STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents with 16 residents selected for review, which included one resident reviewed for dignity. Based on observation, interview and record review, the facility failed to maintain Resident (R)28's dignity when in bed with only his brief on, to expose himself to the residents, staff and visitors that would go by his room. Findings included: - Review of Resident (R)28's electronic medical record revealed diagnoses that included schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), and Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure). The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with severely impaired cognitive function. The resident had impairment in functional range of motion on one side of his upper and lower extremities. The resident was dependent on staff for activities of daily living. The Cognitive Loss Care Area Assessment (CAA) dated 09/23/23, assessed the resident with risk factors that included self-care deficits, falls and injuries, decreased socialization, mood decline, weight loss, and behavioral issues. The Care Plan, reviewed 03/29/24, instructed staff to keep his blankets and sheets tucked at the foot of the bed when tucking him in at night, otherwise the resident would become tangled up in his sheets and blankets. The resident required staff assistance with bed mobility. Observation, on 04/16/24 at 07:46 AM, revealed the door to the resident's room was open, and visualization from the hallway revealed the resident positioned in bed clothed in a brief with the sheet tangled and not covering his brief or bare legs. Observation, on 04/17/24 at 07:21 AM, revealed the resident positioned in bed and visualization from the hallway revealed the resident positioned in bed clothed in a brief with his bare legs and arms moving about without the sheet covering his body. The room lacked a privacy curtain. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview, on 04/17/24 at 07:2 1 AM, with Certified Nurse Aide (CNA) MM, revealed the resident likes to move his legs about when in bed, and staff make frequent rounds to try to keep the resident covered. CNA MM stated staff get R28 up last in the morning. Interview, on 04/17/24 at 11:45 AM, with Administrative Nurse D, revealed she would expect staff to clothe the resident with pants when in bed to prevent exposure. The facility policy Exercise of Rights, dated 09/2023, instructed staff to ensure resident privacy and dignity. The facility failed to maintain this dependent resident's dignity when positioned in bed with only his brief on, to expose himself to the residents, staff and visitors that would go by his room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056 The facility reported a census of 41 residents with 16 residents sampled. Based on observation, record review, and interview, the facility failed to revise the care plan with effective interventions for Resident (R)12 related to lack of wheelchair foot pedals and R 18, related to inability to self-administer medications. Findings included: - Review of Resident (R)12's electronic medical record (EMR), revealed a diagnosis of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure). The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of seven, indicating severe cognitive impairment. He used a wheelchair for mobility and required substantial to maximal assistance for mobility 150 feet and partial to moderate assist for mobility of 50 feet while in the wheelchair. The Activities of Daily Living (ADL)Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 12/09/23, documented the resident would experience further ADL decline. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of six, indicating severe cognitive impairment. He used a wheelchair for mobility and required supervision or touching assistance of staff for wheelchair mobility of 50 feet and 150 feet. The ADL care plan, revised 03/15/24, instructed staff the resident could propel his wheelchair for long distances. The care plan lacked staff instruction regarding the use of foot pedals while propelling the resident in his wheelchair. Review of the resident's EMR from 03/18/24 through 04/15/24, revealed the resident utilized a wheelchair for mobility. On 04/16/24 at 08:43 AM, Certified Nurse Aide (CNA) M propelled the resident in his wheelchair from his room to the dining room. The resident's legs were bent at the knee with his feet underneath the wheelchair seat. The toes of his shoed feet skimmed the floor during transport. The wheelchair lacked foot pedals. On 04/16/24 at 10:48 AM, CNA N propelled the resident from his room to the dining room in his wheelchair. His shoed feet skimmed the floor during transport. The wheelchair lacked foot pedals. On 04/16/24 at 10:48 AM, CNA N stated the resident had foot pedals for his wheelchair in his room. CNA N stated the resident will at times propel himself in the wheelchair, but he gets out of breath easily, so the staff assist him with mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/16/24 at 12:28 PM, CNA M stated the resident