

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Smith Center Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 117 W 1st Street #369 Smith Center, KS 66967	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>32358</p> <p>The facility had a census of 37 residents. The sample included 13 residents, with three residents reviewed for the Center for Medicare and Medicaid Services (CMS) Beneficiary Liability notices. Based on record review and interview, the facility failed to provide the correct CMS Form 10055, Advanced Beneficiary Notice (ABN), to the resident or their representative for Residents (R)15, R21, and R140. This placed the residents at risk for uninformed decisions regarding skilled services.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The Medicare ABN form informed the beneficiaries Medicare may not pay for future skilled therapy and did not provide an estimated cost to continue their services. The form included options for the beneficiary to (1) receive specified services listed, and bill Medicare for an official decision on payment. I understand if Medicare does not pay, I will be responsible for payment, but can appeal to Medicare. (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for payment of services. (3) I do not want the listed services. <p>The facility's Medicare ABN form staff provided to R15 (or their representative) was CMS-R-131 when the resident's skilled services ended on 02/13/25.</p> <p>The facility's Medicare ABN form staff provided to R21 (or their representative) was form CMS-R-131 when the resident's skilled services ended on 10/14/24.</p> <p>The facility's Medicare ABN form staff provided to R140 (or their representative) was form CMS-R-131 when the resident's skilled services ended on 01/08/25.</p> <p>On 04/15/25 at 02:02 PM, Administrative Nurse F stated she did not realize she had provided the families with the incorrect CMS (ABN) form.</p> <p>The facility's Beneficiary Notices Policy, revised 08/24, documented for part A items and services; the facility should use the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) form CMS 10055.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27168</p> <p>The facility had a census of 37 residents. The sample included 13 residents. Based on observation, interview, and record review, the facility failed to label Resident (R)6 and R23s' insulin (a hormone that lowers the level of glucose in the blood) flex pens with a started/opened date or a use by date. This deficient practice placed the affected residents at risk for ineffective medications.</p> <p>Findings included:</p> <p>- On [DATE] at 08:35 AM, observation of the facility's South Hall medication cart revealed the following:</p> <p>R6's Tresiba (long-acting insulin) flex pen was not labeled with an open or expired date.</p> <p>R23's Tresiba flex pen was not labeled with an open or expired date.</p> <p>On [DATE] at 08:40 AM, Administrative Nurse D verified the nurses should label and date the insulin flex pens with the date opened.</p> <p>Medlineplus.gov directs open, unrefrigerated Tresiba can be used within 56 days; after that time, they must be discarded.</p> <p>The facility's Storage of Medication policy, dated [DATE], documented the facility would store all drugs and biologicals in a safe, secure, and orderly manner. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed per state regulation. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>27168</p> <p>The facility had a census of 37 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to provide the services of a full-time Certified Dietary Manager for the 37 residents who resided in the facility and received their meals from the kitchen. This placed the residents at risk for inadequate nutrition.</p> <p>Findings included:</p> <p>- On 04/14/25 at 09:00 AM, observation dietary staff in the kitchen preparing the breakfast meal.</p> <p>On 04/14/25 at 09:10 AM, Dietary Staff BB verified she was not a Certified Dietary Manager. Dietary Staff BB stated the facility had one resident with a pureed diet.</p> <p>On 04/16/25 at 01:00 PM, Administrative Staff A verified Dietary Staff BB was not certified.</p> <p>The facility's Food Service Staffing dated 10/2024, documented that the community will employ sufficient staff with the appropriate competencies and skills to carry out the food and nutrition services function. The qualified Dietitian would help oversee clinical nutrition and dietary services in the facility. The policy documented that if the Dietitian was not full-time, the community would employ another qualified nutritional professional to serve as the Dietary Manager. The person must meet one of the following qualifications:</p> <p>A) A certified Dietary Manager,</p> <p>b) A certified food service manager,</p> <p>c) Have similar certification in food service management and safety from a national certifying body,</p> <p>d) Has an associate's or higher degree in food services management or in hospitality, if the course study includes food service or restaurant management from an accredited institution or higher degree,</p> <p>e) Has two or more years of experience in the position of dietary manager in a nursing facility setting and has completed a course of study in food safety management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illnesses, sanitization procedures, and food purchasing/receiving; and</p> <p>f) meets the state-established standards if applicable.</p> <p>The Dietary Manager would receive frequently scheduled consultations from a qualified dietician.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32358</p> <p>The facility had a census of 37 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to store food by professional standards for food service safety in the nourishment refrigerator located in the south hall. The facility failed to cover two fluorescent light fixtures in one of one dining room. This placed the residents, who received their food items from the south nourishment refrigerator/freezer, at risk for foodborne illness. This also placed the residents who ate in the facility's dining room at risk of getting foreign objects in their meals.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 04/14/25 at 09:00 AM in the south hall resident nourishment freezer revealed the following: <ol style="list-style-type: none"> 1. A frozen banquet salisbury meal with an expiration date of 12/24. 2. Two frozen Michelina's fettuccini [NAME] meals with an expiration date of 12/24. 3. A Michelina fettuccine alfredo with chicken and broccoli frozen meal with an expiration date of 12/24. 4. An undated to when opened 8 ounce (oz) package of Butterfinger unwrapped minis. 5. A 7.6 oz package of unwrapped Reese's minis with an expiration date of 03/25. <p>The refrigerator contained the following:</p> <ol style="list-style-type: none"> 1. An unlabeled, undated blue plastic container with meat. 2. A box with four, 8 oz cans of Glucerna rich chocolate drink with an expiration date of [DATE]. 3. Three 4 oz containers of Dannon creamy vanilla pudding with expiration 04/09/24. 