STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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. The facility identified a census of 74 residents. The sample included 19 residents, with three reviewed for dignity. Based on observation, interview, and record review, the facility failed to provide a dignified care environment for Resident (R) 59 during meals. This deficient practice placed the resident at risk for impaired dignity and quality of life. Findings Included: - The Medical Diagnosis section within R59's Electronic Medical Records (EMR) included diagnoses of aphasia (difficulty speaking), dementia (a progressive mental disorder characterized by failing memory and confusion), and hypertension (high blood pressure). R59's admission Minimum Data Set (MDS) noted a Brief Interview for Mental Status (BIMS) score of seven indicating severe cognitive impairment. The MDS noted she was dependent on staff assistance for transfers, toileting, oral hygiene, bathing, dressing, and bed mobility. The MDS noted she required set-up assistance with her meals. The MDS noted no recent weight loss or swallowing disorders. R59's Functional Abilities Care Area Assessment (CAA) completed 03/20/25 indicated she was totally dependent on staff assistance for all care due to her cognitive impairment and weakness. R59's Nutritional Status CAA completed 03/20/25 indicated she was at risk for nutritional impairment related to her medical diagnoses. The CAA noted she was on a regular diet and required set-up assistance from staff. R59's Care Plan initiated 03/15/25 indicated she was dependent on staff assistance for all her activities of daily living (ADL). The plan noted she had cognitive impairment and memory loss. The plan instructed staff to provide supervision, cueing (verbal guidance), and reorientation. The plan noted she preferred a quiet environment during mealtimes. The plan noted she required maximum assistance at times during meals and instructed staff to ensure she was not pocketing her food. On 04/22/25 at 07:30 AM, staff attempted several times to feed R59 while standing over her during breakfast. On 04/22/25 at 12:27 PM, staff attempted to assist R59 with eating her meals while standing over her. R59 ate a small portion of her meal during lunch. (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
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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	On 04/23/25 at 12:19 PM, Certified Nurse's Aide (CNA) MM stated staff were to sit next to the resident during mealtimes to provide assistance. She stated staff were not to stand over the residents while providing meal assistance. On 04/23/25 at 01:06 PM, Administrative Nurse D stated staff were expected to sit next to the residents during meal assistance and should never stand over them while feeding them. The facility's Dementia Care policy revised 12/2024 indicated the facility was to ensure a safe, supportive, and dignified care environment for residents to attain the highest level of practicable well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. The facility identified a census of 74 residents. The sample included 19 residents, with four reviewed for reasonable accommodation of needs related to assistive devices. Based on observation, record review, and interviews, the facility failed to ensure Residents (R) 23, R65, R10, and R281 had a way to communicate their needs due to their call lights being left out of reach. The facility additionally failed to ensure safe transport for R44, R71, and R76 due to them being pushed in their wheelchairs without foot pedals. This deficient practice placed the residents at risk for preventable accidents and injuries. Findings Included: - On 04/21/25 at 07:04 AM, an inspection of R23's bed revealed no call light within her reach. She attempted to locate the light but was unable to find it. R23's bed was pushed against the wall and her call light was on the floor underneath her bed. On 04/21/25 at 07:06 AM, R65 slept in her bed. R65's call light was on the floor underneath her bed and out of reach. On 04/21/25 at 07:07 AM, R10 rested in her bed. R10 was unable to locate her call light. R10's call light was found behind her bed. On 04/21/25 at 07:09 AM, R281 lay in his bed. He was unable to locate his call light. His call light was found on the floor at the foot of his bed. On 04/21/25 at 07:10 AM, staff pushed R44 in his wheelchair up the 200 Hall to the front commons area. R44's wheelchair lacked foot pedals, and his feet touched the ground multiple times while being pushed. On 04/22/25 at 11:36 AM, staff pushed R71 (a severely cognitively impaired resident) in his wheelchair from the 100 Hall to the dining room in the memory care unit. R71's wheelchair had no foot pedals and his feet slid on the ground during transport. On 04/22/25 at 12:05 PM, R76 (a severely cognitively impaired resident) was pushed by staff in his wheelchair from the 100 Hall to the weight scale in the television area. R76's wheelchair had no foot pedals, and his feet slid on the ground during transport. On 04/22/25 at 12:07 PM, staff pushed R71 in his wheelchair from the dining area to the main hall. R71's feet slid on the ground while being pushed. On 04/22/25 at 12:14 PM, staff pushed R71 back to the dining room in his wheelchair. R71's feet slid on the ground while being pushed. On 04/23/25 at 12:19 PM, Certified Nurse's Aide (CNA) MM stated the call lights were to be placed within reach of the residents. She stated staff were expected to ensure the residents could always use their call lights. She stated all residents had foot pedals for their wheelchairs and were to be used while being pushed. She stated the resident's feet should never drag or touch the ground while being pushed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated call lights were to be placed next to the residents, and staff were expected to ensure they were always within reach. She stated that foot pedals were to be used each time staff pushed the residents. On 04/23/25 at 01:06 PM, Administrative Nurse D stated staff were expected to use foot pedals or encourage the resident to propel themselves. She stated the resident's feet should never drag while being pushed. She stated staff were expected to ensure the call lights were always within reach of the residents. The facility's Accommodation of Needs policy revised 12/2024, indicated the facility will make reasonable accommodations for each resident to include preferences, choices, and requirements in relation to each resident's physical limitations and ability to maintain independence.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. The facility identified a census of 74 residents. The sample included 19 residents. Based on observation, record review, and interview, the facility failed to ensure staff secured and protected the privacy and confidentiality of Resident (R) 2's medical record. This placed this resident at risk for impaired right to confidentiality. Findings included: - An observation on 04/22/25 at 01:50 PM revealed that facility staff left R2's point of care (POC) information of the Electronic Medical Record (EMR) open and visible on the nurse aide's wall kiosk monitor. On 04/23/25 at 11:45 AM, Certified Nurse Aide (CNA) NN stated that the aides should never leave a resident's POC information open and visible on the wall monitor screen. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated the aides should not be leaving resident information pulled up and visible on the wall screen monitor. On 04:23/25 at 01:02 PM, Administrative Nurse D stated she would expect any nursing staff to lock any screen, either on the laptop or on the wall kiosk, after they had completed charting. The facility policy Promoting/Maintaining Resident Dignity dated 01/2020 documented it was the practice of the facility 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 maintained or enhanced a resident's quality of life by recognizing each resident's individuality. Staff were expected to maintain resident privacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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. The facility identified a census of 74 residents. The sample included 19 residents, with three sampled residents reviewed for nutrition and hydration. Based on observation, record review, and interview, the facility failed to ensure Resident (R) 37 was positioned appropriately in his Broda chair (specialized wheelchair with the ability to tilt and recline) while being assisted by staff with eating at meals. This placed R37 at risk of swallowing complications and possible aspiration (inhaling liquid or food into the lungs) of food. Findings included: - R37's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), major depressive disorder (major mood disorder that causes persistent feelings of sadness), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), hemiplegia and hemiparesis (weakness and paralysis on one side of the body) following a cerebral infarction (stroke), and respiratory failure (the inability of the lungs to adequately exchange gases). R37's admission Minimum Data Set (MDS) dated 01/21/25 documented a Brief Interview for Mental Status (BIMS) was unable to be completed due to his rarely or never being understood. R37 had severely impaired cognitive skills for daily decision making. R37 was dependent on staff for activities of daily living (ADL) and used a wheelchair for mobility. R37 showed signs or symptoms of coughing or choking during meals or when swallowing medications. R37 required a feeding tube (administration of nutritionally balanced liquefied foods or nutrients through a tube) to aid in nutritional intake. R37's Nutritional Status and Tube Feeding Care Area Assessment (CAA) dated 01/23/25 documented R37 was receiving skilled services. R37 was dependent with cares, he was incontinent of bowel and bladder, and at risk for falls due to weakness. R37 received nothing by mouth (NPO) and was dependent on tube feeding for nutrition and was at risk for dehydration due to infection and dependent on bolus for hydration. R37 was at risk for impaired skin and had wounds on hands and at the peg site. R37's Care Plan revised on 03/11/25, directed staff he was dependent on tube feeding and water flushes. See MD orders for current feeding orders. Staff were directed he was on an NPO diet. Staff was directed that R37 received percutaneous endoscope gastrostomy tube (PEG - a tube inserted through the wall of the abdomen directly into the stomach) feedings of TwoCal HN (a nutritionally complete, high-calorie formula designed to meet the increased protein and calorie needs of metabolically stressed residents) 220 milliliters (ml.) bolus with 125 ml water before and after each bolus feeding. Staff were directed R37 needed the head of the bed elevated 45 degrees during and thirty minutes after tube feeding. Staff were directed to increase the head of the bed during feedings. R37's care plan had an intervention revised on 04/21/25 that directed staff he was on a regular general diet, with mechanical soft textures-ground meats, thin liquids consistency, nosey cups, and he needed max assistance. Staff were directed he receive peg tube feedings of TwoCal HN 220 ml. bolus with 125 ml. water before and after each bolus feeding. R37's care plan lacked revised interventions that included direction for his current nutrition/eating order that included a mechanical soft diet with max assistance, and for the resident to be in an upright position in the wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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	R37's Order Summary Report documented a physician's diet order dated 01/15/25 for enteral feed order every shift, and check placement every shift. Check for residual (checking and managing the amount of fluid remaining in the stomach after a period of enteral feeding, often through a feeding tube) every shift. Contact the physician if residual exceeds 50 ml. R37's Order Summary Report documented a physician's diet order dated 03/03/25 for a regular type of diet, with a mechanical soft texture, and regular consistency. Max assist, upright in wheelchair. Mechanical soft/ground meats; a slow rate of intake; thin liquids; small sips, with nose cups; remain upright 30 minutes post intake; continue tube feeding as the primary nutrition/hydration. R37's Order Summary Report documented a physician's diet order dated 04/12/25 for enteral feed order four times daily, Nutren 2.0 (a ready-to-use, calorically dense liquid nutrition supplement used for complete or supplemental nutrition support, especially for individuals with high caloric requirements or severe fluid restriction) 250 ml. If the resident eats 50 percent (%) or less of meals. Water flush with 30 ml before and 30 ml after bolus. This order lacked route directions. On 04/22/25 at 08:35 AM, R37 was observed reclined back in his Broda chair while being assisted to eat breakfast by Activities Z, who was also a certified nurse aide (CNA). On 04/23/25 at 08:25 AM, R37 was observed reclined back at a degree of about 45 degrees in his Broda chair while being assisted with eating. The unidentified staff member repositioned R37's Broda chair after she realized R37 was not in an appropriate position. On 04/23/25 at 09:15 AM, CNA NN stated R37's diet had recently changed to being able to eat regular ground food with assistance. CNA NN stated she could not say for certain if R37's care plan had an intervention for R37's new diet. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated R37 had been on enteral tube feeding for some time and had recently been advanced to a mechanical soft diet and an enteral feeding bolus. LN G stated R37 should be seated in an upright position when he was being assisted with eating his meals. On 04/23/25 at 01:05 PM, Administrative Nurse D stated that the nurses or the MDS coordinator were responsible for ensuring that care plans got updated to reflect any new interventions that should be placed to direct staff on R37's change in his diet from NPO to a regular mechanical soft diet. The facility policy Care Plan Revisions Upon Status Change, dated 01/02/20, documented that the comprehensive care plan would be reviewed and revised as necessary when a resident experienced a status change. Upon identification of a change in status, the nurse would notify the MDS Coordinator. The MDS Coordinator and the interdisciplinary team would discuss the resident's condition and collaborate on intervention options. The care plan would be updated with the new or modified interventions. Staff involved in the care of the resident would report the resident's response to new or modified interventions. Care plans would be modified as needed by the MDS Coordinator or other designated staff member.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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** - R6's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of epilepsy (brain disorder characterized by repeated seizures), dysphagia (swallowing difficulty), and dementia (a progressive mental disorder characterized by failing memory and confusion). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented R6 required substantial to maximum staff assistance for bed mobility. The MDS documented R6 was dependent on staff assistance for transfers and with his activities of daily living (ADL). The MDS documented R6 was at risk for the development of pressure ulcers. The MDS documented staff placed pressure-reducing devices on his bed and in his chair. The Quarterly MDS dated 02/19/25 documented a BIMS score of zero, which indicated severely impaired cognition. The MDS documented that R6 was dependent on staff assistance with eating, bathing, transfers, personal hygiene, and mobility. The MDS documented R6 was at risk of developing pressure ulcers. R6's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 08/05/24 documented he was dependent on staff assistance with ADLs. R6's Care Plan, dated 12/28/23, documented he was dependent on staff assistance with eating. On 04/21/25 at 08:04 AM, R6 sat in his Broda chair (specialized wheelchair with the ability to tilt and recline) in the dining room. R6 sat with his breakfast on a bedside table across his lap, and no staff sat and offered assistance or encouraged him during breakfast. On 04/22/25 at 8:10 AM, R6 sat in the dining room in his Broda chair with his breakfast on the bedside table across his lap. R6 had difficulty scooping his pureed diet (modified diet which food is blended into a pudding-like consistency for individuals with chewing or swallowing difficulty) onto his spoon. Certified Nurse Aide (CNA) M sat next to R6 and offered no assistance during breakfast. On 04/23/25 at 08:49 AM, R6 sat in his Broda chair in the dining room without staff, with his breakfast on the bedside table across his lab, as he attempted to eat his breakfast. On 04/23/25 at 12:20 PM, CNA MM stated the level of assistance required for their ADLs would be listed on their care plan or on the Kardex (nursing tool that gives a brief overview of the care needs of each resident). CNA MM stated that staff could also ask the nurse or another staff member. On 04/23/25 at 12:35 PM, Licensed Nurse (LN) G stated staff were able to review the care plan or Kardex to find the level of assistance required to provide care. LN G stated that the nurses could make changes in the care plan if needed. On 04/23/25 at 01:01 PM, Administrative Nurse D stated she expected staff to review the resident's care plan or the Kardex to know what level of assistance was needed during meals. Administrative Nurse D stated she would expect staff to assist a resident with meals if needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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	The facility's undated policy Activities of Daily Living (ADL) documented that the facility would, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration was unavoidable. A resident who was unable to carry out activities of daily living would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility would identify resident triggers through the Care Area Assessment (CAA) process to assess causal factors for decline, potential decline, or lack of improvement. The facility identified a census of 74 residents. The sample included 19 residents, with two residents reviewed for dignity. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 10's footrest was down on her wheelchair and her feet had appropriate footwear, and further failed to ensure R6 was provided with assistance while eating. This defiant practice placed R10 and R6 at risk of impaired activities of daily living (ADL) and unmet care needs. Findings included: - R10's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of hypertension (high blood pressure), anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), hyperlipidemia (condition of elevated blood lipid levels), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), muscle weakness, major depressive disorder (major mood disorder that causes persistent feelings of sadness), pain, contracture (abnormal permanent fixation of a joint or muscle), and dysphagia (swallowing difficulty). The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented that R10 was rarely or never understood. The MDS documented R10 was impaired on both sides of her body. The MDS documented R10 required supervising or touching for eating and was dependent on staff for dressing, toileting, and oral hygiene. R10's Functional Abilities (Self-Care) Mobility Care Area Assessment (CAA) dated 09/19/24 documented R10 resides in long-term care due to her diagnosis of Alzheimer's, CHF, and depression. The documented R10 requires substantial to maximal assistance for care, R10 was incontinent of bowel and bladder, and has a history of physical outbursts, but no occurrences this quarter. The CAA documented R10 was at risk of falls due to weakness. R10's Care Plan dated 01/26/2025 documented R10 had a recliner back wheelchair with head support and bilateral lower extremities (BLE) foot support with leg rests and saddle cushion when she was out of bed to assist with positioning and ADL functions. R10's plan of care documented she was dependent on the assistance of staff with ADLs related to impaired cognition, mobility, putting on and taking off footwear. R10's plan of care documented staff were to ensure R10 was wearing appropriate footwear. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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	On 04/21/25 at 07:23 AM, R10 was pushed to the Common Area by staff. R10 was in her wheelchair, she had no socks on, and the footrest was not pulled down on her chair. R10's legs and feet were dangling off the chair, uncovered. On 04/23/25 at 12:09 PM, Certified Medication Aide (CNA) MM stated she had access to the resident's care plan through the Kardex (nursing tool that gives a brief overview of the care needs of each resident). CNA stated all residents should have footwear on unless the resident could tell you they did not want to wear footwear. On 04/23/25 at 12:33 PM, Licensed Nurse (LN)G stated it was the CNA's duty to ensure each resident was fully dressed and had the devices they needed before coming out to the dining area. On 04/23/25 at 01:01 PM, Administrative Nurse D stated it was the resident's preference if they would like to wear socks or shoes. She stated that if a resident kicked when staff were applying socks, the staff may not put the socks on the resident. Administrative Nurse D stated if the resident needed something specific, the nurses and aides would find the information in the resident's care plan. The facility's undated policy Activities of Daily Living (ADLs) documented that the facility would, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. A resident who was unable to carry out activities of daily living would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility would identify resident triggers through the Care Area Assessment (CAA) process to assess causal factors for decline, potential decline, or lack of improvement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 74 residents. The sample included 19 residents, with five residents reviewed for pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear and/or friction). Based on observation, record review, and interviews, the facility failed to ensure pressure-reducing devices were in place for Resident (R) 6 and R10, who were at risk for the development of pressure ulcers. This deficient practice placed R6 and R10 at risk for complications related to skin breakdown. Findings included: - R6's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of epilepsy (brain disorder characterized by repeated seizures), dysphagia (swallowing difficulty), and dementia (a progressive mental disorder characterized by failing memory and confusion). The Annual Minimum Data Set (MDS) dated 08/01/24 documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented R6 required substantial to maximum staff assistance for bed mobility. The MDS documented R6 was dependent on staff assistance for transfers and with his activities of daily living (ADL). The MDS documented R6 was at risk for the development of pressure ulcers. The MDS documented staff had placed pressure-reducing devices on his bed and in his chair. The Quarterly MDS dated 02/19/25 documented a BIMS score of zero, which indicated severely impaired cognition. The MDS documented that R6 was dependent on staff assistance with eating, bathing, transfers, personal hygiene, and mobility. The MDS documented R6 was at risk of developing pressure ulcers. R6's Pressure Ulcers Care Area Assessment (CAA) dated 08/05/24 documented he was at risk for skin impairment related to incontinence and diagnoses. R6's Care Plan, last revised on 01/31/25, documented staff would encourage him to offload his bilateral lower extremities (BLE) while in bed. R6's EMR under the Orders tab revealed the following physician orders: Ensure pressure ankle foot orthotic boot (PRAFO - special boot which keeps the ankle and foot aligned to treat muscle weakness and imbalance) boots are in place on bilateral lower extremities every shift for wound care dated 08/26/23. On 04/21/25 at 08:04 AM, R6 sat in his Broda chair (specialized wheelchair with the ability to tilt and recline) in the dining room. R6 sat with his breakfast on a bedside table across his lap, and no staff sat and offered assistance or encouraged him during breakfast. No PRAFO boots were in place on R6 BLE. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/22/25 at 8:10 AM, R6 sat in the dining room in his Broda chair with his breakfast on the bedside table across his lap. R6 had difficulty scooping his pureed diet (modified diet which food is blended into pudding-like consistency for individuals with chewing or swallowing difficulty) onto his spoon. Certified Nurse Aide (CNA) M sat next to R6 and offered no assistance during breakfast. No PRAFO boots were in place on R6 BLE. On 04/22/25 at 02:55 PM, R6 laid asleep on his right side on his bed in the lowest position with his BLE resting directly on the mattress. On 04/23/25 at 08:49 AM, R6 sat in his Broda chair in the dining room without staff with his breakfast on the bedside table across his lab, as he attempted to eat his breakfast. No PRAFO boots were in place on R6 BLE. On 04/23/24 at 09:08 AM, Administrative Nurse D stated she was unable to find the evidence that R6's PRAFO boots had been applied to his BLE. Administrative Nurse D stated the order had been entered into R6's EMR, stating no documentation was required. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated that all nursing staff have access to the care plan. CNA MM stated that if a resident's heels were to be floated or the resident was to have boots, the nurse would let staff know, or she would find that information in the Kardex (a nursing tool that gives a brief overview of the care needs of each resident). On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated if a resident required their heels floated or should have on foam boots, this information would either be on the Kardex for the CNAs to apply or the Treatment Assessment Record (TAR), and nursing would follow up to ensure the boots were placed before signing the task was done. On 04/23/24 at 01:01 PM, Administrative Nurse D stated the care plan should reflect that a resident needed heels floated or boots. She stated staff were expected to ensure all treatments were in place. The facility's Pressure Injury Prevention and Management policy, dated 01/01/20, documented the facility was committed to the prevention of avoidable pressure injuries and promoting the healing of existing pressure injuries. - R10's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of hypertension (high blood pressure), anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), hyperlipidemia (condition of elevated blood lipid levels), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), muscle weakness, major depressive disorder (major mood disorder that causes persistent feelings of sadness), pain, contracture (abnormal permanent fixation of a joint or muscle), and dysphagia (swallowing difficulty). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented that R10 was rarely or never understood. The MDS documented R10 was impaired on both sides of her body. The MDS documented R10 required supervising or touching for eating and was dependent on staff for dressing, toileting, and oral hygiene. The Pressure Ulcer/Injury Care Area Assessment (CAA) dated 09/19/24 documented R10 resided in long-term care due to a diagnosis of Alzheimer's, CHF, DM, and Depression. The CAA documented R10 required Substantial to maximal assistance for care, she was incontinent of bowel and bladder. The CAA documented R10 was at risk for impaired skin due to incontinence and immobility. R10's Care Plan dated 04/11/25 documented R10 was at risk for alteration in skin integrity related to incontinence and impaired mobility. R10's plan of care documented R10 used a foam mattress, heels would be floated in bed as tolerated, and the staff were to follow facility protocols for the treatment of injury. R10's plan of care documented treatment to the left heel, nursing was to see the Treatment Assessment Record TAR. R10's Braden Scale for Prediction Pressure Sore Risk dated 03/16/25 documented a score of 13, indicating a moderate risk for pressure ulcers. R10's EMR under Assessments under the Skin, Wound Evaluation tab dated 04/08/25 documented a blister (fluid-filled sack), pink or red, intact, unbroken skin, appears healed. A note in the assessment documented a verbal reminder provided to nursing staff to assist the resident in wearing pressure relief ankle foot orthosis (PRAFO) boots. R10's physician's orders under the Orders tab revealed the following orders: Left Heel: cleanse with wound cleanser, apply skin prep, and allow to dry completely. Leave open to air every shift for wound care dated 04/09/25. On 04/22/25 at 12:21 PM, R10 laid on her bed, R10's heels were not floated. R10's boots were laid under the hand sink; the boots were not on R10's feet. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated that all nursing staff have access to the care plan. CNA MM stated that if a resident's heels were to be floated or the resident was to have boots, the nurse would let staff know, or she would find that information in the Kardex (a nursing tool that gives a brief overview of the care needs of each resident). On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated if a resident required their heels floated or should have on foam boots, this information would either be on the Kardex for the CNAs to apply or the Treatment Assessment Record (TAR), and nursing would follow up to ensure the boots were placed before signing the task was done. On 04/23/24 at 01:01 PM, Administrative Nurse D stated the care plan should reflect that a resident needed heels floated or boots. She stated staff were expected to ensure all treatments were in place. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Pressure Injury Prevention and Management policy, dated 01/01/20, documented the facility was committed to the prevention of avoidable pressure injuries and promoting the healing of existing pressure injuries.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 74 residents. The sample included 19 residents, with two residents reviewed for positioning and mobility. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 10's resting splint and R41's cockup splint were applied for contractures (abnormal permanent fixation of a joint or muscle) and dysphagia (swallowing difficulty). This deficient practice placed the resident at risk for discomfort and decreased range of motion (ROM - the full movement potential of a joint, usually its range of flexion and extension). Findings included: - R10's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of hypertension (high blood pressure), anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), hyperlipidemia (condition of elevated blood lipid levels), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), muscle weakness, major depressive disorder (major mood disorder that causes persistent feelings of sadness), pain, and contracture. The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented that R10 was rarely or never understood. The MDS documented R10 was impaired on both sides of her body. The MDS documented R10 required supervising or touching for eating and was dependent on staff for dressing, toileting, and oral hygiene. R10's Functional Abilities (Self-Care) Mobility Care Area Assessment (CAA) dated 09/19/24 documented R10 resided in long-term care due to her diagnoses of Alzheimer's, CHF, and depression. The CAA documented R10 required substantial to maximal assistance for care, R10 was incontinent of bowel and bladder, and has a history of physical outbursts, but no occurrences that quarter. The CAA documented R10 was at risk of falls due to weakness. R10's Care Plan dated 08/29/24 documented Occupational Therapy (OT) recommended R10 use a right upper extremity (RUE) resting hand splint and left-hand glove for up to six hours in the daytime. Staff were to take off the splint at night and were to check R10's skin during self-care daily. R10's plan of care on 01/24/23 documented R10 had an alteration in musculoskeletal status related to contracture of the right hand and fingers. R10's plan of care documented her mobility would be maintained without worsening of contractures with the use of palm protectors by the review date. R10's plan of care documented her mobility would be maintained without worsening of contractures with the use of palm protectors. R10's medical record under Task documented Restorative Nursing Program (RNP): BUE modified resting hand splints for 4-6 hours as tolerated daily; rolls as an alternative as needed. Dates from 04/17/25-04/29/25 were marked with an X. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R10's medical record under Restorative Monthly Progress Note documented the last progress note dated 11/19/24. R10's physician's orders under the Orders tab revealed the following orders: OT recommends for the patient to use a recliner back wheelchair with head support and bilateral lower extremity (BLE) foot support with leg rests; saddle cushion when out of bed to assist with positioning /ADL functional ability dated 03/14/25. OT recommends for patient use BUE-modified resting hand splints to both hands 4-6 hrs a day as tolerated; off for skin checks, with passive range of motion during application of splints during self-care tasks, may use bilateral hand rolls as an alternative when orthotics were not being used, dated 03/14/25. Ensure bilateral resting hand splints were in place every shift for contractures dated 02/05/25. Monitor skin integrity under bilateral resting hand splints every shift, dated 01/31/25. On 04/21/25 at 07:23 AM, R10 sat in her room in her wheelchair in the commons area. R10's right hand was closed and held next to her chest. R10's left hand was closed and laid on her leg. R10 did not have resting splints on her hands or bilateral hand rolls. On 04/22/25 at 01:19 PM, R10 sat in her wheelchair in the commons area. R10 was moving her right and left wrists in a waving motion. R10's right and left hands were closed. R10 did not have resting splints on hands or bilateral hand rolls. On 04/23/25 at 09:55 AM, R10 sat in the commons area elevated back in her wheelchair. R10's arms were curled to her chest. R10's left and right hands were closed. R10 did not have resting splints to the hands or bilateral hand rolls. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated that if a resident needed a splint or hand rolls, therapy would apply the splints. CNA MM was unsure when restorative therapy was done. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated therapy would let nursing know what splints or devices a resident would need, and how often the splint should be used. LN G stated she did not know if nursing or the CNAs applied splints. On 04/23/25 at 01:01 PM, Administrative Nurse D stated the facility was revamping the restorative program. Administrative Nurse D stated that what staff or restorative aides were to do to help with residents' contractures would be found in the care plan. She stated the restorative charts under the task tab. The facility's Restorative Nursing Programs policy, dated 10/14/24, documented the facility would provide maintenance and restorative services designed to maintain and improve a resident's abilities to the highest practicable level. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- R41's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of muscle weakness, contracture (abnormal permanent fixation of a joint or muscle), hypercholesterolemia (greater than normal amounts of cholesterol in the blood), cognitive function and awareness weakness, dementia (a progressive mental disorder characterized by failing memory and confusion), protein-calorie malnutrition (not enough protein or food to support the body), and dysphagia (swallowing difficulty). The Quarterly Minimum Data Set (MDS) for R41, dated 10/17/24, recorded a Brief Interview for Mental Status (BIMS) score of zero, which indicated severely impaired cognition. The MDS documented R41 had an impairment on one side of her body. The MDS documented R41 was impaired on both sides of her body. The MDS documented R41 required substantial to maximum assistance from staff for eating, and was dependent on staff for toileting, dressing, and bathing. R41's Functional Abilities (Self-Care) Care Area Assessment (CAA) dated 12/23/24 documented R41 was admitted to hospice for malnutrition. The CAA documented R41 had contractures, dysphasia, and dementia. The CAA documented R41 was dependent with care, incontinent of bowel and bladder, and was at risk for falls related to weakness and poor safety awareness. The CAA documented R41 received pain medication for general pain and contractures. R41's Care Plan dated 01/30/23 documented R41 had an alteration in musculoskeletal status related to contracture left wrist, left knee, and left ankle. The plan of care for R41 documented staff were to encourage, supervise, and assist with her supportive device of a cockup splint (supportive splint) for wrist. The plan of care documented staff were to anticipate and meet R41's needs and ensure her call light was within her reach. R41 EMR revealed a restorative progress note dated 09/10/24, documented staff were to encourage R10 to complete self-feeding and drinking tasks with setup and verbal cues for techniques and encouragement. On 04/21/25 at 08:35 AM, R41 sat in the dining room in her Broda chair (specialized wheelchair with the ability to tilt and recline) upright. R41's hands were closed. R41 was picking up drinks with her fingers. R41's left hand and wrist were curled to her chest, and her hand was closed. R41 did not have her cockup splint on her hand. On 04/22/25 at 07:17 AM, R41 sat in her Broda chair in the commons area. R41's left hand and wrist were curled, and her left hand and wrist were curled up toward her chest, and her hand was closed. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated that if a resident needed a splint or hand rolls, therapy would apply the splints. CNA MM was unsure when restorative therapy was done. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated therapy would let nursing know what splints or devices a resident would need, and how often the splint should be used. LN G stated she did not know if nursing or the CNAs applied splints. On 04/23/25 at 01:01 PM, Administrative Nurse D stated the facility was revamping the restorative program. Administrative Nurse D stated that what staff or restorative aides were to do to help with residents' contractures would be found in the care plan. She stated restorative charts under the task tab. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Restorative Nursing Programs policy, dated 10/14/24, documented the facility would provide maintenance and restorative services designed to maintain and improve a resident's abilities to the highest practicable level.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. - R69's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), muscle wasting and atrophy multiple sites (wasting or decrease in size of a part of the body), communication deficit, repeated falls, and muscle weakness. The Significant Change Minimum Data Set (MDS) dated 03/10/25 documented a Brief Interview of Mental Status (BIMS) score of six which indicated severely impaired cognition. The MDS documented R69 was dependent on staff assistance for lower extremity dressing and bathing. She required partial to moderate staff assistance with transfers. The MDS documented R69 had two non-injury falls since the last MDS. R69's Falls Care Area Assessment (CAA) dated 03/14/25 documented she had recent falls and continued to be at risk for further falls related to her confusion and poor safety awareness. R69's Care Plan, dated 07/17/24, documented staff would anticipate and meet her needs. The plan of care documented staff would ensure her call light was within reach, also encourage her to call for assistance as needed, and respond promptly to all requests. The plan of care documented staff would monitor trends in falls or the increased number of falls to rule out acute illness or mental changes. The plan of care initiated on 09/09/24 and revised 02/24/25 documented staff provided a sign in her room to remind R6 to wear appropriate footwear or non-skid socks when walking. The plan of care initiated on 10/15/24 and last revised on 02/24/25 documented staff placed a sign in R69 room to remind her to call for assistance. The plan of care dated 12/23/24 documented a Dycem (non-slip mat used for stabilization and gripping to prevent slipping) would be applied to her recliner, and grip strips were applied to the floor in front of her recliner. The plan of care dated 01/02/25 documented on12/31/24, grip strips were applied in front of R69's bed. The plan of care initiated on 01/08/25, last revised on 03/06/25 documented on 01/05/25 staff removed the riser from her recliner and discussed with her family about purchasing a new recliner that was safer for R69. The plan of care dated 01/16/25 documented on 01/14/25 the family was going to look into purchasing a smaller recliner to promote safety for R69. The plan of care initiated on 02/04/25, last revised on 03/06/25 documented on 02/03/25. Dietary staff would serve R69 first at mealtime. The plan of care dated 02/24/25 documented on 02/21/25 the staff would provide cups with lids for R69. The plan of care dated 02/28/25 documented on 02/27/25, a medication review would be completed. The plan of care dated 03/12/25, documented on 03/09/25, bright tape was applied to R69's brakes as a visual cue. The plan of care dated 03/27/25, documented on 03/26/25, staff would obtain orthostatic (measurements of blood pressure and pulse taken with the patient in the supine, sitting, and standing positions to assess low blood pressure and possible blood pooling in the lower extremities resulting in dizziness) blood pressures x 72 hours. The plan of care dated 04/01/25 documented on 03/28/25 a request for labs and a medication review was placed by the physician. Review of R69's EMR under Progress Notes tab revealed a General Note dated 02/22/25 at 05:12 AM, documented R69 had a non-injury fall. The facility was unable to provide an investigation with a root cause analysis of the fall upon request. On 02/28/2025 at 06:30 AM, a General Note documented R69 had a non-injury fall. The facility was unable to provide an investigation with a root cause analysis of the fall upon request. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	On 04/02/25 at 07:40 PM, an interact Situation, Background, Assessment, and Recommendation (SBAR) was documented for a fall evaluation was completed. The facility was unable to provide an investigation with a root cause analysis of the fall upon request. The facility was unable to provide evidence a medication review was completed for the fall intervention on 02/27/25 and 03/28/25 upon request. R69's EMR under the Assessment tab revealed the following: Morse Fall Scale was completed on 12/18/24, post fall documented R69 was a high fall risk for falling. On 12/23/24, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 12/31/24, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 01/08/25, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 01/15/25, a Morse Fall Scale was completed on admission, documenting R69 was a high fall risk for falling. On 02/03/25, a Morse Fall Scale was completed post Post-fall documented R69 was a high fall risk for falling. On 02/22/25, a Morse Fall Scale was completed on admission, documenting R69 was a high fall risk for falling. On 02/28/25, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 03/06/25, a Morse Fall Scale was completed for a significant change documented R69 was a high fall risk for falling. On 03/10/25, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 04/02/25, a Morse Fall Scale was completed post fall documented R69 was a high fall risk for falling. On 04/22/25 at 07:07 AM, R69 was asleep on her bed. R69's room lacked a sign that reminded her to use her call light for assistance. R69's room also lacked a sign to remind her to wear appropriate footwear. On 04/22/25 at 07:55 AM, R69 was pushed in her wheelchair as her feet drug along the floor from the common area into the dining room by Certified Nurse Aide (CNA) OO. R69's wheelchair lacked bright tape on her wheelchair brakes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	On 04/23/25 at 12:20 PM, CNA MM stated the staff would communicate in the report of any new changes made for any of the residents. CNA MM stated the fall interventions could be found on the resident's care plan or on the Kardex (a nursing tool that gives a brief overview of the care needs of each resident). CNA MM stated she was not usually responsible for ensuring a resident's fall interventions were in place on a regular basis. On 04/23/25 at 12:35 PM, Licensed Nurse (LN) G stated that nursing usually double-checks to ensure all of a resident's fall interventions were in place. LN G stated that new fall interventions were communicated during report and could be found on the resident's care plan or on the Kardex. On 04/23/25 at 01:01 PM, Administrative Nurse D stated that the MDS coordinator tracks the fall interventions for each resident to ensure they have the interventions in place. Administrative Nurse D stated that each fall was reviewed by the interdisciplinary team (IDT) would review each fall and determine the root cause analysis. Administrative Nurse D stated that the IDT would review the interventions that the resident had in place. Administrative Nurse D stated she was