STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 had a census of 44 residents. The sample included 13 residents. Based on observation, interview, and record review, the facility failed to promote care in a manner to maintain and enhance dignity and respect when staff administered an injection to Resident (R) 5 in the dining room, in view of residents and visitors, and failed to place a privacy bag on R2's urinary drainage bag. This placed the residents of the facility at risk for impaired dignity. Findings included:- On 08/18/25 at 12:05 PM, observation revealed Licensed Nurse (LN) H obtained a finger stick blood sugar from R5 and then administered insulin (a hormone that lowers the level of glucose in the blood) in R5's right upper arm, at the dining room table, with two resident and two staff sitting at the table and seven other residents' seated in the dining room.On 08/18/25 at 12:10 PM, Nurse Consultant GG verified the nurse should not obtain the resident's blood sugar reading or administer his insulin at the dining room table and should take the resident out of the dining room to a private area.The facility's Promoting/Maintaining Residents' Dignity policy, dated 10/21/23, documented the facility would protect and promote residents' rights and treat each resident with respect and dignity, as well as care for each resident in a manner and in an environment that maintains or enhances the resident's quality of life by recognizing each resident's individuality. All staff members are involved in providing care to residents to promote and maintain residents' dignity and respect residents' rights. The policy documented when staff interacted with the resident, they would pay attention to the resident as an individual and explain care or procedures to the resident before initiating the activity, and maintain the resident's privacy.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility had a census of 44 residents. The sample included 13 residents. Based on record review and interview, the facility failed to provide Resident (R) 28, or their representative, the completed Skilled Nursing Facility Advanced Beneficiary Notices (ABN) form 10055 and failed to provide R53 and R54 the completed Notice of Medicare Non-Coverage Form (NOMNC) Centers for Medicare and Medicare Services (CMS) form 10123, and the 10055 form. This placed the residents, or their representatives, at risk of making uninformed decisions about their skilled services and at risk of incurring charges if exercising their right to appeal. Findings included:- The Medicare ABN form 10055 informed the beneficiary that Medicare may not pay for future skilled therapy services. The form included an option for the beneficiary to receive specific services listed and bill Medicare for an official decision on payment. The form stated 1) I understand if Medicare does not pay, I will be responsible for payment, but can make an appeal to Medicare, (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for services, (3) I do not want the listed services. The CMS Form 10123 informed the beneficiary that Medicare may not pay for future skilled therapy. The form included options for the beneficiary to receive specific services listed and bill Medicare for a decision on payment.The facility failed to provide R28, or her representative, form 10055, knowing the resident or the resident's representative may have to pay out of pocket. R28's skilled services ended on 04/02/25. The facility failed to provide R53, or her representative, forms 10055 and 10123. R53's skilled services ended on 03/27/25. The facility failed to provide R54, or her representative, forms 10055 and 10123. R54's skilled services ended on 03/17/25. On 08/20/25 at 01:00 PM, Administrative Staff A verified the facility had not provided R53 and R54 and/or their representative the CMS form 10055 or CMS form 10023, and failed to provide R28 the 10055 forms.The Advanced Beneficiary Notices policy, dated 05/07/25, documented that the facility would provide timely notices regarding Medicare eligibility and coverage. The Business Office Manager is the contact person for information regarding Medicare eligibility, coverage, and applying for benefits. A notice alerting residents and the residents' representative of this contact person shall be posted conspicuously in the facility. The Business Office Manager would provide Medicare information to residents/representatives upon request. admission paperwork would include a list of charges, including a list of charges for services not covered under Medicare by the facility's per diem rate. Any changes to these charges would be relayed to the resident/representative in a timely manner. The facility shall inform Medicare beneficiaries of his or her potential liability for payment. A liability notice would be issued to Medicare beneficiaries upon admission or during a resident's stay, before the facility provides an item or service that is usually paid for by Medicare but may not be paid for in a particular instance because it is not medically reasonable and necessary, or Custodial care. The current CMS approved version of the form shall be used at the time of issuance to the beneficiary (resident