did not use foot pedals on his wheelchair because he would at times propel himself and the foot pedals would be in his way and could be a tripping hazard. CNA M stated the foot pedals for the wheelchair were somewhere in his room. On 04/16/24 at 12:35 PM, Licensed Nurse (LN) G stated the staff should use foot pedals while propelling residents in their wheelchairs. On 04/17/24 at 0:27 AM, Administrative Nurse D stated it was the expectation for staff to utilize foot pedals while propelling residents in their wheelchairs. The facility policy for Comprehensive Care Plans, effective 09/2023, included: The facility's Interdisciplinary Team (IDT), shall be responsible for the periodic review and updating of the care plan when there has been a change in the resident's condition and at least quarterly. The facility failed to review and revise this dependent resident's care plan to include the use of foot pedals. 28560 - Review of Resident (R)18's electronic medical record, revealed diagnoses that included chronic embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the blood stream) of the deep veins of the left lower extremity, edema (swelling resulting from an excessive accumulation of fluid in the body tissues,) and paranoid (a thought process believed to be heavily influenced by anxiety or fear to the point of irrational thinking) personality. The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of six, which indicated severely impaired cognitive status. The resident received antipsychotic medications. The Psychotropic Drug Use Care Area Assessment (CAA) assessed the resident received antipsychotic medications for psychiatric disorders. The Care Plan, reviewed 02/23/24, instructed staff the resident received Seroquel (an antipsychotic medication) which had a Black Box Warning for severe side effects. The resident had impaired cognitive function and delirium and staff advised to monitor for changes in behaviors and review medications for possible side effects. On 12/27/23, the physician instructed staff to administer Seroquel (an antipsychotic medication) 25 milligrams, every night, for adjustment disorder with disturbance of conduct/agitation. On 04/05/24 the physician instructed staff to administer Seroquel, 50 mg, every morning, for paranoid personality. The Care Plan reviewed 02/23/24, instructed staff the resident occasionally refused to follow a plan of care. Staff instructed that the resident's medications may be set up by nursing staff, placed in a pill cup and left with the resident at her bedside or with the resident in the dining room. Staff to complete a Self-Administration Medication Assessment quarterly and with changes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Physician Order dated 05/10/23 instructed staff the resident may self-administer medications with nursing staff setup. Medications may be left with resident in dining room or at residents' bedside. Self-Administration assessment completed and to be completed quarterly and PRN. The physician instructed staff to administer the following medications: On 02/10/23 Levothyroxine (a hormone for thyroid replacement) 75 micrograms (mcg) daily, on an empty stomach. 03/30/23 Potassium, 10 milliequivalent (mEq,) daily, for supplement. On 09/07/23 Prilosec, 20 milligrams (mg,) daily, related to acid reflux. On 11/29/23 Norco(a narcotic pain medication,) 5-325 mg, 1 tablet, by mouth, two times a day, for pain. On 11/30/23 Aspirin, 81 mg, daily. On 12/27/23 Seroquel (an antipsychotic medications used to treat psychiatric disorders,) 25 mg, at night, for adjustment disorder. On 04/05/24 Seroquel,50 mg, every morning, for paranoid personality. On 04/11/24 Cephalexin, 500 milligrams(mg), twice a day, for 10 days. Review of the April 2024 Medication Administration Record (MAR) revealed an entry with start date of 05/10/23 which instructed staff the resident may self-administer medications with nursing staff setup. Medications may be left with resident in dining room or at residents' bedside. Interview, on 04/16/24 with Licensed Nurse (LN) I, revealed the resident could no longer self-administer her medications as she requested the medications crushed in applesauce. Interview, on 04/17/24 at 11:45 AM, with Administrative Nurse D, revealed the resident did not always take her medications, and medications were found in the resident's room, so staff determined she was no longer was safe to self-administer her medications. Administrative Nurse D confirmed staff did not update the care plan and the MAR with the information The facility policy Comprehensive Care Plan revised 09/2023, instructed staff to periodically review and update the care plan when there is a change in the resident's condition. The facility failed to review and revise R 18's care plan to reflect the resident's change in condition for self-administration of medications to ensure compliance with the prescribed medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents with 16 selected for review with one resident reviewed for activities of daily living for dependent residents. Based on observation, interview