not sure if the falls on 02/22/25, 02/28/25, and 04/02/25 were not investigated. The facility's Fall Risk Assessment policy, dated 02/01/20, documented it was the policy of the facility to ensure the facility provides an environment that was free from accident hazards over which the facility had control and provided supervision and assistive devices to each resident to prevent avoidable accidents. Monitor the effectiveness of the care plan interventions and modify the interventions as necessary, in accordance with current standards of practice. The facility's Fall Prevention Program policy, dated 02/01/20, documented each resident would be assessed for the risks of falling and would receive care and services in accordance with the level of risk to minimize the likelihood of falls. When any resident experiences a fall, the facility would: a. Assess the resident. b. Complete a post-fall assessment. c. Complete an incident report. d. Notify the physician and family. e. Review the resident's care plan and update as indicated. f. Document all assessments and actions. g. Obtain witness statements in the case of injury. The facility reported a census of 74 residents, with 19 residents sampled. Based on observation, interview, and record review, the facility failed to ensure a safe care environment related to environmental hazards. On 04/21/25 at 07:15 AM, an inspection of the facility's open kitchenette area off the main entry revealed the kitchenette's oven/stove top power shut-off was not activated. An inspection of the electric oven/stove top revealed working stove top burners and oven, and the counter to the left of the oven revealed a working bread toaster. On 04/21/25 at 07:30 AM, an inspection of the 200-hallway revealed an unlocked maintenance closet which contained 15 bottles of disinfectant cleaner. On 04/21/25, an inspection of the secured memory care unit revealed cognitively impaired Resident (R) 24 going through an unlocked cabinet next to the television area, which contained a half-gallon jug of bleach and disinfectant spray. The facility failed to secure potentially hazardous materials and equipment, which placed 11 cognitively impaired/independently mobile residents on the main unit and four cognitively impaired/independently mobile residents on the memory care unit in immediate jeopardy. The facility additionally failed to implement effective fall interventions for R69. This deficient practice placed R69 at risk for falls and accidents. Findings Included: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	- On 04/21/25 at 07:15 AM, an inspection of the facility's open kitchenette area off the main entry revealed the kitchenette's oven/stove top power shut-off was not activated. Further inspection of the electric oven/stove top revealed working stove top burners and oven. An inspection of the counter to the left of the oven revealed a working bread toaster. On 04/21/25 at 07:30 AM, a walkthrough of the facility revealed the entry door to the maintenance office on the 200 hallway was unlocked. An inspection of the office revealed 15 bottles of assorted disinfectant cleaners, which contained the warning, Keep out of reach of children, hazardous to humans, can cause eye irritation, harmful if swallowed. On 04/21/25 at 07:20 AM, Administrator A verified the oven was functioning and stated the oven had a shut-off switch. She stated she did not know where the switch was and needed to call maintenance. At 07:23 AM, she received a text from maintenance noting the switch was in the cabinet above the oven. At 07:25 AM, the switch was located and shut off. She stated she was not sure how long the switch was turned on, but said residents were not supposed to have access to the oven or burners. She also unplugged the toaster and relocated it to a cabinet. She stated the residents should not have access to the potentially hazardous material or equipment. On 04/21/25 at 10:00 AM, Certified Nurse Aide (CNA) O stated cleaning products were to be stored in locked cabinets out of residents' reach. On 04/21/25 at 10:05 AM, Licensed Nurse (LN) H stated hazardous materials and cleaning products were to be locked up and out of residents' reach. She stated the residents were not allowed to use the stove, but were not sure if the stove had an electrical shut-off switch to prevent the residents from accidentally turning the burner or oven on. She stated that only the activities and maintenance staff used the oven. She stated that direct care staff had no training or in-service on how to shut the power off. On 04/21/25 at 10:30 AM, Activity Staff Z stated that only activities and maintenance staff had keys to the power shut-off cabinet. She stated that she was not sure the last time the stove was used. She stated that direct care staff were not trained on how to shut off the power to the oven/stovetop. On 04/21/25 at 10:40 AM, Maintenance Staff U stated the last time he remembered the stove being used was on Friday (04/18/25). He stated he was not sure how or why the power was left on to the oven/stovetop. The facility's Accidents and Supervision policy (undated) indicated the facility would ensure a safe care environment for all residents. The policy indicated the facility would identify all potential hazards and risks. The policy indicated the facility would provide preventative interventions and supervision to minimize the risks. - The Medical Diagnosis section within R24's Electronic Medical Records (EMR) noted diagnoses of autism spectrum disorder (ASD - a condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication), dysphagia (difficulty swallowing), major depressive disorder (major mood disorder), and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	R24's Quarterly Minimum Data Set (MDS) completed 03/28/25 revealed a Brief Interview for Mental Status (BIMS) score of zero, indicating severe cognitive impairment. The MDS noted he required substantial to maximal staff assistance with bathing, toileting, transfers, dressing, and personal hygiene. The MDS noted he had verbal and physically aggressive behaviors. The MDS noted he had no upper or lower extremity impairments. The MDS noted he could ambulate without the use of assistive devices. R24's Functional Abilities Care Area Assessment (CAA) completed 09/08/24 indicated he required moderate to substantial assistance with his activities of daily living (ADL). The CAA noted he had poor safety awareness and was at risk for falls. R24's Cognitive Loss CAA completed 09/08/24 indicated he had both cognitive loss and dementia. The CAA noted staff were to monitor for acute mental status changes and communicate in short, simple sentences to allow him to understand. R24's Care Plan initiated on 04/19/23 indicated he resided in the memory care unit due to his autism diagnosis. The plan noted he wandered on the secure unit regularly. The plan instructed staff to provide him with structured activities to keep him engaged. The plan noted he required staff assistance with bathing, toileting, oral hygiene, dressing, and personal hygiene. The plan noted he could independently transfer and ambulate. The plan noted he had impaired cognition and thought processes. The plan noted he had a history of rummaging through closets and needed staff supervision. On 04/21/25 at 07:12 AM, a walkthrough of the Memory Care Unit was completed. An inspection of the television area revealed R24 standing next to the wall cabinet to the right of the televisions. R24 opened the far-right cabinet and rummaged around the shelves. R24 closed the closet door and moved to the far-right side closet. He continued rummaging through the closet, pulled out a fan, then closed the door. Staff were across the room at the nurse's carts but provided no supervision during this incident. Inspection of the closet revealed a one-gallon jug of bleach and Lysol disinfectant stored on the shelves he was rummaging in. The products contained the warning, Keep out of reach of children, hazardous to humans, can cause eye irritation, harmful if swallowed. On 04/21/25 at 07:25 AM, Administrative Staff A stated that the staff were expected to secure areas and equipment that contained potentially hazardous materials to prevent exposure to the residents. On 04/21/25 at 10:00 AM, Certified Nurse's Aide (CNA) O stated cleaning products were to be stored in locked cabinets out of residents' reach. On 04/21/25 at 10:35 AM, Licensed Nurse (LN) G stated that the storage closets were to be always locked. LN G stated that cleaning products should never be stored in the residents' common areas. The facility's Accidents and Supervision policy (undated) indicated the facility would ensure a safe care environment for all residents. The policy indicated the facility would identify all potential hazards and risks. The policy indicated the facility would provide preventative interventions and supervision to minimize the risks. On 04/21/25 at 01:04 PM, Administrative Staff A was provided a copy of the Immediate Jeopardy [IJ] Template and was informed of the IJ. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Immediate jeopardy to resident health or safety Residents Affected - Some	On 04/21/25 at 03:45 PM, the facility provided an acceptable immediacy removal plan, which included the following: On 04/21/25 at 07:25 AM, the power shutoff switch was activated, and the cabinet was locked. On 04/21/25 at 07:25 AM, the maintenance office was locked. The keypad was reprogrammed to the entry door for the maintenance office. On 04/21/25 at 07:25 AM, the pop-up toaster was unplugged and moved to a cabinet. On 04/21/25 at 07:25 AM, the chemicals were removed from the closet in the Memory Care Unit. On 04/21/25 at 07:30 AM, maintenance completed full facility safety rounds. On 04/21/25, education was provided to staff about safe chemical use and storage. Implementation of the corrective actions were verified onsite on 04/21/25 at 03:50 PM. The deficient practice remained at the scope and severity of E (pattern, potential harm) after the removal of the immediacy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. The facility identified a census of 74 residents. The sample included 19 residents, with three sampled residents reviewed for nutrition and hydration. Based on observation, record review, and interview, the facility failed to ensure Resident (R) 37 was positioned appropriately in his Broda chair (specialized wheelchair with the ability to tilt and recline) while being assisted by staff with eating at meals. This placed R37 at risk of swallowing complications and possible aspiration (inhaling liquid or food into the lungs) of food. Findings included: - R37's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), major depressive disorder (major mood disorder that causes persistent feelings of sadness), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), hemiplegia and hemiparesis (weakness and paralysis on one side of the body) following a cerebral infarction (stroke), and respiratory failure (the inability of the lungs to adequately exchange gases). R37's admission Minimum Data Set (MDS) dated 01/21/25 documented a Brief Interview for Mental Status (BIMS) was unable to be completed due to his rarely or never being understood. R37 had severely impaired cognitive skills for daily decision making. R37 was dependent on staff for activities of daily living (ADL) and used a wheelchair for mobility. R37 showed signs or symptoms of coughing or choking during meals or when swallowing medications. R37 required a feeding tube (administration of nutritionally balanced liquefied foods or nutrients through a tube) to aid in nutritional intake. R37's Nutritional Status and Tube Feeding Care Area Assessment (CAA) dated 01/23/25 documented R37 was receiving skilled services. R37 was dependent on cares, he was incontinent of bowel and bladder, and at risk for falls due to weakness. R37 received nothing by mouth (NPO) and was dependent on tube feeding for nutrition and was at risk for dehydration due to infection and dependent on bolus for hydration. R37 was risk for impaired skin and has wounds on hands and at peg site. R37's Care Plan revised on 03/11/25, directed staff he was dependent on tube feeding and water flushes. See MD orders for current feeding orders. Staff were directed he was on an NPO diet. Staff was directed that R37 received percutaneous endoscope gastrostomy tube (PEG - a tube inserted through the wall of the abdomen directly into the stomach) feedings of TwoCal HN (a nutritionally complete, high-calorie formula designed to meet the increased protein and calorie needs of metabolically stressed residents) 220 milliliters (ml.) bolus with 125 ml water before and after each bolus feeding. Staff were directed R37 needed the head of the bed elevated 45 degrees during and thirty minutes after tube feeding. Staff were directed to increase head of bed during feedings. R37's care plan had an intervention revised on 04/21/25 that directed staff he was on a regular general diet, with mechanical soft textures-ground meats, thin liquids consistency, nosey cups, and he needed max assistance. Staff were directed he received peg tube feedings of TwoCal HN 220 ml. bolus with 125 ml. water before and after each bolus feeding. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R37's Order Summary Report documented a physician's diet order dated 01/15/25 for an enteral feed order, every shift, check placement every shift. Check for residual (checking and managing the amount of fluid remaining in the stomach after a period of enteral feeding, often through a feeding tube) every shift. Contact the physician if residual exceeds 50 ml. R37's Order Summary Report documented a physician's diet order dated 03/03/25 for a regular diet, with a mechanical soft texture, and regular consistency. Max assistance, upright in wheelchair. Mechanical soft/ground meats; a slow rate of intake; thin liquids; small sips, with nose cups; remain upright 30 minutes post intake; continue tube feeding as the primary nutrition/hydration. R37's Order Summary Report documented a physician's diet order dated 04/12/25 for enteral feed order four times daily, Nutren 2.0 (a ready-to-use, calorically dense liquid nutrition supplement used for complete or supplemental nutrition support, especially for individuals with high caloric requirements or severe fluid restriction) 250 ml. If the resident eats 50 percent (%) or less of meals. Water flush with 30 ml before and 30 ml after bolus. This order lacked route directions. On 04/22/25 at 08:35 AM, R37 was observed reclined back in his Broda chair while being assisted to eat breakfast by Activities Z, who was also a certified nurse aide (CNA). On 04/23/25 at 08:25 AM, R37 was observed reclined back at a degree of about 45 degrees in his Broda chair while being assisted with eating. The unidentified staff member repositioned R37's Broda chair after she realized R37 was not in an appropriate position. On 04/23/25 at 09:15 AM, CNA NN stated R37's diet had recently changed to being able to eat regular ground food with assistance. CNA NN stated R37 should be positioned in a straight up position in his Broda chair while being assisted to eat a meal to reduce the risk of choking or aspirating (inhaling liquid or food into the lungs) his food. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated R37 had been on enteral tube feeding for some time and had recently been advanced to a mechanical soft diet and an enteral feeding bolus. LN G stated R37 should be seated in an upright position when he was being assisted with eating his meals. On 04/23/25 at 01:05 PM, Administrative Nurse D stated she expected staff to have R37 positioned in an upright position in his Broda chair while assisted with eating. Administrative Nurse D stated he could be reclined slightly but should still be more upright to avoid aspirating or choking on the food. The facility policy The Dining Experience: Staff Role dated 2020, documented staff members would strive to enhance the residents' quality of life while serving meals that meet nutritional needs, offer choices, be served with dignity, and consider the person-centered care plan. Staff would offer personal attention to each resident and monitor the resident's satisfaction and food intake. Staff would be sure the resident was positioned appropriately at the table.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 74 residents. The sample included 18 residents, with one resident reviewed for respiratory care. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 13's continuous positive airway pressure (CPAP - a ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) was stored in a sanitary manner. This placed R13 at an increased risk for respiratory infection and complications. Findings included: - R13's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of personal history of nicotine dependence, major depressive disorder (major mood disorder that causes persistent feelings of sadness), bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), kidney failure, hypertension (high blood pressure), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), insomnia (inability to sleep), difficulty walking, lack of coordination, chronic obstructive pulmonary disease (COPD - a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), falls, overactive bladder, schizophrenia (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, weakness), and respiratory failure (a condition where the lungs struggle to transfer enough oxygen into the blood or remove enough carbon dioxide, leading to low oxygen levels or high carbon dioxide levels in the body). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R13 required set up and clean up for eating, and was dependent on staff for oral hygiene, toileting, bathing, and dressing. The MDS documented R13 required oxygen therapy and a non-evasive mechanical ventilator during the observation. R13's Functional Abilities (Self-Care) Mobility Care Area Assessment (CAA) dated 02/19/25 documented R13 resided in a long-term care facility. Her diagnoses were respiratory failure, COPD, Parkinson's, DM, Schizophrenia, dysphagia, anxiety, and depression. The CAA documented R13 needed maximum to dependent assistance with care and used a wheelchair for her primary mode of transportation. The CAA documented R13 had a urinary catheter (a tube inserted into the bladder to drain the urine into a collection bag) due to urinary retention and incontinence of bowel. The CAA documented R13 had a history of falls due to Parkinson's disease. R13's Care Plan dated 06/22/23 documented staff were to encourage R13 to wear her CPAP as ordered. Staff were to monitor for changes in oxygenation status and keep the physician informed. R13 was to utilize cushioned padding on tubing as indicated. R13's plan of care dated 04/06/23, documented R13 required oxygen therapy. The plan of care dated 03/02/23 documented staff were to change the 0xygen (02) tubing and rinse the filter weekly. R13's EMR under the Orders tab documented the following physician orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Auto CPAP every night shift dated 06/27/23. Clean CPAP mask and tubing on Saturdays, every day shift dated 08/06/23. Check CPAP water level nightly, every night shift related to COPD dated 08/06/23. On 04/21/25 at 08:10 AM, R13 laid in her bed. R13's CPAP mask and tubing laid on the floor between her bed and the wall. R13's CPAP was not stored in a sanitary manner. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated that all respiratory equipment should be in a bag with a date. CNA MM stated that some of the residents have their own bags for their CPAPs, and the mask and tubing should be in their bags. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated that a resident's CPAP should be stored in a bag with a date. LN G stated that the CPC should be stored in the bag when not in use. On 04/23/25 at 01:01 PM, Administrative Nurse D stated that the bags for respiratory equipment should be changed weekly. She stated that all residents should have a bag for respiratory equipment when not in use. Administrative Nurse D stated that all nursing staff were responsible for ensuring that respiratory equipment was stored in a sanitary manner. The facility's CPAP/BiPAP Cleaning policy, dated 05/24, documented the facility was to clean the CPAP equipment in accordance with the current guidelines and manufacturer recommendations to prevent the occurrence or spread of infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observe each nurse aide's job performance and give regular training. The facility identified a census of 74 residents. The sample included 19 residents, and five Certified Nurse Aides (CNA) were reviewed for yearly performance evaluations and the associated in-service training. Based on record review and interview, the facility failed to ensure that five of the five CNA staff reviewed had yearly performance evaluations completed. This placed the residents at risk for inadequate care. Findings included: - A review of the facility's staffing list revealed the following CNAs were employed with the facility for more than 12 months: CNA M was hired on 02/02/18 and had no yearly performance evaluation upon request. CNA N was hired on 04/25/22 and had no yearly performance evaluation upon request. CNA O was hired on 01/16/23 and had no yearly performance evaluation upon request. CNA P was hired on 04/07/22 and had no yearly performance evaluation upon request. CNA Q was hired on 01/19/24 and had no yearly performance evaluation upon request. On 04/23/25 at 09:08 AM, Administrative Nurse D stated that Administrative Staff A would provide the list of employees due for their yearly performance review. Administrative Nurse D stated that the department directors were responsible for completing their staff's yearly performance reviews. The facility's Evaluation Process policy, dated 12/01/19, documented it was the policy of the facility to review the work performance of employees with a formal written evaluation annually.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. The facility identified a census of 74 residents. Based on record review and interviews, the facility failed to maintain the posted daily nurse staffing data for the required 18 months. Findings included: - Review of the posted staffing sheets from 10/20/23 thru 04/20/25 revealed the facility could not provide posted staffing documentation for the following (31) days 12/22/23, 12/23/23, 12/24/23, 12/25/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23, 12/30/23, 12/31/23, 01/01/24, 01/02/24, 01/03/24, 01/04/24, 01/05/24, 01/06/24, 01/07/24, 01/08/24, 01/09/24, 01/20/24, 01/21/24, 01/25/24, 01/26/24, 01/27/24, 01/28/24, 01/29/24, 01/30/24, 04/16/25, 04/18/25, 04/19/25, and 04/20/25. On 04/23/25 at 09:08 AM, Administrative Nurse D stated the facility's staff scheduler was responsible for ensuring the posted nursing hours were posted and retained as required. The facility's undated policy Nurse Staffing Posting Information documented it was the policy of the facility to make nurse staffing information readily available in a readable format to residents, staff, and visitors at any given time. Nursing schedules and posting information would be maintained in the Human Resources Department for review for a minimum of 18 months or as required by State law, whichever is greater.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 74 residents. The sample included 19 residents. Based on observation, record review, and interview, the facility failed to ensure staff provided the necessary person-centered activities and interventions to address Resident (R) 37's dementia (a progressive mental disorder characterized by failing memory, confusion) diagnosis. This deficient practice placed R37 at risk of ineffective treatment and decreased quality of care. Findings included: - R37's Electronic Medical Record (EMR) documented diagnoses of dementia, major depressive disorder (major mood disorder that causes persistent feelings of sadness), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods). R37's admission Minimum Data Set (MDS) dated 01/21/25 documented a Brief Interview for Mental Status (BIMS) was unable to be completed due to his rarely or never being understood. R37 had severely impaired cognitive skills for daily decision making. R37 was dependent on staff for activities of daily living (ADL) and used a wheelchair for mobility. R37 required a feeding tube (administration of nutritionally balanced liquefied foods or nutrients through a tube) to aid in nutritional intake. R37 received an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) on a routine basis. R37's Cognitive Loss/Dementia Care Area Assessment (CAA) dated 01/23/25 documented he had an actual cognitive deficit related to the dementia process. R37 resided on the memory care unit. Staff were to monitor him for signs and symptoms of acute mental status changes to help treat the underlying condition. Staff were to communicate using short and simple sentences to allow adequate time for R37 to understand others and for him to communicate his needs. Staff were to approach him in a calm and non-threatening manner to help the resident feel calm and unhurried. BIMS were to be completed quarterly and as needed to help monitor for trends in cognition. R37's Care Plan, revised on 03/11/25, directed staff to use his preferred name. Staff were directed to identify themselves at each interaction and face the resident when speaking, and make eye contact. Staff were directed to reduce any distractions (turn off the TV, radio, and close his door). Staff were directed R37 understood consistent, simple, directive sentences. Staff were directed to provide the resident with necessary cues and stop and return if he was agitated. R37's care plan lacked person-centered activities and services to direct staff for his dementia care needs. On 04/22/25 at 02:31 PM, R37 laid in his bed. R37's bed was in a low position, and he was hollering inaudible words in his native Cantonese language. No staff were present in R37's 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
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/23/25 at 08:51 AM, Certified Nurse Aide (C NA) NN stated she did have access to the care plan and [NAME] (nursing tool that gives a brief overview of the care needs of each resident). CNA NN stated she would expect R37 to have a dementia care area on the care plan to help direct staff with care needed specifically for dementia. CNA NN stated staff would try to do activities with R37 one-on-one, but he was not able to participate. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated she would expect any resident with a diagnosis of dementia to have person-centered care to direct staff with the needed interventions specific to that resident. LN G could not state a reason why R37 did not have a dementia care plan since he was on the memory unit. On 04/23/25 at 01:02 PM, Administrative Nurse D stated all residents with dementia should have person-centered dementia care plans and interventions. Administrative Nurse D stated that residents, especially a resident like R37, who was on the memory unit, should have very specific interventions to assist staff with his care when he had behaviors or activities specific to him. Administrative Nurse D could not state why R37 did not have person-centered dementia interventions in place. The facility's Dementia Care policy, dated 12/11/24, documented it was the policy of this facility to provide the appropriate treatment and services to every resident who displayed signs of or was diagnosed with dementia, to meet his or her highest practicable physical, mental, and psychosocial well-being. The facility would assess, develop, and implement care plans through an interdisciplinary team (IDT) approach that included the resident, their family, and representative, to the extent possible. The care plan interventions would be related to each resident's individual symptomology and rate of dementia progression, with the result being noted improvement or maintenance of the expected stable rate of decline associated with dementia and dementia-like illnesses. Care and services would be person-centered and reflect everyone's goals while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety. Individualized, non-pharmacological approaches to care would be utilized, to include meaningful activities aimed at enhancing the resident's well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. The facility identified a census of 74. The sample included 19 residents, with five sample residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported when Resident (R) 2, R37, and R67 antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication lacked a Centers for Medicare and Medicaid (CMS) approved indication for use. These deficient practices placed R2, R37, and R67 at risk of unnecessary medication administration and related complications. Findings included: - R2's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion) with behavioral disturbance, mood disorder (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time), major depressive disorder (major mood disorder that causes persistent feelings of sadness), and diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). R2's Significant Change Minimum Data Set (MDS) dated 08/13/24 documented she had a Brief Interview for Mental Status (BIMS) score of four, which indicated severely impaired cognition. R2 required moderate to maximal assistance from staff for her activities of daily living (ADL) functions. R2 required the use of a wheelchair to assist with mobility. R2 received an antipsychotic, an antianxiety (a class of medications that calm and relax people), and an antidepressant (a class of medications used to treat mood disorders) medication on a routine basis. R2's Psychotropic Drug Use Care Area Assessment (CAA) documented she required substantial to maximal assist and was occasionally to frequently incontinent of bowel and bladder. R2 was at risk for falls due to weakness, was on a therapeutic diet. R2 was at risk for impaired skin due to incontinence. R2 received Zoloft (an antidepressant) for depression, and Zyprexa (an antipsychotic medication) for dementia with behaviors. Monitor R2 or medication side effects. R2's Psychotropic Medications Care Plan, revised on 04/03/25, directed staff to administer medications as ordered by the physician and monitor for side effects and effectiveness. Staff were directed to consult with the pharmacy and physician to consider a dosage reduction when indicated at least quarterly. Staff were directed to discuss with the physician and family about the ongoing need for the use of the medication. Staff were directed to review behaviors and interventions, alternative therapies attempted, and their effectiveness as per facility policy. R2's Orders tab of the EMR documented a physician's order dated 03/26/24 for Olanzapine (an antipsychotic medication) disintegrating tablet to give 2.5 milligrams (mg) by mouth at bedtime for mood disorder. This order was discontinued on 06/27/24. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Orders tab of the EMR documented a physician's order dated 06/27/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 07/07/24. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 07/07/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth at bedtime for mood disorder. This order was discontinued on 07/29/24. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 07/29/24 for Olanzapine -oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 08/04/24. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 08/04/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood disorder. This order was discontinued on 09/06/24. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 09/06/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 01/21/25. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 01/21/25 for Zyprexa (an antipsychotic medication) (Olanzapine) 5 mg to give 5 mg by mouth two times a day related to unspecified dementia. This order was discontinued on 01/25/25. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R2's Orders tab of the EMR documented a physician's order dated 01/25/25 for Zyprexa oral tablet 5 mg (Olanzapine) to give 2.5 mg by mouth two times a day related to mood disorder. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. Upon review of the CP Monthly Regimen Review (MRR) from January 2024 through March 2025 revealed the lack of the CP identifying and reporting of the inappropriate indication for use of R2's olanzapine (Zyprexa). On 04/23/25 at 09:15 AM, R2 sat in her wheelchair at the dining table. R2 spoke to the staff and told them she was ready to go back to her room. On 04/23/25 at 12:32 PM, Licensed Nurse (LN) G stated that just the diagnosis of mood itself was not an appropriate indication for use of an antipsychotic medication. LN G stated she would expect the CP to report the need for an appropriate diagnosis for Zyprexa. On 04/23/25 at 01:02 PM, Administrative Nurse D stated the interdisciplinary team (IDT) had been working with the pharmacist and the physician to get them to cut back on the antipsychotic medications and work on making sure the residents had the required diagnosis and CMS approved indication for use. Administrative Nurse D stated that mood and dementia diagnosis were not an approved indication for use of Zyprexa. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Medication Regimen Review policy, implemented 01/2020, noted a drug regimen review will be completed for each resident at least once a month by a licensed pharmacist. The policy indicated the CP will provide recommendations and report irregular findings to the facility no later than 72 hours after the review. - R37's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), major depressive disorder (major mood disorder that causes persistent feelings of sadness), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), and bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods). R37's admission Minimum Data Set (MDS) dated 01/21/25 documented a Brief Interview for Mental Status (BIMS) was unable to be completed due to his rarely or never being understood. R37 had severely impaired cognitive skills for daily decision making. R37 was dependent on staff for activities of daily living (ADL) and used a wheelchair for mobility. R37 received an antipsychotic on a routine basis. R37's Psychotropic Drug Use Care Area Assessment (CAA) dated 01/23/25 documented he was dependent on staff with care, was incontinent of bowel/bladder, and was at risk for falls due to weakness. R37 was nothing by mouth (NPO) and dependent on tube feeding (administration of nutritionally balanced liquefied foods or nutrients through a tube) for nutrition and was at risk for dehydration due to infection. R37 was at risk for impaired skin and had wounds. R37 received Seroquel (an antipsychotic medication) for mood stabilization due to bipolar. R37's Psychotropic Medications Care Plan, revised on 03/11/25, directed staff to administer medications as ordered by the physician and monitor for side effects and effectiveness. Staff were to complete an Abnormal Involuntary Movement Scale (AIMS - a clinician-administered scale used to assess the severity of involuntary movements) per protocol. Staff were directed to consult with the pharmacy and MD to consider dosage reduction when clinically appropriate, at least quarterly. Staff were directed to discuss with the physician and family about the ongoing need for the use of medication. Staff were directed to review behaviors, interventions, and alternate therapies attempted for their effectiveness as per facility policy. R37's Orders tab of the EMR documented an order dated 01/16/25 for Seroquel (quetiapine)- a 25 milligram (mg) dose to give one tablet by gastrostomy tube (G-tube: tube surgically placed through an artificial opening into the stomach) every eight hours as needed for agitation for 14 days. This order was discontinued on 01/19/25. The order lacked an appropriate CMS approved indication for use of Seroquel for a resident with a diagnosis of dementia. R37's Orders tab of the EMR documented an order dated 01/16/25 for Seroquel (quetiapine) 25 mg tablet to give one tablet by G-tube every eight hours as needed for bipolar disorder. This order was completed on 01/29/25. The order lacked an appropriate CMS approved indication for use of Seroquel for a resident with a diagnosis of dementia. R37's Orders tab of the EMR documented an order dated 02/05/25 for Seroquel (quetiapine) 25 mg tablet to give one tablet by G-tube every eight hours as needed for agitation. This order was completed on 02/19/25. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R37's Orders tab of the EMR documented an order dated 02/19/25 for Seroquel (quetiapine) 25 mg tablet to give one tablet by G-tube every eight hours as needed for bipolar disorder. This order was completed on 03/05/25. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R37's Orders tab of the EMR documented an order dated 03/07/25 for Seroquel (quetiapine) 25 mg tablet to give one tablet by percutaneous endoscope gastrostomy tube (PEG-a tube inserted through the wall of the abdomen directly into the stomach) every eight hours as needed for agitation. This order was completed on 03/21/25. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. R37's Orders tab of the EMR documented an order dated 04/11/25 for Seroquel (quetiapine) 25 mg tablet to give one tablet by mouth in the evening for bipolar disorder. This order lacked an appropriate CMS indication for use for a resident diagnosed with dementia. Upon review of the CP's Monthly Regimen Review (MRR) from January 2024 through March 2025 revealed the lack of the CP identifying and reporting of the inappropriate indication for use of R37's Seroquel. On 04/22/25 at 02:31 PM, R37 laid in his bed. R37's bed was in a low position, and he was hollering inaudible words in his native Cantonese language. On 04/23/25 at 12:32 PM, Licensed Nurse (LN) G stated that just the diagnosis of mood itself was not an appropriate indication for use of an antipsychotic medication. LN G stated that she would expect the CP to report the need for an appropriate diagnosis for Seroquel. On 04/23/25 at 01:02 PM, Administrative Nurse D stated the interdisciplinary team (IDT) had been working with the pharmacist and the physician to get them to cut back on the antipsychotic medications and work on making sure the residents had the required diagnosis and CMS approved indication for use. Administrative Nurse D stated that mood or bipolar and dementia diagnoses were not approved indications for use of Seroquel. The facility's Medication Regimen Review policy, implemented 01/2020, documented a drug regimen review would be completed for each resident, at least once a month, by a licensed pharmacist. The policy documented the CP would provide recommendations and report irregular findings to the facility, no later than 72 hours after the review.- The Medical Diagnosis section within R67'sElectronic Medical Records (EMR) included diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and hypertension (high blood pressure). R67's admission Minimum Data Set (MDS) dated 02/05/25 noted a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. The MDS indicated he required substantial to maximal assistance with meals, oral hygiene, toileting, bathing, dressing, transfers, and bed mobility. The MDS noted she took antipsychotic medication (a class of drugs used to treat major mental conditions that cause a break from reality) on a routine basis. The MDS noted a gradual dose reduction (GDR) was not completed and was noted as clinically contraindicated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R67's Psychotropic Drug Use Area Assessment (CAA) completed 02/04/25 noted he took antipsychotic medication and was at risk for adverse effects related to his Seroquel (antipsychotic medication) taken for dementia with agitation. R67's Care Plan initiated on 01/31/25 indicated he took medications with a Black Box Warning (BBW - the highest safety-related warning that medications can have assigned by the Food and Drug Administration). The plan noted he was at risk for potential side effects. The plan instructed staff to administer his medications as ordered and report adverse effects to his medical provider. The plan noted he took psychotropic medications for behaviors. The plan instructed the facility to discuss the ongoing use of the medication with his family and medical provider. R67's EMR under Orders revealed an active order (dated 01/31/25) for staff to administer 50 milligrams (mg) of Quetiapine (Seroquel- antipsychotic medication) in the evening and 25mg of Seroquel each morning by mouth for agitation. R67's Medication Regimen Review (MMR) was completed on 03/04/25. The review indicated that R67's Seroquel medication had a non-approved indication. The Consulting Pharmacist (CP) recommended the medication indication be changed to depression or reassess R67's current indications. On 04/03/25 R67's Seroquel indication of use was changed to depression. R67's EMR under Orders revealed an active order (dated 04/03/25) for staff to administer 50 mg of Quetiapine in the evening and 25 mg of Seroquel each morning by mouth for depression. On 04/13/25, this order was discontinued for a new order. R67's EMR under Orders revealed an active order (dated 04/13/25) for staff to administer 100 mg of Quetiapine in the evening and 50 mg of Seroquel at bedtime by mouth for depression. A review of R67's EMR revealed no physician-documented rationale for the indicated use of Seroquel for dementia-related agitation or depression. The facility was unable to provide a physician-documented rationale for the indicated use of Seroquel for dementia-related agitation or depression as requested on 04/23/25. On 04/22/25 at 07:26 AM, R67 sat in the dining room of the memory care unit. R67 was agitated and yelling at the care staff, but was redirectable. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated antipsychotic medications were to be used with residents with behavioral issues and mental illness. She stated dementia and depression alone were not indications for the use of antipsychotic medications. She stated the pharmacy recommendations were completed monthly and reviewed by nursing staff. She stated that nursing staff were expected to verify with the medical provider if the pharmacist's recommendations conflicted with the current orders. On 04/23/25 at 01:06 PM, Administrative Nurse D stated the medical provider and pharmacist were responsible for identifying and prescribing the medications. She stated the pharmacy recommendations were sent to the facility and entered per the medical provider's guidance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Medication Regimen Review policy, implemented 01/2020, noted a drug regimen review would be completed for each resident at least once a month by a licensed pharmacist. The policy indicated the CP would provide recommendations and report irregular findings to the facility no later than 72 hours after the review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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. The facility identified a census of 74. The sample included 19 residents, with five sample residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure the physician provided an appropriate Centers for Medicare and Medicaid Services (CMS) indication for use of Resident (R) 2 and R67's prescribed antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication. The facility failed to ensure the physician provided the risk versus benefit for the continued use of antipsychotic medications. These deficient practices placed R2 and R67 at risk of unnecessary medication administration and related complications. Findings included: - R2's Electronic Medical Record (EMR) documented diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion) with behavioral disturbance, mood disorder (category of mental health problems, feelings of sadness, helplessness, guilt, and wanting to die were more intense and persistent than what may normally be felt from time to time), major depressive disorder (major mood disorder that causes persistent feelings of sadness), and diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). R2's Significant Change Minimum Data Set (MDS) dated 08/13/24 documented she had a Brief Interview for Mental Status (BIMS) score of four, which indicated severely impaired cognition. R2 required moderate to maximal assistance from staff for her activities of daily living (ADL) functions. R2 required the use of a wheelchair to assist with mobility. R2 received an antipsychotic, an antianxiety (a class of medications that calm and relax people), and an antidepressant (a class of medications used to treat mood disorders) medication on a routine basis. R2's Psychotropic Drug Use Care Area Assessment (CAA) documented she required substantial to maximal assist and was occasionally to frequently incontinent of bowel and bladder. R2 was at risk for falls due to weakness and was on a therapeutic diet. R2 was at risk for impaired skin due to incontinence. R2 received Zoloft (an antidepressant) for depression, and Zyprexa (Olanzapine - an antipsychotic medication) for dementia with behaviors. Staff would monitor R2 for medication side effects. R2's Psychotropic Medications Care Plan, revised on 04/03/25, directed staff to administer medications as ordered by the physician and monitor for side effects and effectiveness. Staff were directed to consult with the pharmacy and physician to consider a dosage reduction when indicated at least quarterly. Staff were directed to discuss with the physician and family about the ongoing need for the use of the medication. Staff were directed to review behaviors and interventions, and alternative therapies attempted and their effectiveness as per facility policy. R2's Orders tab of the EMR documented a physician's order dated 03/26/24 for Olanzapine disintegrating tablet to give 2.5 milligrams (mg) by mouth at bedtime for mood disorder. This order was discontinued on 06/27/24. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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	R2's Orders tab of the EMR documented a physician's order dated 06/27/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 07/07/24. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 07/07/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth at bedtime for mood disorder. This order was discontinued on 07/29/24. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 07/29/24 for Olanzapine - oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 08/04/24. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 08/04/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood disorder. This order was discontinued on 09/06/24. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 09/06/24 for Olanzapine oral disintegrating tablet, give 2.5 mg by mouth two times a day for mood. This order was discontinued on 01/21/25. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 01/21/25, Zyprexa oral tablet 5 mg (Olanzapine) to give a 5 mg tablet by mouth two times a day related to unspecified dementia. This order was discontinued on 01/25/25. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. R2's Orders tab of the EMR documented a physician's order dated 01/25/25 for Zyprexa oral tablet 5 mg (Olanzapine) to give 2.5 mg by mouth two times a day related to mood disorder. The order lacked an appropriate CMS approved indication for use for a resident with a diagnosis of dementia. On 04/23/25 at 09:15 AM, R2 sat in her wheelchair at the dining table. R2 spoke to the staff and told them she was ready to go back to her room. On 04/23/25 at 12:32 PM, Licensed Nurse (LN) G stated that just the diagnosis of mood itself was not an appropriate indication for use of an antipsychotic medication. LN G stated she expected the physician to indicate an appropriate diagnosis for Zyprexa use. On 04/23/25 at 01:02 PM, Administrative Nurse D stated the interdisciplinary team (IDT) had been working with the physician to get them to cut back on the antipsychotic medications and work on making sure the residents had the required CMS approved indication for use and the risk versus benefit of the medication. Administrative Nurse D stated that mood and dementia diagnoses were not an approved indication for use of Zyprexa. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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's Use of Psychotropic Drugs policy, revised 01/2020, indicated the facility was not to give psychotropics unless necessary to treat a specific condition and deemed beneficial to the resident. The policy noted the facility would identify the risks versus benefits of the medications use and utilize non-pharmacological interventions. The policy noted the facility would ensure continual medication monitoring and adjust the dosage to meet the therapeutic needs of the resident. - The Medical Diagnosis section within R67's Electronic Medical Records (EMR) included diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and hypertension (high blood pressure). R67's admission Minimum Data Set (MDS) dated 02/05/25 noted a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. The MDS indicated he required substantial to maximal assistance with meals, oral hygiene, toileting, bathing, dressing, transfers, and bed mobility. The MDS noted she took antipsychotic medication (a class of drugs used to treat major mental conditions that cause a break from reality) on a routine basis. The MDS noted a gradual dose reduction (GDR) was not completed and was noted as clinically contraindicated. R67's Psychotropic Drug Use Area Assessment (CAA) completed 02/04/25 noted he took antipsychotic medication and was at risk for adverse effects related to his Seroquel (antipsychotic medication) taken for dementia with agitation. R67's Care Plan initiated on 01/31/25 indicated he took medications with a Black Box Warning (BBW - the highest safety-related warning that medications can have assigned by the Food and Drug Administration). The plan noted he was at risk for potential side effects. The plan instructed staff to administer his medications as ordered and report adverse effects to his medical provider. The plan noted he took psychotropic medications for behaviors. The plan instructed the facility to discuss the ongoing use of the medication with his family and medical provider. R67's EMR under Orders revealed an active order (dated 01/31/25) for staff to administer 50 milligrams (mg) of Quetiapine (Seroquel - antipsychotic medication) in the evening and 25 mg of Seroquel each morning by mouth for agitation. R67's Medication Regimen Review (MMR) was completed on 03/04/25. The review indicated that R67's Seroquel medication had a non-approved indication. The Consulting Pharmacist (CP) recommended the medication indication be changed to depression or reassessed R67's current indications. On 04/03/25, R67's Seroquel indication of use was changed to depression. R67's EMR under Orders revealed an active order (dated 04/03/25) for staff to administer 50 mg of Quetiapine in the evening and 25 mg of Seroquel each morning by mouth for depression. On 04/13/25, this order was discontinued for a new order. R67's EMR under Orders revealed an active order (dated 04/13/25) for staff to administer 100 mg of Quetiapine in the evening and 50 mg of Seroquel at bedtime by mouth for depression. A review of R67's EMR revealed no physician-documented rationale for the indicated use of Seroquel for dementia-related agitation or depression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 failed to provide a physician-documented rationale for the indicated use of Seroquel for dementia-related agitation or depression as requested on 04/23/25. On 04/22/25 at 07:26 AM, R67 sat in the dining room of the memory care unit. R67 was agitated and yelling at the care staff, but was redirectable. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated antipsychotic medications were to be used with residents with behavioral issues and mental illness. She stated dementia and depression alone were not indications for the use of antipsychotic medications. On 04/23/25 at 01:06 PM, Administrative Nurse D stated depression and dementia diagnoses were not acceptable indications for the use of antipsychotic medications. She stated the psychiatric consultant reviewed the medications routinely and recently looked at the indications for use. The facility's Use of Psychotropic Drugs policy, revised 01/2020, indicated the facility was not to give psychotropics unless necessary to treat a specific condition and deemed beneficial to the resident. The policy noted the facility would identify the risks versus benefits of the medications use and utilize non-pharmacological interventions. The policy noted the facility would ensure continual medication monitoring and adjust the dosage to meet the therapeutic needs of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility identified a census of 74 residents with one kitchen and two dining rooms. Based on observation, record review, and interviews, the facility failed to follow sanitary dietary standards related to food and equipment storage. This deficient practice placed the residents at risk related to foodborne illnesses and food safety concerns. Findings Included: - On 04/21/25 at 07:00 AM, a walkthrough of the facility's kitchen was completed: An inspection of the kitchen's reach-in freezer unit revealed 13 uncovered cups of chocolate ice cream open to the air in the freezer. The cups were unlabeled and undated. An inspection of the plate and utensil storage area revealed stacked bowls in a plastic bin facing upward. An inspection of the kitchen's reach-in refrigerator located in the dry food storage office revealed an opened, but unlabeled/undated chocolate pie. On 04/21/25 at 07:20 AM, an inspection of the open kitchenette in the main entry area revealed stains and old food debris covering the inside of the refrigerator and microwave. The kitchenette freezer contained open, but unlabeled/undated food items. On 04/22/24 at 12:18 PM, the food cart was transported to the memory care unit. Clean plates were stored on the second shelf of the cart facing upwards. On 04/21/24 at 12:15 PM, the food cart was transported to the memory care unit. Clean plates were stored on the second shelf of the cart facing upwards. On 04/23/25 at 11:34 AM, Dietary Staff BB stated staff were expected to store all the food utensils and plates downward to prevent cross-contamination. She stated all open food items were to be dated and labelled before being stored in the kitchen or kitchenettes. The facility's Food Preparation and Service revised 12/2024 stated the facility was to ensure food service employees handle kitchen food and equipment in a manner that complies with safe handling practices. The policy noted all food was to be labeled and dated. The policy noted cooking equipment would be maintained in a sanitary environment and stored in a manner to prevent contamination or soiling.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility identified a census of 74 residents. The sample included 19 residents. Based on observations, interviews, and record reviews, the facility failed to conduct a thorough facility-wide assessment to determine the resources necessary to care for residents competently during both day-to-day operations and emergencies. This failure affected all 74 residents residing in the facility. Findings Included: - On 04/21/25, Administrative Staff A provided a Facility Assessment updated 12/19/24. A review of the assessment revealed the following: The assessment identified the required staffing needs per day but failed to identify the specific staffing needs by shifts for the weekends and staffing needed for the specialized Memory Care Unit. On 04/21/25, a review of the facility's Payroll Based Journal (PBJ - a staffing data report) from 04/01/24 to 03/31/25 revealed excessively low weekend staffing triggered for all four quarters. On 04/24/25 at 01:30 PM, Administrative Staff A stated the facility assessment was recently updated to reflect the recent Centers for Medicare and Medicaid Services (CMS) staffing assessment requirements. She stated the facility assessment reflected the required staff hours per day, but may not have broken down the hours to reflect weekends and specialty units. She stated the reported PBJ hours were pulled from the completed facility assessment data. The facility's Facility Assessment policy, revised 06/18/24, indicated the facility would conduct and document a facility-wide assessment to determine what resources were necessary to care for the residents during day-to-day operations, including evenings, nights, and weekends.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. The facility had a census of 74 residents. Based on interview and record review, the facility failed to submit complete and accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ). This placed the residents at risk for impaired care due to unidentified staffing issues. Findings included: - The PBJ report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year 2024, all four quarters indicated the facility triggered for low weekend staffing. On 04/23/25 at 01:01 PM, Administrative Nurse D stated that the weekend staffing was not low. Administrative Nurse D stated there was a call-in on the weekends at times, but staffing was not low. On 04/22/25 at 01:22 PM, Administrative Staff A stated that the information submitted was based on the payroll hours. Administrative Staff A stated the facility was not staffed lower than during the week for the direct care staff. The facility's Payroll Based Journal policy dated 12/01/19 documented it was the policy of the facility to electronically submit to Centers for Medicare & Medicaid Services (CMS) complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. The facility identified a census of 45 residents. Based on observations, record reviews, and interviews, the facility failed to maintain an effective quality assessment and assurance (QAA) program to address quality deficiencies prior to the survey. This deficient practice placed the residents at risk for ineffective care. Findings Included: - The facility identified a census of 74 residents. The sample included 19 residents, with three reviewed for dignity. Based on observation, interview, and record review, the facility failed to provide a dignified care environment for Resident (R) 59 during meals. This deficient practice placed the residents at risk for impaired dignity and quality of life. (Refer to F550) The facility identified a census of 74 residents. The sample included 19 residents, with four reviewed for reasonable accommodation of needs related to assistive devices. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 23, R65, R10, and R281 had a way to communicate their needs due to their call lights being left out of reach. The facility additionally failed to ensure safe transport for R44, R71, and R76 due to them being pushed in their wheelchairs without foot pedals. This deficient practice placed the residents at risk for preventable accidents and injuries. (refer to F558) The facility identified a census of 74 residents. The sample included 19 residents. Based on observation, record review, and interview, the facility failed to ensure staff secured and protected the privacy and confidentiality of Resident (R) 2's medical record. This placed this resident at risk for impaired right to confidentiality. (Refer to F583) The facility identified a census of 74 residents. The sample included 19 residents, with three sampled residents reviewed for nutrition and hydration. Based on observation, record review, and interview, the facility failed to ensure Resident (R) 37 was positioned appropriately in his Broda chair (specialized wheelchair with the ability to tilt and recline) while being assisted by staff with eating at meals. This placed R37 at risk of swallowing complications and possible aspiration (inhaling liquid or food into the lungs) of food. (Refer to F657) The facility identified a census of 74 residents. The sample included 19 residents, with two residents reviewed for dignity. Based on observation, record review, and interviews, the facility failed to ensure R10's footrest was down on her wheelchair, her feet had appropriate footwear, and further failed to ensure R6 was provided with assistance while eating. This defiant practice placed R10 and R6 at risk of impaired activities of daily living (ADL) and unmet care needs. (refer to F677) The facility identified a census of 74 residents. The sample included 19 residents, with five residents reviewed for pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, because of pressure, or pressure in combination with shear and/or friction). Based on observation, record review, and interviews, the facility failed to ensure pressure-reducing devices were in place for Resident (R) 6 and R10, who were at risk for the development of pressure ulcers. This deficient practice placed R6 and R10 at risk for complications related to skin breakdown. (Refer to F686) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility identified a census of 74 residents. The sample included 19 residents, with two residents reviewed for positioning and mobility. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 10's resting splint and R41's cockup splint were applied for contractures (abnormal permanent fixation of a joint or muscle), and dysphagia (swallowing difficulty). This deficient practice placed the resident at risk for discomfort and decreased range of motion (ROM - the full movement potential of a joint, usually its range of flexion and extension). (Refer to F688) The facility reported a census of 74 residents, with 19 residents sampled. Based on observation, interview, and record review, the facility failed to ensure a safe care environment related to environmental hazards. On 04/21/25 at 07:15 AM, an inspection of the facility's open kitchenette area off the main entry revealed the kitchenette's oven/stove top power shut-off was not activated. An inspection of the electric oven/stove top revealed working stove top burners and oven, and the counter to the left of the oven revealed a working bread toaster. On 04/21/25 at 07:30 AM, an inspection of the 200-hallway revealed an unlocked maintenance closet which contained 15 bottles of disinfectant cleaner. On 04/21/25, an inspection of the secured memory care unit revealed cognitively impaired Resident (R) 24 going through an unlocked cabinet next to the television area, which contained a half-gallon jug of bleach and disinfectant spray. The facility failed to secure potentially hazardous materials and equipment, which placed 11 cognitively impaired/independently mobile residents on the main unit and four cognitively impaired/independently mobile residents on the memory care unit in immediate jeopardy. The facility additionally failed to implement effective fall interventions for R69. This deficient practice placed R69 at risk for falls and accidents. (refer to F689) The facility identified a census of 74 residents. The sample included 19 residents, with three sampled residents reviewed for nutrition and hydration. Based on observation, record review, and interview, the facility failed to ensure Resident (R) 37 was positioned appropriately in his Broda chair (specialized wheelchair with the ability to tilt and recline) while being assisted by staff with eating at meals. This placed R37 at risk of swallowing complications and possible aspiration (inhaling liquid or food into the lungs) of food. (Refer to F692) The facility identified a census of 74 residents. The sample included 18 residents, with one resident reviewed for respiratory care. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 13's continuous positive airway pressure (CPAP - a ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) was stored in a sanitary manner. This placed R13 at an increased risk for respiratory infection and complications. (Refer to F695) The facility identified a census of 74 residents. The sample included 19 residents, and five Certified Nurse Aides (CNA) were reviewed for yearly performance evaluations and the associated in-service training. Based on record review and interview, the facility failed to ensure that five of the five CNA staff reviewed had yearly performance evaluations completed. This placed the residents at risk for inadequate care. (Refer to F730) The facility identified a census of 74 residents. Based on record review and interviews, the facility failed to maintain the posted daily nurse staffing data for the required 18 months. (Refer to F732) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility identified a census of 74 residents. The sample included 19 residents. Based on observation, record review, and interview, the facility failed to ensure staff provided the necessary person-centered activities and interventions to address Resident (R) 37's dementia (a progressive mental disorder characterized by failing memory, confusion) diagnosis. This deficient practice placed R37 at risk of ineffective treatment and decreased quality of care. (Refer to F744) The facility identified a census of 74. The sample included 19 residents, with five sample residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported when Resident (R) 2, R37, and R67 antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication lacked a Centers for Medicare and Medicaid (CMS) approved indication for use. These deficient practices placed R2, R37, and R67 at risk of unnecessary medication administration and related complications. (Refer to F756) The facility identified a census of 74. The sample included 19 residents, with five sample residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure the physician provided an appropriate Centers for Medicare and Medicaid Services (CMS) indication for use of Resident (R) 2 and R67's prescribed antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) medication. The facility failed to ensure the physician provided the risk versus benefit for the continued use of antipsychotic medications. These deficient practices placed R2 and R67 at risk of unnecessary medication administration and related complications. (Refer to F758) The facility identified a census of 74 residents with one kitchen and two dining rooms. Based on observation, record review, and interviews, the facility failed to follow sanitary dietary standards related to food and equipment storage. This deficient practice placed the residents at risk related to foodborne illnesses and food safety concerns. (Refer to F812) The facility identified a census of 74 residents. The sample included 19 residents. Based on observations, interviews, and record reviews, the facility failed to conduct a thorough facility-wide assessment to determine the resources necessary to care for residents competently during both day-to-day operations and emergencies. This failure affected all 74 residents residing in the facility. (Refer to F838) The facility had a census of 74 residents. Based on interview and record review, the facility failed to submit complete and accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ). This placed the residents at risk for impaired care due to unidentified staffing issues. (Refer to F851) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility identified a census of 74 residents. The facility identified 14 residents on Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high contact care). Based on record review, observations, and interviews, the facility failed to ensure that trash was not left on the floor, and linens, dishes, trash bags, and gloves were not left on the radiator or handrail. The facility failed to ensure Resident (R) 22's, and R39's nasal cannula oxygen tubing was stored in a sanitary manner and failed to ensure R13's continuous positive airway pressure (CPAP - ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) mask was stored in a sanitary manner, and further failed to ensure the Hoyer (total body mechanical lift) was sanitized after resident use. These deficient practices placed the residents at risk for infectious diseases. (Refer to F880) The facility had a census of 74 residents. Five Certified Nurse Aides (CNA) were sampled for required in-service training. Based on the record review and interview, the facility failed to ensure that five of the five CNA staff reviewed had the required 12 hours of in-service education. This placed the residents at risk for decreased quality of life and/or inadequate care. (refer to F947). The faciity Quality Assurance and Performance Improvement (QAPI) policy dated October 2022 documented it was the policy of this facility to develop, implement, and maintain an effecive, comprehensive, data driven QAPI program that focused on indicators of the outcomes of care and quality of life and addresses all the care and unique services the facility provided. The QualityAssessment and Assurance (QAA) Committee shall be interdisciplinary and shall develop and implement appropriate plans of action to correct identified quality deficiencies; regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements; policies and procedures for feedback, data collection systems, and monitoring. Process addressing how the committee will conduct activities necessary to identify and correct quality deficiencies. Key components of this process include, but are not limited to, the following: tracking and measuring performance, establishing goals and thresholds for performance improvements, identifying and prioritizing quality deficiencies; systematically analyzing underlying causes of systemic quality deficiencies; developing and implementing corrective action or performance improvement activities; monitoring and evaluating the effectiveness of corrective action/performance improvement activities and revising as needed; a prioritization of program activities that focus on resident safety, health outcomes, autonomy, choice and quality of care, as well as, high-risk, high-volume, or problem-prone areas as identified in the facility assessment that reflects the specific units, programs, departments and unique population the facility serves. The facility must also consider the incidence, prevalence, and severity of problems or potential problems identified. A commitment to quality assessment and performance improvement by the governing body and/or executive leaders. Process to ensure care and services delivered meet accepted standards of quality. The facility will maintain documentation and demonstrate evidence of its ongoing QAPI program. Documentation may include, but is not limited to: the written QAPI plan; systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; data collection and analysis at regular intervals; documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities. The plan and supporting documentation will be presented to the State Survey Agency or Federal surveyor at each annual recertification survey and upon request. The plan and supporting documentation will be presented to the Centers for Medicare & Medicaid Services (CMS) upon request.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Some	Provide and implement an infection prevention and control program. The facility identified a census of 74 residents. The facility identified 14 residents on Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high contact care). Based on record review, observations, and interviews, the facility failed to ensure trash was not left on the floor, and linens, dishes, trash bags, and gloves were not left on the radiator or handrail, failed to ensure Resident (R) 22's, and R39's nasal cannula oxygen tubing was stored in a sanitary manner and failed to ensure R13's continuous positive airway pressure (CPAP - ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) mask was stored in a sanitary manner, and further failed to ensure the Hoyer (total body mechanical lift) was sanitized after resident use. These deficient practices placed the residents at risk for infectious diseases. Findings included: - On 04/21/25 at 07:01 AM during the initial walk-through: On hall 300 a cup, gloves, and trash bags were on the handrail. A clear trash bag filled with briefs, and wipes and laid on the floor at the top of hall 200, close to the commons area. A white towel a plate with a plastic spoon and a cup were laid on the register at the end of hall 400. R22's and R39's nasal oxygen tubing was wrapped around the stationary canisters in their rooms. R22's and R39's nasal cannulas were not stored in a sanitary manner. On 04/21/25 at 08:10 AM, R13 laid in her bed. R13's CPAP mask and tubing laid on the floor between her bed and the wall. R13's CPAP was not stored in a sanitary manner. On 04/22/25 11:46 AM, R11 was transferred from her bed into her wheelchair with the assistance of the Hoyer. Certified Medication Aide (CMA) R pushed the Hoyer lift from R11's room to R6's room without cleaning the lift. On 04/23/25 at 12:09 PM, Certified Nurse's Aide (CNA) MM stated all respiratory equipment should be in a bag with a date. CNA MM stated some of the residents have their bags for their CPAPs, and the mask and tubing should be in their bags. CNA MM stated trash should not be left on the rails or the floor. On 04/23/25 at 12:33 PM, Licensed Nurse (LN) G stated residents' CPAP should be stored in a bag with a date and stored in the bag when not in use. LN G stated all respiratory equipment should be stored in a bag when not in use. She stated the facility had barrels for trash, and trash should not be left on the floor or handrails. LN G stated the CNAs can get purple top-lid sanitary wipes to wipe down equipment between residents from nursing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 - Some	On 04/23/25 at 01:01 PM, Administrative Nurse D stated the bags for respiratory equipment should be changed weekly. She stated all residents should have a bag for respiratory equipment when not in use. Administrative Nurse D stated all nursing staff were responsible for ensuring respiratory equipment was stored in a sanitary manner. She stated there should never be trash bags on the floor or trash on the radiator. Administrative Nurse D stated shared equipment should be sanitized between residents, and staff know the purple top wipes could be found in the nurse's cart. The facility's Infection Prevention and Control Program undated policy documented the facility had established and maintained an infection prevention and control program designed to provide a safe, sanitary, comfortable environment, The facility would help prevent the development and transmission of communicable diseases and infections as per acceded by national standards and guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175397	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rossville Healthcare & Rehab Center	600 Perry Rossville, KS 66533

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. The facility had a census of 74 residents. Five Certified Nurse Aides (CNA) were sampled for required in-service training. Based on record review and interview, the facility failed to ensure that five of the five CNA staff reviewed had the required 12 hours of in-service education. This placed the residents at risk for decreased quality of life and/or inadequate care. Findings included: - Review of the information facility's in-service records revealed the following CNAs were employed with the facility for more than 12 months: CNA M was hired on 02/02/18 and had not completed the required in-services in the past 12 months. CNA N was hired on 04/25/22 and had not completed the required in-services in the past 12 months. CNA P was hired on 04/07/22 and had not completed the required in-services in the past 12 months. CNA O was hired on 01/16/23 and had not completed the required in-services in the past 12 months. CNA Q was hired on 01/19/24 and had not completed the required in-services in the past 12 months. On 04/23/25 at 09:08 AM, Administrative Nurse D stated it was a team effort to ensure the direct care staff received their 12-hour required in-service education. Administrative Nurse D stated that the facility had hired a clinical nursing educator to help with in-services and education. The facility failed to provide a policy related to required yearly in-services.