or resident representative). The Contents of the form shall comply with related instructions and regulations regarding the use of the form. a. For Part A items and services, the facility shall use the SNF ABN form CMS 10055. b. For Part A NOMNC, the facility shall use the form CMS 10123. The Business Office Manager, or designee, is responsible for issuing notices. The facility shall issue a notice each time, and as soon as it makes the assessment that Medicare payment certainly or probably will not be made. The notice shall be hand-delivered if possible to obtain the beneficiary or representative's signature. The notice shall be prepared with an original and at least two copies. The facility shall retain the original and give a copy to the resident/representative. The notice cannot be hand delivered; a telephone notice shall be made, followed up immediately with a mailed, emailed, faxed, or hand-delivered notice. Documentation shall comply with the forms' instructions regarding telephone notices. Mail, secure fax machine, and internet e-mail may also be utilized for delivery of the notice if in-person issuance is not able to be performed, and all methods of delivery must adhere to all statutory privacy requirements under HIPAA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents, with one reviewed for restraints. Based on observation, record review, and interview, the facility failed to provide a physician's order and assessment for a Lap Buddy (a cushioned pad that fits across the resident lap, placed in a wheelchair to remind residents to remain seated and to alert caregivers when a resident attempts to rise and prevents falls by discouraging independent movement) used to restrain Resident (R) 29 while in his wheelchair, placing the resident at risk for complications related to physical restraints. Findings included:- R29's Electronic Medical Record (EMR) documented diagnoses of dementia without behavioral disturbance (progressive mental disorder characterized by failing memory, confusion), transient ischemic attack (TIA- temporary episode of inadequate blood supply to the brain), and traumatic subdural hematoma (SDH- serious condition, typically caused by head injury, where blood collects between the skull and the surface of the brain), muscle weakness, and unsteadiness on feet with abnormal gait and mobility.R29's Significant Change Minimum Data Set (MDS) dated [DATE] documented R29 had severely impaired cognition and required substantial/maximal staff assistance with chair-to-bed transfers and to sit-to-stand, personal hygiene, oral hygiene, and shower and bathe self. The MDS further documented R29 had two falls with no injury and two falls with minor injury and lacked the use of restraints. R29's Fall Care Plan, dated 08/04/24, documented R29 was at risk for falls related to impaired mobility, gait and balance problems, and unaware of safety awareness. The care plan directed staff to anticipate the resident's needs, check on him frequently, have the call light within reach, and ensure he is wearing appropriate footwear when ambulating. The care plan lacked documentation that the resident had a Lap Buddy in his wheelchair.R29's EMR lacked a physician's order or an assessment for the Lap Buddy.On 08/18/25 at 03:20 PM, observation revealed R29 seated in his wheelchair in the dining room-propelling himself around. Continued observation revealed Certified Nurse Aide (CNA) N told the resident she would push his wheelchair to the living room so he could watch some TV. CNA N pushed R29 in the living room close to a couch and recliner. CNA N left the area to assist a resident in changing her soiled clothes. Continued observation of R29 revealed that after a few minutes, he began rocking back and forth in his wheelchair and was able to stand with the use of the arm of the couch, and started taking approximately five steps from the wheelchair. R29 stood and began to ambulate with no staff in the area. On 08/18/25 at 03:30 PM, observation revealed CNA N returned to the living room and obtained a Lap Buddy, and placed it across R29's lap in the wheelchair. Continued observation revealed Administrative Staff D came to the unit and asked R29 if he wanted some coffee, and he stated yes, so she removed the Lap Buddy and pushed him up to the table and served him a cup of coffee. On 08/18/25 at 03:35 PM, CNA N stated the resident had falls and would attempt to stand, and had to remind him to sit in the wheelchair due to weakness and fall potential. CNA N they put the Lap Buddy on him to prevent him from standing and falling out of the wheelchair. CNA N states that two aides work on the unit from 2:00 pm to 10:00 PM, and the nurse will come from the other side of the facility to administer the resident's medication or when her assistance is needed.On 08/18/25 at 03:50 PM, Administrative Nurse D stated she thought the physician had recently ordered the Lap Buddy and thought she told the nurse to add the device to the resident's care plan. Continued review revealed the facility lacked a physician order for the Lap Buddy, lacked an assessment for the Lap Buddy, and lacked a care plan for the use of the Lap Buddy. Administrative Nurse D stated she would get the order, assessment, and then have it added to the care plan. The facility's Restraint Free Environment policy, undated, documented each resident shall attain and maintain his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints. A physical restraint is defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily., which restricts freedom of movement or normal access to one's body. Physical restraints may include placing a resident in a chair that prevents the resident from rising, placing a device in conjunction with a chair, such as a tray, tables, cushions, bars, belts that the resident cannot remove and prevents the resident from rising.