and record review, the facility failed to ensure one Resident (R)28 received facial hair grooming opportunities. Findings included: - Review of Resident (R)28's electronic medical record revealed diagnoses that included schizoaffective disorder (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought), and Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure). The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with severely impaired cognitive function. The resident had impairment in functional range of motion on one side of his upper and lower extremities. The resident was dependent on staff for activities of daily living. The Cognitive Loss Care Area Assessment (CAA) dated 09/23/23, assessed the resident with risk factors that included self-care deficits, falls and injuries, decreased socialization, mood decline, weight loss, and behavioral issues. The Care Plan dated 03/29/24, instructed staff the resident required extensive assistance of one staff for personal hygiene. Observation, on 04/15/24 at 08:45 AM, revealed the resident seated in a Broda chair (specialized chair that allows for the resident to lean back and maintain upright posturing.) The resident had several days growth of facial hair. Observation, on 04/16/24 at 07:46 AM, the resident continued with several days' growth of facial hair. Observation, on 04/16/24 at 09:30 AM, revealed the resident received a shower by hospice staff, but did not receive a shave. Observation, on 04/17/24 at 07:21 AM, revealed the resident continued with several days' growth of facial hair. Interview, on 04/17/24 at 07:21 AM, with Certified Nurse Aide (CNA) MM, revealed she shaved the resident on 04/12/24, and did not know why hospice did not provide shaving for the resident. CNA MM stated staff needed to use an electric razor as the resident tended to move about. Observation, on 04/17/24 at 09:15 AM, revealed CNA O feeding the resident oatmeal, and due to his continuous tongue thrusting outward, the cereal dripped down his chin into the stubble. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview, on 04/17/24 at 11:45 AM, with Administrative Nurse D, revealed she would expect staff to provide shaving for the resident to aide in his facial cleanliness when eating. The facility policy Exercise of Rights, dated 09/2023, instructed staff to ensure resident privacy and dignity groomed as they wish to be groomed. The facility failed to ensure this dependent resident's received shaving opportunities to aide in clean facial hygiene when eating and maintenance of groomed appearance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents with 16 residents selected for review which included three residents reviewed for skin issues. Based on observation, interview, and record review, the facility failed to monitor and provide sanitary dressing change for one, Resident (R)18's venous ulcer, of the three residents reviewed for skin issues. Findings included: - Review of Resident (R)18's electronic medical record, revealed diagnoses that included chronic embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the blood stream) of the deep veins of the left lower extremity, edema (swelling resulting from an excessive accumulation of fluid in the body tissues,) and paranoid (a thought process believed to be heavily influenced by anxiety or fear to the point of irrational thinking) personality. The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of six, which indicated severely impaired cognitive status. The resident had no venous ulcers. The resident had no impairment in functional range of motion in her upper or lower extremities. The Pressure Ulcer Care Area Assessment (CAA), dated 02/20/24, assessed the resident at risk for skin breakdown. The Care Plan reviewed 04/11/24, instructed staff the resident received antibiotics for cellulitis (skin infection caused by bacteria characterized by heat, redness and swelling) of the left lower extremity,and to monitor for adverse effects, but lacked instruction for wound care until 04/17/24, six days later. On 04/10/24, the physician instructed staff to administer Cephalexin (an antibiotic), 500 milligrams, twice a day, for cellulitis of the left lower extremity, for ten days. A Nurse Note, dated 04/15/24 at 12:38 AM, revealed the resident had a weeping wound on her left leg and licensed nurse changed the dressing. On 04/15/24, the physician instructed staff to cleanse the left lower extremity with wound cleanser, apply skin prep (a solution when applied that forms a protective waterproof barrier on the skin)to the resident's peri wound (area around the wound), apply Mepilex Ag (a medicated dressing with silver to aide in wound healing), and apply an Unna boot (a type of wrapped dressing infused with zinc oxide and calamine for compression to aide in the healing of vascular ulcers,) wrap with Keflex (a type of elastic gauze wrap) and ace wrap to the left lower extremity due to two blisters and weeping drainage. Staff instructed to change the Unna boot on Monday, Wednesday, Friday, and as needed, and record the wound measurements, drainage, and signs of infection. A Nurse's note, dated 04/15/24, documented mild redness to the left lower extremity and weeping wounds and 2-3 plus pitting edema. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The medical record lacked measurements/description of the blisters. Observation, on 04/17/24 at 09:02 AM, revealed Licensed Nurse (LN) H, prepared to provide wound care to the resident's left lower extremity. LN H placed a towel on the floor and instructed the resident to place her foot on the towel. LN H placed scissors, on the towel and placed an opened paper wrapped package of multiple four by four gauze sponges and a spray bottle of wound cleanser directly on the floor beside the towel. LN H removed the wraps and revealed an yellow/red colored open area on the resident's mid lateral (outer) calf area approximately two centimeters in diameter and an area approximately two centimeters of a previous blister with pink/red coloring. LN cleansed the lower extremity with wound cleanser, dried the area, and applied the Mepilex Ag dressing to the open area and began to wrap the lower extremity with the Unna boot gauze, from the below the knee toward the foot. Interview, on 04/17/24 at 09:30 AM, with LN H, revealed the dressing supplies should be placed on a barrier. LN H stated the resident had a large amount of pitting edema prior to the Unna boot application, and the resident had two blisters previously. Interview, on 04/17/24 at 11:40 AM, with Administrative Nurse D, revealed R18 had two blisters and cellulitis on her left lower extremity prior to application of the Unna boot. Administrative Nurse D stated she would expect staff to document the size and characteristics of the blisters for monitoring. Administrative Nurse D stated she would expect staff to place wound supplies on a sanitary barrier, not directly on the floor and the facility lacked a policy for application of the Unna boot. The facility policy Wound Care Guidelines, effective 03/2023, instructed staff to establish a clean field on the resident's overbed table and ensure all clean items are on a clean field. The facility lacked a policy for application of an Unna boot. The facility failed to ensure staff provided a sanitary dressing change and appropriate technique for application of Unna boot for this resident's lower extremity cellulitis with blisters/ulceration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents with 16 residents selected for review, that included one resident reviewed for vision. Based on observation, interview, and record review, the facility failed to ensure one Resident (R)14, received vision care. Findings included: - Review of Resident (R)14's electronic medical record revealed diagnoses that included diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin) and major depressive disorder. The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status(BIMS) score of 10, which indicated moderate cognitive impairment. The resident had adequate vision with corrective lenses. The Cognitive Loss Care Area Assessment, (CAA) dated 06/21/23, assessed the resident had risk factors of social isolation and increased anxiety. The Care Plan, reviewed 04/08/24, instructed staff the resident was at risk for potential alterations in his visual status related to use of glasses and diabetes. Staff instructed to assist the resident to keep his glasses clean and free of debris. Staff were to schedule and keep all appointments with his eye doctor. Interview , on 04/15/24 at 10:00 AM, the resident revealed his glasses were stepped on by another resident and facility staff were aware this happened but the pair of glasses he used now were not his prescription, and he could not see as well. The resident stated he needed to see an eye doctor but did not think he could see an eye doctor due to insurance issues. Interview, on 04/17/24 at 11:49 AM, with Administrative Nurse D, revealed the resident had a prescription for new glasses in July of 2022, but had not seen an eye doctor since and his prescription glasses were broken but could not recall when this occurred. Administrative Nurse D stated the resident did have insurance issues when admitted to the facility in 2022, but the issues resolved and R14 could see an eye doctor. The facility policy Exercise of Rights reviewed 09/2023, instructed staff residents have the right to a dignified existence with self-determination and communication with the access to persons and services inside and outside the facility. The facility failed to ensure R14 had access to vision care to provide enhance his sense of wellbeing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056 The facility reported a census of 41 residents with 16 residents sampled, including five residents reviewed for accidents. Based on observation, interview, and record review, the facility failed to safely transport one Resident (R)12 in his wheelchair by failing to have foot pedals in place while propelling him in his wheelchair. Findings included: - Review of Resident (R)12's electronic medical record (EMR), revealed a diagnosis of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure). The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of seven, indicating severe cognitive impairment. He used a wheelchair for mobility and required substantial to maximal assistance for mobility 150 feet and partial to moderate assist for mobility of 50 feet while in the wheelchair. The Activities of Daily Living (ADL)Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 12/09/23, documented the resident would experience further ADL decline. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of six, indicating severe cognitive impairment. He used a wheelchair for mobility and required supervision or touching assistance of staff for wheelchair mobility of 50 feet and 150 feet. The ADL care plan, revised 03/15/24, instructed staff the resident could propel his wheelchair for long distances. Review of the resident's EMR from 03/18/24 through 04/15/24, revealed the resident utilized a wheelchair for mobility. On 04/16/24 at 08:43 AM, Certified Nurse Aide (CNA) M propelled the resident in his wheelchair from his room to the dining room. The resident's legs were bent at the knee with his feet underneath the wheelchair seat. The toes of his shoed feet skimmed the floor during transport. The wheelchair lacked foot pedals. On 04/16/24 at 10:48 AM, CNA N propelled the resident from his room to the dining room in his wheelchair. His shoed feet skimmed the floor during transport. The wheelchair lacked foot pedals. On 04/16/24 at 10:48 AM, CNA N stated the resident had foot pedals for his wheelchair in his room. CNA N stated the resident will at times propel himself in the wheelchair, but he gets out of breath easily, so the staff assist him with mobility. On 04/16/24 at 12:28 PM, CNA M stated the resident did not use foot pedals on his wheelchair because he would at times propel himself and the foot pedals would be in his way and could be a tripping hazard. CNA M stated the foot pedals for the wheelchair were somewhere in his room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/16/24 at 12:35 PM, Licensed Nurse (LN) G stated the staff should use foot pedals while propelling residents in their wheelchairs. On 04/17/24 at 0:27 AM, Administrative Nurse D stated it was the expectation for staff to utilize foot pedals while propelling residents in their wheelchairs. The facility policy for Activities of Daily Living, revised 09/2023, included: Residents who are unable to carry out activities of daily living shall receive the necessary care and services to maintain mobility. The facility failed to safely transport this dependent resident in his wheelchair by failing to utilize foot pedals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents with 16 residents selected for review, which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure three Residents (R)18, R34 and R35, of the five residents were monitored for adverse effects of antipsychotic (class of medications used to treat psychosis and other mental emotional conditions) medications in a timely manner. Findings included: - Review of Resident (R)18's electronic medical record, revealed diagnoses that included richronic embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the blood stream) of the deep veins of the left lower extremity, edema (swelling resulting from an excessive accumulation of fluid in the body tissues,) and paranoid (a thought process believed to be heavily influenced by anxiety or fear to the point of irrational thinking) personality. The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of six, which indicated severely impaired cognitive status. The resident received antipsychotic medications. The Psychotropic Drug Use Care Area Assessment (CAA) assessed the resident received antipsychotic medications for psychiatric disorders. The Care Plan, reviewed 02/23/24, instructed staff the resident received Seroquel (an antipsychotic medication) which had a Black Box Warning for severe side effects. The resident had impaired cognitive function and delirium and staff advised to monitor for changes in behaviors and review medications for possible side effects. On 12/27/23, the physician instructed staff to administer Seroquel (an antipsychotic medication) 25 milligrams, every night, for adjustment disorder with disturbance of conduct/agitation. On 04/05/24 the physician instructed staff to administer Seroquel, 50 mg, every morning, for paranoid personality. Review of R18's medical record an Abnormal Involuntary Movement Scale (AIMS to determine severity of abnormal movements (dyskinesia) caused by antipsychotic medications) completed on 01/10/24 (14 days after the start of the medication.) Interview, on 04/17/24 at 11:45 AM, with Administrative Nurse D, confirmed lack of initial AIMS test for R18 until 14 days after therapy began. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility Psychotropic Drug Use revised 04/2024, instructed staff to note evidence of specific side effects seen in the initial evaluation and to schedule the AIMS test to determine side effect of dyskinesia every six months. The facility failed to ensure staff obtained R 18's baseline AIMS at the start of antipsychotic drug therapy on 12/27/23 to determine adverse effects from the medication. - Review of Resident (R)35's electronic medical record revealed diagnoses that included vascular dementia (progressive mental disorder characterized by failing memory, and confusion) with psychotic (any major mental disorder characterized by a gross impairment in reality testing) disturbance and major depressive disorder. The Significant Change Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 06, which indicated severe cognitive impairment. The resident received antipsychotic (class of medications used to treat psychosis and other mental emotional conditions.) The Antipsychotic Drug Use Care Area Assessment (CAA), dated 08/16/23, assessed the resident received antipsychotic medications and staff monitored for adverse effects. The Care Plan, revised 02/02/24, instructed staff the resident was at risk for worsening impaired cognitive function due to delusions, and hallucinations and depression. The resident received psychiatric and medication therapy for treatments. On 04/25/23, the physician instructed staff to administer quetiapine fumarate (an antipsychotic medication), 50 milligrams (mg), daily, for psychosis and sleep. On 08/16/23, the physician instructed staff to administer quetiapine fumarate, 50 mg, one half tab daily, related to hallucinations. Review of the medical record revealed an Abnormal Involuntary Movement Scale (AIMS to determine severity of abnormal movements (dyskinesia) caused by antipsychotic medications) completed on 11/14/23 (seven months after the start of the medication). Interview, on 04/17/24 at 11:45 AM, with Administrative Nurse D, confirmed lack of initial AIMS test for R35 until seven months after therapy began. The facility Psychotropic Drug Use revised 04/2024, instructed staff to note evidence of specific side effects seen in the initial evaluation and to schedule the AIMS test to determine side effect of dyskinesia every six months. The facility failed to ensure staff obtained R 35's baseline AIMS at the start of antipsychotic drug therapy on 04/25/23 and in six months afterwards to determine if the resident sustained adverse effects from the medication. 34056 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Review of Resident (R)34's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion). The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. She did not receive antipsychotic medication (medication used to treat psychosis) during the assessment period. The Psychotropic Drug Use Care Area Assessment (CAA), dated 10/10/23, documented risk factors for psychotropic medications (medications which alters mood or thought) included risk for falls, impaired balance, and the potential for adverse side effects of the medication. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 12, indicating moderately impaired cognition. She did not receive antipsychotic medication during the assessment period. The care plan for psychotropic medications, revised 03/14/24, instructed staff to monitor and report side effects from the medication. Review of the resident's EMR revealed the following physician's order: Seroquel (an antipsychotic medication), 25 milligrams (mg), by mouth (po), at bedtime (HS), for dementia and agitation, ordered 02/21/24. Review of the resident's EMR revealed an Abnormal Involuntary Movement Score (AIMS), completed on 03/14/24, with a score of zero, indicating no abnormal involuntary movement present. On 04/17/24 at 09:02 AM, Administrative Nurse D stated it was the expectation for an AIMS assessment to be completed within the first week of a new antipsychotic medication being administered. The facility lacked a policy for the completion of AIMS assessments. The facility failed to timely complete an AIMS assessment for this resident on antipsychotic medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 34056 The facility reported a census of 41 residents. Based on observation, interview, and record review, the facility to properly dispose of a used Fentanyl (a skin patch used to treat severe pain) after staff removed the medicated patch from Resident (R)38. Findings included: - On 04/16/24 at 10:51 AM, Licensed Nurse (LN) G removed a used Fentanyl patch (a skin patch used to treat severe pain) from the hip of Resident (R)38. After removing the patch, LN G folded the patch with the sticky side together and threw it into the trash can in the resident's room. On 04/16/24 at 10:51 AM, LN G stated she always threw the used Fentanyl patches into the trash can and was unaware the patches needed to be disposed of in a special manner. On 04/17/24 at 10:50 AM, Administrative Nurse D stated the Fentanyl patches should not be disposed of in a resident's trash can. Administrative Nurse D stated she expected the staff to dispose of the patches per facility policy. The facility policy for Receiving Pharmacy Products and Services from Pharmacy, effective 04/01/22, included: Used transdermal system should be folded so that