documented the wound was present on admission. The wound measured 2.41 cm by 5.08 cm by 0.1 cm. The Skin Issues Note, dated 05/05/2026, documented R1's coccyx (tailbone area) had MASD, and the wound was present on admission, and it was unknown how long the wound had been present. The wound measured 2.41 cm by 5.08 cm by 0.1 cm. The note documented the wound as having 70% granulation tissue (new tissue formed during wound healing), 10% slough, and 20 % eschar (dead tissue). The wound had light serous (thin, clear) exudate (a fluid that leaks out of body vessels and tissues), and the peri-wound was normal in color. Interventions included a pressure-reducing device for R1's chair, moisture control, dietary supplementation, a mattress with a pump, and repositioning. R1's Treatment Administration Record (TAR), dated May 2026, documented a treatment for R1's pressure wound, initiated on 05/07/2026. The TAR directed nursing staff to cleanse the area with soap and water, allow it to dry, apply a sacral Mepilex (a self-adherent, (continued on next page) |                                                                                       |                                                 |

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| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>five-layer silicone foam dressing specifically shaped to fit the tailbone and lower back area) to the wound, change it every three days and as needed for soiling. The TAR documented the wound as MASD. The Braden Scale, dated 05/08/2026, documented R1 had a Braden score of 14, which indicated moderate risk for pressure ulcers. On 05/11/2026, R1's EMR lacked notes related to R1 going to the hospital, at her representative's request, where she admitted to the hospital and never returned to the facility. R1's EMR lacked evidence of physician assessment of the wound from admission on [DATE] through discharge on [DATE]. The Hospital Health and Physical (H&amp;P), dated 05/11/2026, documented R1 presented to the emergency room (ER) with decreased intake, concerns for a urinary tract infection (UTI), and a low-grade temperature over the last couple of days with concern for sepsis (a life-threatening systemic reaction that develops due to infections that cause inflammation throughout the entire body). The Consult Note, from the acute hospital dated 05/11/2026, documented R1 had an unstageable pressure ulcer to her coccyx that butterflied to each buttock. The edges were well-defined. The area was wet and drained serous fluid. The wound was covered with a thick adherent slough. The peri-wound was purple and fanned out to a deep red color. R1 also had a smaller Stage 2 (partial-thickness skin loss into but no deeper than the dermis including intact or ruptured blisters) pressure injury to her right buttock. The note documented a new order for Santyl (prescription ointment is used to remove damaged tissue from skin ulcers) twice a day to break down the fibrous slough and plan for surgical debridement (medical removal of dead, damaged, or infected tissue to improve the healing potential for the remaining healthy tissue) later in the week. On 07/28/2026 at 01:30 PM, Administrative Nurse D stated she had only done one admission since starting her job as the administrative nurse at the facility and was unsure what the process was for implementing pressure ulcer preventative interventions. On 07/28/2026 at 03:25 PM, Administrative Staff A asked if she could present more documentation regarding R1's pressure ulcer. On 07/28/2026 at 07:30 PM, LN G stated R1 admitted to the facility and did not have a pressure ulcer to her coccyx. LN G verified R1 did not have any turning/repositioning interventions or pressure-relieving devices put in place until after the pressure ulcer appeared and worsened. On 07/28/2026 at 08:00 PM, Certified Nurse Aide (CNA) M stated R1 had not had a turning/repositioning task until after she had the pressure ulcer. CNA M stated R1 had not been on a check and change program. On 07/28/2026 at 08:36 PM, the facility presented a form via e-mail, signed by the Medical Director of the facility, which documented R1's pressure ulcer was unavoidable and documented it as a Kennedy terminal ulcer (KTU- a pressure-based injury that can develop quickly and is often a sign of terminal illness or impending death). The facility's undated Pressure Injury Prevention and Management Policy documented the facility was committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal pressure ulcers, prevent infection, and prevent the development of additional pressure ulcers. Licensed nurses will conduct a pressure injury risk assessment on all residents on admission, weekly for four weeks, then quarterly, or whenever the resident's condition changes. The facility would use a systematic approach for pressure injury prevention and management: including prompt assessment and treatment, intervening to stabilize, reduce, or remove underlying risk factors, monitoring the impact of interventions, and modifying interventions as appropriate.