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. The facility had a census of 44 residents. Based on observation, record review and interview the facility failed to provide a background check for Housekeeping Supervisor (HS) U, who had been employed with the facility since 1979, left, and came back in 1991. This placed the residents at risk for abuse.Findings included:- Review of background checks revealed the facility lacked a background check on HS U.On 08/19/25 at 01:50 PM, observation revealed HS U pushed a housekeeping cart down the west side of the facility.On 08/18/25 at 02:00 PM, Administrative Staff A stated the facility lacked documentation a background check was conducted on HS U, because she had been employed with the facility since 1991.On 08/19/25 at 12:57 PM, HS U stated she was employed with the facility in 1979 or 1980, left, then was rehired in 1991.The facility failed to provide a policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on record review and interview, the facility staff failed to identify an unwitnessed fall which resulted in serious injury as a potential allegation of neglect or abuse and report immediately to the State Survey Agency (SA), when Resident (R) 2, a cognitively impaired resident, had an unwitnessed fall with a fracture, and R8, a cognitively impaired resident, had a bruise of unknown origin. This placed the resident at risk for further injury and unidentified abuse or neglect. Findings included: - R2's Electronic Medical Record (EMR) documented R2 had diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and a fracture neck of the left femur (thigh bone).R2's Significant Change (MDS), dated [DATE], lacked a documented cognitive status. The MDS documented R2 required substantial to maximal staff assistance with most activities of daily living (ADL). The MDS documented the resident received an antianxiety (a class of medications that calm and relax people) and antidepressant (a class of medications used to treat mood disorders) medication. The Dementia Care Area Assessment (CAA) dated 07/22/25, documented R2 had dementia, inattention, and disorganized thinking. The Falls CAA dated 07/22/25, documented to see the therapy record, diagnosis list, pain assessment, and nurse assessment. R2's Fall Care Plan, dated 07/27/25, documented R2 had a fracture left hip on 07/06/25 and a right fractured hip on 02/04/25. The care plan instructed staff to anticipate and meet R2's needs, make sure the call light is within reach, and respond promptly to all requests for assistance. The care plan directed staff to have an anti-roll back on her wheelchair, monitor, and document pain. The Nurse's notes, dated 02/04/25 at 03:25 AM, documented the nurse was called to the resident's room by a Certified Nurse Aide (CNA) O. R2 was observed lying on her right side beside her bedside table, which was positioned beside her recliner. R2 was screaming and crying, unable to comprehend staff instructions or questions. R2 batted staff away when attempting to obtain vital signs and complete an assessment. R2 was unable to articulate what had happened and would occasionally point to the window, cry, and scream. R2 complained of right hip pain and was incontinent of bladder. Continued assessment revealed no skin tears, abrasions, lacerations, or contusions. R2's right leg was noted to be approximately 1-2 inches shorter than her left leg. The Nurses notes, dated 02/02/25 at 04:35 AM, documented the ambulance was notified of transport with a possible right hip fracture. The Nurses notes, dated 02/04/25 at 10:55 AM, documented the facility received a call from the hospital regarding R2's right hip fracture and condition. The hospital sent the resident to an out-of-town hospital for hip surgery.The Nurses notes, dated 02/07/25 at 03:00 PM, documented the resident returned to the facility per wheelchair for continued care as a prior resident of the facility.The facility's Incident Note, undated, documented on 02/04/25 at 03:25 AM, the nurse was called to the resident's room, and R2 was on her right side beside her bedside table, which was positioned beside her recliner. The resident was screaming and crying, unable to comprehend staff instructions or questions. R2 was unable to voice what happened but complained of right hip pain. R2 was incontinent of bladder and did not have any skin tears, lacerations, or abrasions noted by the nurse. The nurse noted the resident's right leg was shorter than the left leg. At 03:30 AM, the nurse administered PRN Tramadol (analgesic) to try to decrease the