

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2024
NAME OF PROVIDER OR SUPPLIER  Neodesha Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1626 N 8th Street Neodesha, KS 66757	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28560</p> <p>The facility reported a census of 29 residents with 13 residents sampled, including five residents reviewed for unnecessary medications. Based on interview and record review, the facility failed to ensure appropriate monitoring of psychotropic medications (a medication which affects behavior, mood, thoughts, or perception) for one Resident (R)5, regarding the use of anti-depressant medications (medications used to treat depression).</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)5's electronic medical record (EMR) revealed the following diagnoses: auditory hallucinations (when a person hears voices or noises that don't exist in reality), major depressive disorder (MDD-a major mood disorder) and psychosis (any major mental disorder characterized by a gross impairment in reality perception).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. She received anti-depressant medications (medications used to treat depression) seven days of the seven day look back period.</p> <p>The Psychotropic Drug Care Area Assessment (CAA), dated 06/07/23, documented the resident received anti-depressant medications.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, indicating intact cognition. She received anti-depressant medications during the assessment period.</p> <p>The care plan for anti-depressant medication use, instructed staff to monitor for side effects and effectiveness of the resident's anti-depressant medication.</p> <p>Review of the resident's EMR revealed the following physician orders:</p> <p>Bupropion (an anti-depressant medication), 300 milligrams (mg), by mouth (po), every day (QD) for MDD with psychotic symptoms, ordered 03/09/24.</p> <p>Wellbutrin (an anti-depressant medication), 150 mg, po, QD for MDD, ordered 03/09/24.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Effexor (an anti-depressant medication), 150 mg, po, twice daily (BID) for MDD, ordered 04/11/22.</p> <p>Review of the resident's EMR lacked documentation of side effects and/or effectiveness of the anti-depressant medications.</p> <p>On 06/12/24 at 11:03 AM, Administrative Nurse D confirmed the lack of monitoring for the anti-depressant medications for this resident.</p> <p>The facility policy for Psychotropic Drug Use, revised 04/2024, included: Staff shall review each resident's medication regime and initiate the appropriate monitoring for each classification of drug, including targeted behaviors.</p> <p>The facility failed to appropriately monitor the use of anti-depressant medications for this dependent resident.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual 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>28560</p> <p>The facility reported a census of 29 residents. Based on record review and interview, the facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS) with complete and accurate direct staffing information based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS i.e., Payroll Base Journal (PBJ), related to licensed nursing licensed and certified nursing staffing information when the facility failed to accurately report weekend staffing for the third quarter 2023 April through June.</p> <p>Findings included:</p> <p>Review of the nursing staff schedule for the third quarter 2023 April through June, revealed lack of completed daily staff postings for May 28, 29 and 30.</p> <p>Review of the PBJ Staffing Data Report for the third quarter 2023, revealed the PBJ triggered for Excessively Low weekend Staffing.</p> <p>Interview, on 06/12/24 at 02:20 PM, with Administrative Staff A, revealed the system used in 2023 for documentation of nursing staff hour may have caused errors in reporting on the PBJ report.</p> <p>The facility utilized a new reporting system and did not have a policy for the system used in 2023.</p> <p>The facility failed to accurately report weekend staffing for the third quarter 2023, April through June 2023 as required.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28560</p> <p>The facility reported a census of 29 residents. Based on observation, interview and record review, the facility failed ensure a plan to monitor the effectiveness of recommended measures put in place following identification of positive Legionella (a pneumonia [lung infection] bacteria found in water) detected in the facility water system in March 2024 and April 2024. In addition, the facility failed to ensure five combs and one hair brush were stored in a sanitary manner in the beauty shop.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The CDC (Center for Disease Control) indicated the following guidelines for significance of Legionella concentrations:</li> </ul> <p>Well controlled growth in potable water (drinking water) detectable levels to 0.9 CFU/ml (Colony Forming Units/milliliter) and in non-potable water the detectable level is to 9 CFU/ml.