the adhesive side of the system adheres to itself and disposed of in a trash receptacle on the medication cart in such a way to restrict access by staff, residents and visitors or staff should make the patch unusable by mixing the folded patch with an undesirable substance such as kitty litter or wet coffee grounds and place in the trash or place the folded patch in a commercially available disposal kit and disposed per package directions. The facility failed to dispose of a used Fentanyl patch in an acceptable manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560 The facility reported a census of 41 residents. Based on observation, interview, and record review, the facility failed to monitor and provide sanitary dressing change for one, Resident (R)18's venous ulcers. Findings included: - Review of Resident (R)18's electronic medical record, revealed diagnoses that included chronic embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the blood stream) of the deep veins of the left lower extremity, edema (swelling resulting from an excessive accumulation of fluid in the body tissues,) and paranoid (a thought process believed to be heavily influenced by anxiety or fear to the point of irrational thinking) personality. The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of six, which indicated severely impaired cognitive status. The resident had no venous ulcers. The resident had no impairment in functional range of motion in her upper or lower extremities. The Pressure Ulcer Care Area Assessment (CAA), dated 02/20/24, assessed the resident at risk for skin breakdown. The Care Plan reviewed 04/11/24, instructed staff the resident received antibiotics for cellulitis (skin infection caused by bacteria characterized by heat, redness and swelling) of the left lower extremity, and to monitor for adverse effects, but lacked instruction for wound care until 04/17/24, six days later. On 04/10/24, the physician instructed staff to administer Cephalexin (an antibiotic), 500 milligrams, twice a day, for cellulitis of the left lower extremity, for ten days. A Nurse Note, dated 04/15/24 at 12:38 AM, revealed the resident had a weeping wound on her left leg and licensed nurse changed the dressing. On 04/15/24, the physician instructed staff to cleanse the left lower extremity with wound cleanser, apply skin prep (a solution when applied that forms a protective waterproof barrier on the skin)to the resident's peri wound (area around the wound), apply Mepilex Ag (a medicated dressing with silver to aide in wound healing), and apply an Unna boot (a type of wrapped dressing infused with zinc oxide and calamine for compression to aide in the healing of vascular ulcers,) wrap with Keflex (a type of elastic gauze wrap) and ace wrap to the left lower extremity due to two blisters and weeping drainage. Staff instructed to change the Unna boot on Monday, Wednesday, Friday, and as needed, and record the wound measurements, drainage, and signs of infection. A Nurse's note, dated 04/15/24, documented mild redness to the left lower extremity and weeping wounds and 2-3 plus pitting edema. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175315	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pratt Health and Rehab	1221 Larimer Street Pratt, KS 67124

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation, on 04/17/24 at 09:02 AM, revealed Licensed Nurse (LN) H, prepared to provide wound care to the resident's left lower extremity. LN H placed a towel on the floor and instructed the resident to place her foot on the towel. LN H placed scissors, on the towel and placed an opened paper wrapped package of multiple four by four gauze sponges and a spray bottle of wound cleanser directly on the floor beside the towel. LN H removed the wraps and revealed a yellow/red colored open area on the resident's mid lateral(outer) calf area approximately two centimeters in diameter and an area approximately two centimeters of a previous blister with pink/red coloring. LN cleansed the lower extremity with wound cleanser, dried the area, and applied the Mepilex Ag dressing to the open area and began to wrap the lower extremity with the Unna boot gauze, from the below the knee toward the foot. Interview, on 04/17/24 at 09:30 AM, with LN H, revealed the dressing supplies should be placed on a barrier. LN H stated the resident had a large amount of pitting edema prior to the Unna boot application, and the resident had two blisters previously. Interview, on 04/17/24 at 11:40 AM, with Administrative Nurse D, revealed R18 had two blisters and cellulitis on her left lower extremity prior to application of the Unna boot. Administrative Nurse D stated she would expect staff to place wound supplies on a sanitary barrier, not directly on the floor. The facility policy Wound Care Guidelines, effective 03/2023, instructed staff to establish a clean field on the resident's overbed table and ensure all clean items are on a clean field. The facility failed to ensure staff provided a sanitary dressing change to R18's lower extremity cellulitis with blisters/ulceration.