pain in an attempt to complete a more thorough assessment. At 04:30 AM, the Nurse Practitioner was notified of assessment findings, and an order was received to transport the resident to the hospital for further evaluation. The incident note documented the resident was care planned for I need assistance with my ADLs due to my dementia, and documented she makes her own decisions but sometimes needs staff assistance. The report had been documented on the top of the form Not Reportable. On 08/20/25 at 12:10 PM, Nurse Consultant GG verified the facility had not reported R2's unwitnessed fall with injuries to the SA due to the fact that the resident had a diagnosis of osteoarthritis, osteoporosis, was in a private room, her care plan was followed, and the fracture was not suspicious. Nurse Consultant GG verified the resident was cognitively impaired, was unable to explain what happened, and had a fall that resulted in a fracture. The facility's Resident Right to Freedom from Abuse, Neglect, and Exploitation policy, dated 2025, documented the facility would ensure the residents are free from abuse, neglect, misappropriation of their property, and exploitation. In response to allegations of abuse, neglect, exploitation or mistreatment, the facility shall report the results of all investigations to the administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to provide a Bed Hold Notification for Resident (R) 7 and R52 and notify the Office of the Long-Term Care Ombudsman (LTCO public official who works to resolve resident issues in nursing facilities) of the discharge for R7, R52, and R50 discharge from the facility. This placed the residents, and/or their representatives, at risk for uninformed care choices and impairs rights.Findings included:- R7’s Electronic Medical Record (EMR) included diagnoses of heart failure, generalized osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), pain, tremors, Parkinson’s disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), aftercare following joint replacement surgery, muscle weakness, and a history of falls. R7’s “Medicare 5 Day Minimum Data Set” (MDS) dated [DATE], documented R15 had intact cognition, had functional range of motion in both lower extremities, required partial/moderate assistance with toileting hygiene, bed mobility, and substantial/maximal assistance with sit to standing, transfer to chair, and toilet. R7 had occasional incontinence of urine. The MDS further documented that R7 received scheduled pain medication, received as-needed pain medication, and had trouble breathing with exertion, sitting at rest, and when lying flat, and had a surgical hip replacement. R7’s MDSs recorded: On 07/14/25 a Discharge Return Anticipated. On 07/18/25 Entry into the facility. R7’s “Care Plan” dated 08/11/25, documented R7 had a hip fracture related to a fall on 07/17/25 and directed staff to monitor/document/report as needed signs and symptoms of hip fracture complications. The “Progress Note” dated 07/14/25 at 10:26 PM, documented that the staff called to R7’s room due to a fall with possible injury. R7 had significant pain in the left and the back. An ambulance was called to transport R7 to the emergency room. The “Progress Note” dated 07/16/25 at 10:08 AM, documented a hospital call reporting R7 had a total hip replacement done and was doing well, receiving occupational and physical therapy, and was possible for discharge on [DATE]. The “Progress Note” dated 07/18/25 at 12:19 PM, documented R7 returned to the facility accompanied by facility staff. On 08/19/25 at 02:19 PM, R7 was taken to the therapy department via wheelchair to be weighed and work with therapy staff. On 08/19/25 at 12:49 PM, Administrative Nurse D reported that a bed hold was not provided to the resident or resident representative at the time of transfer to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/19/25 at 03:19 PM, Administrative Staff A reported the last ombudsman notification was made in January 2025, and the ombudsman was not notified of R7 discharge on [DATE]. The facility’s “Transfer and Discharge” policy dated 02/01/20 documented for an emergency transfer/discharge, the facility provides a notice of the resident’s bed hold policy to the resident and representative at the time of transfer, as soon as possible, but no later than 24 hours of the transfer. The Social Service Director, or designee, shall provide notice of transfer to a representative of the State Long-Term Care Ombudsman via a monthly list. - R52’s Electronic Medical Record (EMR) recorded diagnoses of diabetes mellitus (DM- when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), osteoarthritis(degenerative changes to one or many joints characterized by swelling and pain), muscle weakness, repeated falls, heart failure, and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). R52’s “Quarterly Minimum Data Set” (MDS), dated [DATE], documented that R52 had intact cognition, had functional range of motion impairment of lower extremities, and used a walker. R52 required substantial/maximal assistance with lower-body dressing and putting on footwear. R52 required partial/moderate assistance with bed mobility and transfers. The MDS further documented