</p> <p>Poorly controlled growth in potable water with measures of 1.0-9.9 CFU/ml and in non-potable water, the level is 10-99 CFU/ml.</p> <p>Uncontrolled growth in potable water greater than 10 CFU/ml in potable water and greater than 100 CFU/ml in non-potable water.</p> <p>Change in concentration over time indicates that Legionella growth appears:</p> <p>Legionella well controlled at concentrations steady at 0.5CFU/ml for two samplings.</p> <p>Poorly controlled if there is a 10-fold increase in concentrations.</p> <p>Uncontrolled if there is a 100-fold or greater increase in concentrations.</p> <p>Review of the Legionella Testing and Remediation, documented the facility obtained water test results for water collected on 02/12/24, on 02/21/24. The testing revealed the following three positive test results for Legionella (Legionella pneumophila ):</p> <ol style="list-style-type: none"> <li>1. Water tested in the Therapy room contained a positive result of 2.2 CFU/ml (Colony Forming Units/milliliter). Results of 1.0-9.9 in potable (drinking) water indicated poorly controlled growth and well controlled CFU/ml in nonpotable water.</li> <li>2. Water tested in the whirlpool (nonpotable) contained a result of 25 CFU/ml which indicated poorly controlled growth (10-99).</li> <li>3. Water tested in the kitchen sink contained a positive result of 11 CFU/ml which indicate poorly controlled growth for potable water.</li> </ol> <p>The facility routinely flushed the water heaters monthly with previous flush 02/01/24 per the Work History Report Task Completed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Retest of the facility water, 03/13/24, revealed the following two positive test results, reported on 03/22/24 by the water testing company.</p> <ol style="list-style-type: none"> <li>Results of water tested in the shower room revealed a positive result of 22 CFU/ml which the testing company report indicated uncontrolled growth by the CDC.</li> <li>Results of the water in the water heater, revealed a positive result of 0.2 CFU/ml, which indicated well controlled by the CDC.</li> </ol> <p>The testing company recommended a temperature adjustment to 130 degrees Fahrenheit on the water heater and if detected growth persists, to drain the tank, flush and inspect for sediment or mineral buildup. The testing company did not indicate when to retest the water in this report.</p> <p>Interview, on 06/11/24 at 04:20 PM, with Administrative Staff A, revealed the facility drained the hot water tanks, flushed them, cleaned the tanks, and increased the water temperature to 130 degrees Fahrenheit on 03/31/24. Administrative Staff A stated the facility drained the hot water tanks monthly.</p> <p>Interview on 06/12/24 at 12:20 PM, with Administrative Staff A, revealed the facility did not retest the water since the 03/22/24 report, and would contact the water testing company to determine a retesting recommendation date at that time.</p> <p>Interview, on 06/12/24 at 01:30 PM, with Administrative Staff A, revealed the water testing company recommended a three month follow up test in June 2024.</p> <p>Interview, on 06/12/24 at 02:30 PM, with Maintenance Staff U, revealed with the monthly flushing of the hot water heater, he did not notice sediment.</p> <p>The facility policy Water Management, Legionella Testing reviewed 01/2024, instructed staff the facility handles and maintains the water supply in accordance with recommendations of the CDC, Healthcare Infection Control Practices Advisory Committee, and the FDA (Food and Drug Administration). The facility will demonstrate measures to minimize the risk of Legionella and other pathogens in the water system through the water management program.</p> <p>The facility failed staff failed to enact follow up monitoring to ensure the effectiveness of the increase in hot water temperature and monthly draining, flushing and inspection of the hot water heaters, to provide a sanitary water supply for the residents to prevent water borne illness.</p> <p>36881</p> <p>- On 06/12/24 at 12:58 PM, during the environmental tour of the beauty shop with Maintenance Staff V, observation identified an unlabeled hairbrush and five unlabeled combs that had hair which remained in the bristles of the brush and teeth. Maintenance staff V confirmed the findings and reported he did not know who was responsible for sanitizing and storing the personal care items stored in the beauty shop. He agreed the items should be labeled, sanitized, and stored to prevent cross contamination and the spread of infection between residents. He reported the facility also used the beauty shop area to provide restorative nursing programs for multiple residents and the beauty shop was available for use by all residents of the facility.</p> <p>(continued on next page)</p>		

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