4. A 4oz container of cherry gelatin without an expiration date of 04/09/24. <p>On 04/14/25 at 09:05 AM, Licensed Nurse LN G verified the above findings and discarded the above food items. LN G stated the night shift nursing staff were responsible for checking the nourishment refrigerator/freezer food items.</p> <p>On 04/16/25 at 11:50 AM, Administrative Nurse D stated night shift nursing staff were responsible for checking food items in the south hall nourishment refrigerator/freezer. Administrative Nurse D stated residents' food items should be dated and have the resident's name on them.</p> <p>(continued on next page)</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>The facility's Food Safety Requirements Policy, revised 10/24, documented that all foods stored in the refrigerator or freezer would be covered, labeled, and dated. All foods and beverages belonging to residents must be labeled with the resident's name, the item, and the use by date. Expiration dates on unopened food would be observed, and used by dates indicated once the food is opened.</p> <p>27168</p> <p>- On 04/14/25 at 12:00 PM, during dining observation revealed the following:</p> <p>Two overhead fluorescent light fixtures, with two light bulbs in each fixture, approximately six inches by five feet located directly above two of the tables in the dining room. The covers were missing and exposed the fluorescent bulbs.</p> <p>On 04/14/24 at 02:00 PM, Maintenance Staff U verified the two overhead fluorescent lights in the dining room, the bulbs were not encapsulated with a plastic covering and they lacked a cover for the light fixtures.</p> <p>The facility's Supervision, Maintenance Services policy, dated October 2024, documented maintenance services shall be under the direct supervision of the Administrator. The policy documented the day-to-day maintenance operation is under the supervision of the Maintenance Department and he/she is responsible for scheduling preventative maintenance service. The policy documented the duties and responsibilities of the Maintenance Director are outlined in his/her job description.</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>32358</p> <p>The facility had a census of 37 residents. Based on observation, interview, and record review, the facility failed to submit complete and accurate staffing information through Payroll Based Journaling (PBJ) as required. This deficient practice placed the residents at risk for unidentified and ongoing inadequate nurse staffing.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The PBJ report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) 2024 Quarter 3 and 4 indicated the facility had excessively low weekend nurse staffing <p>Review of the facility's weekend nursing schedules for the above Quarters revealed the facility had adequate staffing.</p> <p>On 04/16/25 at 11:55 PM, Administrative Nurse D verified the facility had not submitted the correct information for weekend nursing staffing and stated Administrative Staff B was responsible for submitting the PBJ information.</p> <p>The facility's Nursing Services Policy, revised 04/2025, documented the facility utilized the PBJ to report the following:</p> <ul style="list-style-type: none"> a. Report RN hours b. Licensed nursing coverage 24 hours/day c. Weekend staffing d. Star rating for the survey; and e. Reporting per guidelines

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27168</p> <p>The facility had a census of 37 residents. The sample included 13 residents, with five residents reviewed for immunizations, Resident (R) 4, R6, R11, R18, and R25, to include pneumococcal (a disease that refers to a range of illnesses that affect various parts of the body and are caused by infection) vaccinations. Based on record review and interviews, the facility failed to offer, or obtain an informed declination or a physician-documented contraindication for the pneumococcal PCV20 vaccination per the latest guidance from the Centers for Disease Control and Prevention (CDC). This placed the residents at risk for pneumococcal infection and related complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of R4, R6, R11, R18, and R25 clinical medical records lacked evidence the facility or the resident representative received or signed a consent to receive or informed declination for the pneumococcal vaccine PCV20. <p>Review of R4's electronic health record revealed the resident was admitted to the facility on [DATE]. R6 had not been offered or received a pneumococcal PCV20 vaccine since admission.</p> <p>Review of R6's electronic health record revealed the resident was admitted to the facility on [DATE]. R6 had not been offered or received a pneumococcal PCV20 vaccine since admission.</p> <p>Review of R11's electronic health record revealed the resident was admitted to the facility on [DATE]. R11 had not been offered or received a pneumococcal PVC20 vaccine since admission.</p> <p>Review of R18's electronic health record revealed the resident was admitted to the facility on [DATE]. R18 had not been offered or received a pneumococcal PCV20 vaccine since admission.</p> <p>Review of R25's electronic health record revealed the resident was admitted to the facility on [DATE]. R25 had not been offered or received a pneumococcal PCV20 vaccine since admission.</p> <p>On 04/15/25 at 11:20 AM, Administrative Nurse E stated residents are offered the pneumonia vaccines on admission and as indicated. Administrative Nurse E said the facility would sign a consent or declination for receiving the vaccine. Administrative Nurse E verified that every resident in the building had not been reviewed to determine if they were eligible to receive the PVC20 vaccine or not. Administrative Nurse E verified they did not have a definitive system in place to determine who was eligible, if they were eligible had been offered or declined the vaccinations, and if it was something they had recently been working on.</p> <p>On 04/15/25 at 11:00 AM, Administrative Nurse D verified the facility lacked a system in place to identify which residents were eligible for which pneumococcal vaccination. Administrative Nurse D stated they did not have a system in place to identify if the resident was eligible for the PCV20 pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Pneumococcal Vaccine policy dated February 2025 documented all residents were offered pneumococcal vaccines to aid in the prevention of pneumococcal infections. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series unless medically contraindicated or the resident has already been vaccinated.</p> <p>Assessment of pneumococcal vaccination status were conducted within five working days of the resident's admission if not conducted prior to admission. Before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine. Pneumococcal vaccines are administered to residents per the facilities physician approved pneumococcal vaccination protocol. Residents/representatives have the right to refuse vaccinations. If refused, appropriate information is documented in the resident per physician-approved pneumococcal vaccination protocol. Administration of the pneumococcal vaccines were made in accordance with the current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>