that R52 received scheduled and as-needed pain medication and had pain that occasionally affected sleep and interfered with activities and day-to-day activities, and used continuous oxygen. R52’s MDSs recorded: On 08/03/25, Discharge Return Anticipated. On 08/06/25, Entry to facility. R52’s “Care Plan” dated 08/06/25 documented that R52 was at risk for falls related to impaired mobility. The Care Plan directed staff to anticipate and meet R52 needs, encourage use of the call light, and promptly respond to all requests for assistance. The “Progress Note” dated 08/03/25 at 12:43 AM documented emergency medical services left the facility with R52 in route to the emergency room. The “Progress Note” dated 08/06/25 at 08:52 PM documented that R52 had returned from the hospital at 03:00 PM, in the facility van, accompanied by staff. On 08/19/25 at 07:52 AM, R52 was using the exercise bike, with staff present. When R52 had finished on the exercise bike, staff assisted the resident into her wheelchair and took her to her room. On 08/19/25 at 12:49 PM, Administrative Nurse D reported that a bed hold was not provided to the resident or resident representative at the time of transfer to the hospital. On 08/19/25 at 03:19 PM, Administrative Staff A reported the last ombudsman notification was made in January 2025, and the ombudsman was not notified of R52's discharge on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility’s “Transfer and Discharge” policy, dated 02/01/20, documented for emergency transfer/discharge, the facility provides a notice of the resident’s bed hold policy to the resident and representative at the time of transfer, as soon as possible, but no later than 24 hours of the transfer. The Social Service Director, or designee, shall provide notice of transfer to a representative of the State Long-Term Care Ombudsman via a monthly list. - R50's Electronic Medical Record (EMR) documented R50 had a diagnosis of diabetes mellitus (DM- when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin) with foot ulcers (open sore or wound). R50's Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview of Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R50 independent with most activities of daily living (ADL) and had an active discharge plan to return to the community. The “Care Area Assessment” (CAA), dated 06/16/25, did not trigger for return to the community. R50's Care Plan, revised 06/24/25, documented R50’s initial discharge plan was to return to the community. R50's Progress Notes dated 07/01/25 at 03:00 PM documented the resident was discharged to home/community. R50's clinical record lacked evidence the LTCO was notified of his discharge home. Review of the discharges from 07/24 to present revealed the last ombudsman notification sent in 01/2025. On 08/19/25 at 12:47 AM, Administrative Staff A stated that Administrative Staff B was responsible for sending notification of R50’s discharge to the LTCO. Administrative Staff A verified that the ombudsman was not notified when the resident was discharged from the facility. The facility's Transfer and Discharge Policy,” revised 02/01/20, documented a copy of the transfer and discharge notice would be provided to a representative of the LTCO.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to revise the care plan to include Resident (R) 21's ongoing use of prophylactic (preventative in nature) antibiotics (class of medication to treat infections) related to a history of urinary tract infections (UTI- an infection in any part of the urinary system). This placed the residents at risk for physical decline, other related complications, and at risk for unnecessary medications.Findings included:- R21's Electronic Medical Record (EMR) included diagnoses of chronic kidney disease, anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, dehydration, hypertension (elevated blood pressure), restlessness, agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), dementia (a progressive mental disorder characterized by failing memory and confusion), and anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).R21's Quarterly Minimum Data Set (MDS) dated [DATE] documented R21 had moderately impaired cognition, used a walker, required partial/moderate assistance with toileting hygiene, and was independent with other activities of daily living, transfers, and mobility. R21 had occasional incontinence of urine and bowel, no infections, and no pain. The MDS further documented that R21 received an antianxiety (a class of medications that calm and relax people), an anticoagulant (a class of medications used to prevent the blood from clotting), an antibiotic, and a diuretic (a medication to promote the formation and excretion of urine).The Urinary Incontinence Care Area Assessment (CAA) dated 03/20/25 documented that staff were to monitor for signs and symptoms of consequences of incontinence, such as infection, to help prevent infections and encourage fluids to help prevent infection.R21's Care Plan dated 07/30/25 documented the risk for incontinence due to chronic kidney disease. The Care plan directed the staff to provide peri-care after incontinent episodes and use a barrier cream as needed to keep