

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966</p> <p>The facility identified a census of 134 residents. The sample included one resident reviewed for respiratory services. Based on observations, record review, and interviews, the facility failed to provide necessary respiratory care and services for Resident (R) 1. This deficient practice placed R1 at risk for infection and unwarranted physical complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1's Electronic Medical Record (EMR) documented diagnoses of chronic obstructive pulmonary disease (COPD - a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), tobacco use, dementia (a progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, and personal history of pulmonary embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the bloodstream in the lungs). <p>The Annual Minimum Data Set (MDS) dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R1 had impairment on one side both upper and lower extremities.</p> <p>The Quarterly MDS dated [DATE], documented R1 had a BIMS score of 15 which indicated intact cognition. R1 had impairment on one side both upper and lower extremities.</p> <p>The Functional Abilities Care Area Assessment (CAA) dated 08/19/24, documented R1 was at risk for a decline in functional abilities and she had a loss of function in her upper and lower extremities.</p> <p>R1's Care Plan dated 10/24/23, documented R1 had altered respiratory status and difficulty breathing related to COPD and emphysema (long-term, progressive disease of the lungs characterized by shortness of breath) and directed staff to administer R1's medications and puffers as ordered and monitored for effectiveness and side effects.</p> <p>R1's EMR revealed the following:</p> <p>An order with a start date of 09/23/24 for ipratropium-albuterol (medication given through a nebulizer [device which changes liquid medication into a mist easily inhaled into the lungs] that relaxes airways for those with lung conditions) solution 0.5-2.5 milligrams (mg) per three milliliters (mL) inhalation every eight hours for wheezing related to COPD.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Plaza West Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1570 SW Westport Drive Topeka, KS 66604	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Treatment Administration Record (TAR) for 11/01/24 to 01/27/25 revealed a lack of documentation that R1 received ipratropium-albuterol nebulizer treatments for 26 out of 90 scheduled treatments in November 2024, 17 out of 93 scheduled treatments in December 2024, and nine out of 81 scheduled treatments from 01/01/25 to 01/27/25.</p> <p>On 01/28/25 at 12:15 PM, observation of R1's room revealed her nebulizer mask was stored in a plastic bag, however, the tubing was disconnected from the mask and laid on the floor.</p> <p>On 01/28/25 at 03:00 PM, observation of R1's room revealed her nebulizer mask was stored in a plastic bag, however, the tubing was disconnected from the mask and laid on the floor.</p> <p>On 01/28/25 at 03:00 PM. R1 sat in her wheelchair in the hallway. She stated she did not receive her breathing treatments as scheduled but she could ask for them.</p> <p>On 01/28/25 at 04:14 PM, Licensed Nurse (LN) G stated the nurse administered the scheduled breathing treatments which were usually three times a day. She stated if a resident refused a breathing treatment, she documented it in the TAR and if they received it then she documented that in the TAR as well. LN G stated R1 had reported in the past that staff refused to give her breathing treatments or refused to offer them to her. She stated the nurse stored the nebulizer mask and tubing in a bag once the treatment finished. LN G stated if she saw nebulizer tubing on the floor, she replaced the tubing.</p> <p>On 01/28/25 at 04:21 PM, Administrative Nurse D stated the nurses gave breathing treatments located on the TAR. She stated she expected nurses to give the breathing treatments as scheduled and then document in the TAR including any refusals. Administrative Nurse D stated after the treatment, the nurse rinsed the mask out and set it out to dry then placed it in a bag for storage along with the tubing.</p> <p>The facility's Medication Administration policy, dated 01/27/25, directed the facility to administer medications as ordered in accordance with manufacturer specifications and signed the Medication Administration Record (MAR) after administration.</p> <p>The facility's Oxygen Safety policy, dated 01/27/25, directed the facility to provide a safe environment for residents, staff, and the public, and the facility educated staff, residents, and families on oxygen safety precautions in accordance with their roles and responsibilities related to the use and storage of oxygen. The policy did not address nebulizer tubing storage.</p> <p>The facility failed to provide necessary respiratory care and services for R1. This deficient practice had the risk for infection and unwarranted physical complications for R1.</p>		