</p> |                                                                                       |                                                 |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations, and interviews, the facility failed to immediately implement dietician recommendations to promote nutritional status during an identified gradual weight loss after admission for Resident (R) 1, who also had wounds. (Refer to F686). Findings included:- R1's Electronic Medical Record (EMR) documented R1 admitted on [DATE]. R1's EMR revealed diagnoses of weakness, abnormalities of gait and mobility, repeated falls, chronic pain, and unspecified abdominal pain. R1's admission Minimum Data Set (MDS), dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R1 required moderate to substantial staff assistance with most of her activities of daily living (ADL) except eating. The MDS documented R1 was at risk for sustaining pressure ulcers. R1 admitted to the facility without any pressure ulcers or skin issues, and no pressure-relieving devices for her chair or bed were initiated. The MDS noted a turning and repositioning program had not been initiated. The Functional Abilities Care Area Assessment (CAA), dated 04/31/2026, documented R1 was cognitively alert but physically frail and required varying levels of assistance for all daily tasks due to chronic conditions. The CAA documented R1's functional mobility would be addressed in her care plan, and staff were to assist R1 with ADL care as needed, anticipating her needs so her care needs were adequately met, and provide therapy services to help increase her functional mobility. The Incontinence CAA, dated 04/31/2026, documented R1 was continent of bowel but incontinent of bladder at times. The CAA documented staff should consider prompted toileting or a toileting program. The CAA directed staff to monitor R1's output, monitor R1 for signs and symptoms of a urinary tract infection, and protect R1's skin. The Pressure Ulcer/Injury CAA, dated 04/31/2026, documented R1 was at risk for pressure ulcers and skin breakdown. The CAA documented R1's skin was free from pressure ulcers, but she had a small red spot on her left gluteal (pertaining to the buttocks or buttocks muscles) fold, along with a larger open lesion that had a depth of 0.5 centimeters (cm) just above the small red spot. The area was reported to be painful to R1 and treated with protective cream. The CAA directed staff to assist with repositioning R1 per protocol and as needed to help maintain skin integrity. Licensed Nursing (LN) staff were to monitor R1's skin weekly to monitor skin issues. The CAA documented pressure redistributing surfaces should be in place on R1's bed and wheelchair to help maintain R1's skin integrity. R1's Care Plan, initiated 04/24/2026, documented R1 was at risk for skin breakdown based on the Braden Scale (a clinical tool used to predict a resident's risk of developing pressure injuries) Interventions dated 05/05/2026 (after the development of the pressure injury) directed the following:Staff were to ensure R1 had adequate protein, increase caloric intake, maintain good hydration, and refer to the dietician for all skin concerns, and supplement R1 with vitamins as needed. R1's EMR documented R1 had an admission weight of 150.6 pounds on 04/24/2026. R1's EMR documented R1 had a weight of 144.8 pounds on 04/26/2026. The Nurse's Note, dated 04/28/2026, documented R1's responsible party was concerned R1 seemed off. Upon assessment, R1 was warm to the touch and temperature was consistently 101 degrees Fahrenheit (F). R1's blood pressure had a low diastolic blood pressure (DBP-minimum level of blood pressure measured between contractions of the heart; the bottom number of blood pressure reading) and R1 was lethargic. Staff notified R1's primary care physician, who ordered fluids intravenously (IV-administered directly into the bloodstream via a vein). The late entry Multidisciplinary Care Conference Note, dated 04/26/2026, documented R1 had an average meal intake of 50%. The note documented R1 received intravenous fluids for dehydration on 04/28/2026, and R1's skin was intact. (continued on next page)</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>175246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Belleville Healthcare and Rehabilitation Center                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2626 Wesleyan Dr<br>Belleville, KS 66935 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                 |
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| F 0692<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>The Nutritional Assessment Note, dated 04/30/2026, documented R1 weighed 150.6 pounds, and her body mass index (BMI) was 25.8, within normal limits. R1's average meal intake was 50%, and R1 was at risk for malnutrition. The dietitian recommended fortified food with all meals and Ensure, eight ounces every day to optimize nutrition. R1's EMR documented R1 had a weight of 148.2 pounds on 05/01/2026; a weight of 140.3 pounds on 05/02/2026; a weight of 137.6 pounds on 05/03/2026; a weight of 136.2 pounds on 05/05/2026. The Dietary Note, dated 05/05/2026, documented R1 triggered for a significant weight loss of 13 pounds since admission on [DATE] or an 8.6% weight loss since admission. The note documented the dietitian thought some of the weights were erroneous and directed nursing to strike out erroneous weights as appropriate and recommended to reweigh R1 daily for three days to obtain an accurate baseline and to continue the previous order of fortified foods and Ensure eight ounces daily. R1's EMR documented R1 had a weight of 135.0 pounds on 05/07/2026 R1's Medicine Administration Record (MAR), dated May 2026, documented Ensure eight ounces daily was not initiated until 05/08/2026 R1's Order Summary Report, dated May 2026, documented fortified foods were not started until 05/08/2026. On 07/28/26 at 01:30 PM, Administrative Nurse D stated she was unsure of the process of completing the dietitian's dietary recommendations for residents. Administrative Nurse D stated she did not know R1's plan of care very well because she never had to take care of her. The facility's undated Weight Monitoring Policy documented based on the resident's comprehensive assessment, the facility would ensure that residents maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrated that this was not possible or resident preferences indicated otherwise. Interventions will be identified, implemented, monitored and modified, consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters of nutritional status.</p> |                                                                                       |                                                 |