R21's skin healthy. The care plan lacked a history of urinary tract infections or use of prophylactic antibiotics.The Physician Order dated 03/18/25, directed staff to administer Nitrofurantoin (antibiotic medication) 100 milligrams (mg) daily, of 30 pills with three refills.The Physician Order dated 04/30/25, directed staff to administer Nitrofurantoin 100 mg daily for 30 days.The Physician Orders signed on 05/02/25, 06/04/25, 07/02/25, and 08/05/25 continued to direct staff to administer Nitrofurantoin 100 mg daily for prophylaxis without a stop date. The review of the EMR the physician lacked review of the ongoing use of Nitrofurantoin daily to prevent UTIs. Administrative Nurse D was unable to locate documentation from the physician's progress notes of a rationale for the ongoing use of nitrofurantoin. On 08/19/25 at 09:02 AM, Certified Medication Aide (CMA) R administered the morning medications while R21 sat at the dining room table. CMA R verified Nitrofurantoin could be crushed and mixed with applesauce due to R21's history of pocketing medication in her cheek, then spitting them out into a napkin. R21 took the medications without concern.On 08/20/25 at 01:36 PM, Administrative Nurse D verified R21's care plan should include the use of prophylactic measures for the history of UTIs.Upon request, the facility failed to provide a policy related to care plan timing and revisions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to meet the professional standard of quality when preparing medications for administration to the residents. This placed the residents at risk of receiving the incorrect medications.Findings included:- On 08/18/25 at 08:49 AM, while checking the medication cart during initial entry into the facility with Licensed Nurse (LN) G, the medication cart located on the long-term care unit, the top drawer contained four handwritten resident-labeled medication cups with a variety of shapes and colored medications. LN G stated she had pre-set the medications and was aware this should not be done.On 08/20/25 at 02:00 PM, Administrative Nurse D verified that medications should not be pre-set before the resident is ready to take them.The facility's Medication Administration policy dated 03/19/25 documented that medications are administered by licensed nurses or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to ensure an environment free from accident hazards when staff failed to place R24's motion detector floor alarm on when R24 was in his room. The facility failed to keep chemicals in the laundry room and the west supply room locked and inaccessible to the residents. This placed R24 at risk for a fall and all the residents at risk for residents at risk for accessing hazardous chemicals.Findings included: - R24's Electronic Medical Record (EMR) documented R24 had diagnoses of macular degeneration (progressive deterioration of the retina) and pain. R24's Quarterly Minimum Data Set (MDS), dated [DATE], documented R24 had a Brief Interview of Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS documented R24 required supervision with transfers and ambulation. R24's Care Plan, revised 06/18/25, documented R24 required partial, moderate assistance of transfer to a chair-to-bed or bed-to-chair. The plan documented 24 required 1 staff assistance with standing and walking in a room, corridor, or small space. The plan documented R24 at risk for falling and instructed staff to ensure the motion alarm was on when the resident was in his room. On 09/19/25 at 09:15 AM, observation revealed R24 sat in a recliner in his room, the floor motion alarm sat on top of a table, by the entrance door, and was not on. On 08/19/25 at 09:15 AM, Certified Nurse Aide (CNA) M entered R24’s room, the alarm did not activate, and verified it was not on, placed it on the floor, and turned it on. CNA M stated the alarm is to be on at all times when R24 was in his room. On 08/20/25 at 12:55 PM, Administrative Nurse D stated that if R24 was care planned to have the floor alarm on when he is in his room, she would expect staff to follow the care plan. Administrative Nurse D verified R24’s care plan, instructed staff to place the floor motion alarm on at all times when R24 was in his room. The facility’s “Accident and Supervision Policy,” revised 02/01/20, documented the residents’ environment would remain as free of accident hazards as possible, and each resident would receive adequate supervision and assistive devices to prevent accidents. - On 08/18/25 at 08:10 AM, observation revealed an unlocked laundry room door on the dementia unit. The unlocked room contained the following: Eleven containers of “Super Sani cloths (disinfecting disposable wipes),” 16 ounces (oz). The label on the container with the following precautions: “Keep out of reach of children, avoid contact with eyes and skin, and may cause eye irritation.” (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Two buckets of “Clean Slate liquid laundry bleach (laundry bleach),” 5-gallon buckets. The label on the bucket with the following precautions: “Keep out of reach of children, vapors may be harmful if inhaled, may cause severe harm if ingested, or if the product comes into contact with skin