

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Baldwin Healthcare & Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1223 Orchard Lane Baldwin City, KS 66006	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22686</p> <p>The facility identified a census of 51 residents. The sample included four residents reviewed for dignity and resident rights. Based on record review, observation, and interview the facility failed to maintain an environment that treated Resident (R) 1 with respect and dignity and maintained or enhanced R1's quality of life. This placed R1 at risk for impaired dignity.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The Electronic Medical Record (EMR) documented R1 was admitted to the facility on [DATE] following hospitalization for a cerebral vascular accident (CVA-stroke- a medical emergency that occurs when blood flow to the brain is blocked or reduced). The EMR further recorded diagnoses of rhabdomyolysis (a breakdown of skeletal muscle due to direct or indirect muscle injury); bacteremia (presence of bacteria in the blood); urinary tract infection (infection of any part of the urinary system, including kidneys, ureters, bladder, and urethra) and hypertension (elevated blood pressure). <p>The Medicare 5-day Minimum Data Set (MDS) dated [DATE] documented R1 had short-term and long-term memory impairment, was rarely understood, and had moderately impaired decision-making skills. The MDS documented R1's functional limitations were under review and R1 was occasionally incontinent of bladder.</p> <p>R1's Nursing Admission/Readmission assessment dated [DATE] documented the resident was alert and cognizant of person, place, time, and situation. The evaluation noted R1 had expressive aphasia (a condition where a person understands speech but has difficulty speaking fluently). The assessment recorded R1 used bilateral hearing aids, was independent with eating and had one-sided limited mobility.</p> <p>R1's Care Plan initiated on 08/13/24 documented that R1 had a communication problem and directed staff to ensure and provide a safe environment; monitor and document for physical or nonverbal indicators of discomfort or distress and report any changes in R1's communication ability.</p> <p>R1's Care plan also documented R1's impaired cognition and advised approaching R1 in a gentle, friendly, and unhurried manner and to communicate to R1's family and caregivers R1's capabilities and needs. The plan further directed caregivers to address R1's emotional issues and teach her family members that due to the CVA, the resident may have emotional lability and depression.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Physician Progress Note dated 08/13/24 at 10:41 AM documented Consultant H assessed R1 for nursing due to a report of R1's altered mental state. The report recorded Consultant H was told R1 did awaken, ate breakfast, and was sleeping at this time. Consultant H's report did not note a significant change in R1's vital signs or symptoms. The assessment concluded with orders for laboratory tests and to monitor and follow R1 closely.</p> <p>A Nurse Progress Notes, dated 08/13/24 at 1:47 PM documented: that during Consultant H's assessment around 10:00 AM, R1 was less responsive but clenching her mouth tightly during the oral check and closing her eyes tightly during the eye check. At 11:00 AM, while attempting collection for a urinalysis, R1 clenched her legs tightly. At 01:00 PM the nurse received orders to send the resident to the hospital.</p> <p>Administrative Nurse E's Witness Statement dated 09/24/24 recorded that on 8/13/24 Administrative Nurse E observed Consultant H assess R1. Administrative Licensed Nurse E noted that R1 was not responding to verbal and tactile stimuli. At that time, Consultant H stated to Administrative Nurse E that he was not sure if [R1] was just playing opossum or not. The statement documented R1's family was in the room but did not respond to the comment.</p> <p>During a telephone interview on 09/24/24 at 03:10 PM, R1's representative stated while Consultant H was checking to see if R1 had thrush (a yeast infection that causes white, raised lesions on your tongue, cheeks, and other parts of your mouth) he stated maybe R1 was playing opossum since R1 would not open her mouth. R1's representative reported the statement made them uncomfortable and uncertain that R1 was being assessed appropriately.</p> <p>During a telephone interview on 09/24/24 at 03:10 PM, Consultant H acknowledged having commented that R1 might be playing opossum but said it was without any malicious intent. Consultant H stated he certainly did not mean it in a malicious or mean way and said he would not want to say anything mean to or about a resident.</p> <p>On 09/24/24 at 10:00 Administrative Staff A acknowledged staff reported Consultant H's comments and said that according to the staff present, R1's representative did not seem upset and did not indicate to staff they were upset.</p> <p>The facility's Promoting/Maintaining Resident Dignity Policy, revised January 1, 2020, recorded: that the practice of the facility is to protect and promote resident rights and treat each resident with respect and dignity, as well as care for each resident in a manner and in an environment that maintains or enhances residents' quality of care by recognizing each resident individuality, Specifically the policy direct caregivers to Speak respectfully to residents, avoid discussion with Residents that may be overheard.</p> <p>The facility failed to maintain an environment that treated R1 with respect and dignity and maintained or enhanced R1's quality of life. This placed R1 at risk for impaired dignity.</p>		