

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Liberal		STREET ADDRESS, CITY, STATE, ZIP CODE 2160 Zinnia Lane Liberal, KS 67901	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46960</p> <p>The facility reported a census of 40 residents, with four residents sampled, including two residents reviewed for accidents related to smoking. Based on observation, interview, and record review, the facility failed to provide adequate supervision to ensure a safe environment free from accident hazards for all residents in the facility on [DATE] at approximately 01:20 PM when cognitively impaired Resident (R) 1 used a cigarette lighter to start a fire in her room; R1 set fire to her recliner. The facility smoke alarm sounded and Certified Nurse Aide (CNA) M and CNA N used the fire extinguisher to put out the fire. All residents were evacuated from the building and Law Enforcement (LE) arrived at the facility and inspected R1's room with Licensed Nurse (LN) G for the source of the fire. The inspection revealed R1 had multiple lighters in her room as well as other items belonging to other residents including medical equipment and scissors. The facility's failure to provide adequate supervision to ensure a safe environment free from accident hazards placed R1 and the other affected residents in immediate jeopardy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1's Electronic Health Record (EHR) documented R1 had diagnoses which included diabetes mellitus type 2 (DM2 - when the body cannot use glucose, not enough insulin is made or the body cannot respond to the insulin), unspecified dementia (a progressive mental disorder characterized by failing memory and confusion) with behavioral disturbance, difficulty in walking, other abnormalities of gait (manner or style of walking) and mobility, hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebrovascular disease (stroke) affecting the dominate side. <p>The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 13, which indicated intact cognition. The assessment documented R1 displayed behaviors that included rejection of care for one to three days and noted R1 had no wandering during the seven-day look-back period. R1 utilized a wheelchair and required partial/moderate assistance with shower/bathing, setup to cleanup assistance with eating, and was otherwise independent with her activities of daily living (ADL) such as walking, grooming, toileting, dressing, and eating. R1 was independent with wheelchair locomotion.</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA) dated [DATE] documented R1 had impaired cognitive function or impaired thought processes related to dementia and she experienced confusion and behaviors.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 175334
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The Behavioral Symptoms CAA dated [DATE] documented R1 had behavior symptoms including hallucinations (sensing things while awake that appear to be real, but the mind created) and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue) that included claims of missing or stolen items from her room.</p> <p>The Quarterly MDS dated [DATE] documented a BIMS score of four which indicated severely impaired cognition. The assessment documented no behaviors or wandering during the seven-day look-back period. R1 was independent with wheelchair locomotion.</p> <p>R21's Care Plan, documented the following: R1 had impaired cognitive function or impaired thought processes and instructed staff that R1 required supervision/assistance with all decision-making. The plan documented R1 had a WanderGuard (a bracelet that helps monitor residents who are at risk of wandering) in place in her seat cushion, due to her refusal to leave it on, initiated on [DATE] and revised on [DATE]. An intervention initiated on [DATE] and revised on [DATE], documented R1 had the potential for elopement (when a resident leaves a safe area without the knowledge and supervision of staff) related to dementia and instructed staff to use a WanderGuard to alert staff to R1's movements.</p> <p>A Progress Note dated [DATE] at 03:43 PM by Licensed Nurse (LN) H documented a Certified Nurse Aide (CNA) in the resident's hall noticed a glare coming from R1's room as she was walking down the hallway. Upon entering R1's room, R1 had a piece of paper in her hand and was in her wheelchair facing a fire next to her recliner. The note documented that as the fire was being extinguished, staff evacuated all the residents out of the building; the Fire Department (FD) arrived and ensured the fire was extinguished. The note documented R1 reported to LN H and the FD that she was just in her wheelchair next to the bed looking out of her window and said she did not have any knowledge of a fire.</p> <p>The facility's investigation documented the following statements:</p> <p>CNA M's Witness Statement dated [DATE] documented on [DATE] at approximately 01:30 PM, CNA M walked past R1's room and observed a fire flicker; she entered R1's room and observed R1 seated in the wheelchair facing a fire next to the recliner. The statement noted CNA M removed R1 from her room and ran to alert additional staff about the fire, then returned to extinguish the fire with CNA H.</p> <p>CNA H's Witness Statement dated [DATE] documented CNA M removed R1 from her room and voiced there was an actual fire in R1's room. CNA H notified the rest of the staff via the two-way radio and alerted staff it was not a drill and there was a real fire. The statement noted CNA H then grabbed a fire extinguisher and with the assistance of R2's representative, utilized the fire extinguisher to put out the fire. The statement noted once the fire was extinguished, CNA H opened the window to the outside, and then assisted the rest of the staff in evacuating residents out of the building.</p> <p>A Witness Statement dated [DATE] from R2's representative documented the fire alarm was going off and they found the fire and assisted CNA M to remove R1 from the room with the fire, provided CNA H with instructions on how to use a fire extinguisher, and assisted CNA H to extinguish the fire which included the movement of furniture and opening of windows.</p> <p>(continued on next page)</p>		

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