or eyes. ” Two plastic jugs of “Clean slate lime scale remover (cleaner to remove lime build up from hard water on surfaces),” one gallon. The label on the jug with the following precautions: “May cause severe skin burn and eye damage.” Seven bottles of “Apollo Turbo cleaner pro disinfectant detergent (dislodges buildup from plumbing), ” one gallon. The label on the bottle with the following precautions: “Keep out of reach of children, avoid contact with eyes, harmful if ingested.” On 08/18/25 at 08:20 AM, Maintenance Staff U verified the above finding, stated the laundry room door should be locked at all times. Maintenance Staff U locked the door to the laundry room. On 08/18/25 at 10:20 AM, Nurse Consultant GG verified she expected staff to store chemicals in a locked room. The facility’s “Accidents and Supervision” policy, dated 02/02/20, documented the resident’s environment would remain as free of accident hazards as possible, and each resident would receive adequate supervision and assistive devices to prevent accidents. The policy documented the facility shall establish and utilize a systematic approach to address resident risk and environmental hazards to minimize the likelihood of accidents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to ensure the daily staff nursing hours were posted for one day of the onsite survey. Findings included:- On 08/18/25, 08/19/25, and 08/20/25, observations revealed the facility lacked postings of daily staff nursing hours. On 08/20/25 at 09:53 AM, Administrative Staff A stated the scheduler was responsible for posting the daily nursing staff hours and verified it was not posted on the on-site days of the survey.The facility's Nurse Staffing Posting Information Policy, revised 12/01/19, documented the nurse staffing information would be posted on a daily basis and would contain the following information:a. Facility nameb. The current datec. Facility's current resident census. d. The total number and the actual hours worked by the following categories of licensed and unlicensed staff directly responsible for resident care per shift: Registered Nurse (RN), Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN), and Certified Nurse Aide (CNA).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to ensure the Consultant Pharmacist (CP) identified and reported Resident (R) 21's long-term use of prophylactic (preventative in nature) antibiotic (medications used to treat infections). This placed R21 at risk for inappropriate use of medications.Findings included:- R21's Electronic Medical Record (EMR) included diagnoses of chronic kidney disease, anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, dehydration, hypertension (elevated blood pressure), restlessness, agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), dementia (a progressive mental disorder characterized by failing memory and confusion), and anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).R21's Quarterly Minimum Data Set (MDS) dated [DATE] documented R21 had moderately impaired cognition, used a walker, required partial/moderate assistance with toileting hygiene, and was independent with other activities of daily living, transfers, and mobility. R21 had occasional incontinence of urine and bowel, no infections, and no pain. The MDS further documented that R21 received an antianxiety (a class of medications that calm and relax people), an anticoagulant (a class of medications used to prevent the blood from clotting), an antibiotic, and a diuretic (a medication to promote the formation and excretion of urine).The Urinary Incontinence Care Area Assessment (CAA), dated 03/20/25, documented that staff were to monitor for signs and symptoms of consequences of incontinence, such as infection, to help prevent infections and encourage fluids to help prevent infection.R21's Care Plan dated 07/30/25 documented the risk for incontinence due to chronic kidney disease. The care plan directed the staff to provide peri-care after incontinent episodes and use a barrier cream as needed to keep R21's skin healthy. The care plan lacked a history of urinary tract infections (UTI- an infection in any part of the urinary system) or use of prophylactic antibiotics.The Hospital Discharge Physician Order dated 02/14/25, directed staff to administer Nitrofurantoin (antibiotic medication) 100 milligrams (mg) twice a day for 10 days.The Physician Order dated 03/18/25, directed staff to administer Nitrofurantoin 100 mg daily, of 30 pills with three refills.The Physician Order dated 04/22/25, directed staff to administer Ceftriaxone (antibiotic medication) Sodium Solution reconstituted one gram intravenously in the morning for 10 days related to urinary tract infection.The Physician Order dated 04/30/25, directed staff to administer Nitrofurantoin 100 mg daily for 30 days.The Physician Orders signed on 05/02/25, 06/04/25, 07/02/25, and 08/05/25, continued to direct staff to administer nitrofurantoin 100 mg daily for prophylaxis without a stop date.The review of the EMR, the physician lacked review of the ongoing use of nitrofurantoin daily to prevent UTIs. Administrative Nurse D was unable to locate documentation from the physician's progress notes of a rationale for the ongoing use of nitrofurantoin. The Pharmacy Drug Regimen Review, dated 02/26/25, 03/12/25, 04/11/25, 05/15/25, 06/13/25, 07/08/25, and 08/17/25, lacked mention of the long-term use of Nitrofurantoin.On 08/19/25 at 09:02 AM, Certified Medication Aide (CMA) R administered the morning medications while R21 sat at the dining room table. CMA R verified Nitrofurantoin could be crushed and mixed with applesauce due to R21's history of pocketing medication in her cheek, then spitting them out into a napkin. R21 took the medications without concern.On 08/19/25 at 03:15 PM, upon request twice, Administrative Nurse E failed to provide the monthly review of antibiotic log use for R21's ongoing use of the prophylaxis Nitrofurantoin.On 08/19/25 at 12:47 PM, Administrative Nurse D reported that the CP reviewed the antibiotic use every six months and would currently do so for R21.The Pharmacy Service policy, dated 02/20/19, documented the facility to ensure that pharmaceutical services, whether employed by the facility or under an agreement, are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to ensure the need for continued antibiotic (a class of medications used to treat infections) use for Resident (R) 21, which placed the resident at risk of receiving unnecessary medication. Findings included:- R21's Electronic Medical Record (EMR) included diagnoses of chronic kidney disease, anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, dehydration, hypertension (elevated blood pressure), restlessness and agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), dementia (a progressive mental disorder characterized by failing memory and confusion), and anemia (an inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).R21's Quarterly Minimum Data Set (MDS), dated [DATE], documented R21 had moderately impaired cognition, used a walker, required partial/moderate assistance with toileting hygiene, and was independent with other activities of daily living, transfers, and mobility. R21 had occasional incontinence of urine and bowel, no infections, and no pain. The MDS further documented that R21 received an antianxiety (a class of medications that calm and relax people), an anticoagulant (a class of medications used to prevent the blood from clotting), an antibiotic, and a diuretic (a medication to promote the formation and excretion of urine).The Urinary Incontinence Care Area Assessment (CAA) dated 03/20/25 documented that staff were to monitor for signs and symptoms of consequences of incontinence, such as infection, to help prevent infections and encourage fluids to help prevent infection.R21's Care Plan dated 07/30/25 documented the risk for incontinence due to chronic kidney disease. The care plan directed the staff to provide peri-care after incontinent episodes and use a barrier cream as needed to keep R21's skin healthy. The care plan lacked a history of urinary tract infections (UTI- an infection in any part of the urinary system) or use of prophylactic (preventative in nature) antibiotics.The Hospital Discharge Physician Order dated 02/14/25, directed staff to administer Nitrofurantoin (antibiotic medication) 100 milligrams (mg) twice a day for 10 days.The Physician Order dated 03/18/25, directed staff to administer Nitrofurantoin 100 mg daily, of 30 pills with three refills.The Physician Order dated 04/22/25, directed staff to administer Ceftriaxone (antibiotic medication) Sodium Solution reconstituted one gram intravenously in the morning for 10 days related to urinary tract infection.The Physician Order dated 04/30/25, directed staff to administer Nitrofurantoin 100 mg daily for 30 days.The Physician Orders signed on 05/02/25, 06/04/25, 07/02/25, and 08/05/25 continued to direct staff to administer Nitrofurantoin 100 mg daily for prophylaxis without a stop date.Review of the EMR noted the physician lacked review of the ongoing use of Nitrofurantoin daily to prevent UTIs. Administrative Nurse D was unable to locate documentation from the physician progress notes of a rationale for the ongoing use of Nitrofurantoin. On 08/19/25 at 09:02 AM, Certified Medication Aide (CMA) R administered the morning medications while R21 sat at the dining room table. CMA R verified Nitrofurantoin could be crushed and mixed with applesauce due to R21's history of pocketing medication in her cheek, then spitting them out into a napkin. R21 took the medications without concern.On 08/19/25 at 03:15 PM, upon request twice, Administrative Nurse E failed to provide the monthly review of antibiotic log use for R21's ongoing use of the prophylaxis Nitrofurantoin.The Antibiotic Stewardship Program Policy, dated 08/23/22, documented that the purpose was to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. The facility had a census of 44 residents. Based on observation, interview, and record review the facility failed to dispose of expired medications in a timely manner. This deficient practice placed residents at risk to receive ineffective medication. Findings included:- On 08/18/25 at 08:20 AM, observation in the facility's East medication room revealed the following expired stock medications:One bottle of Docusate sodium (laxative medication) 500 micrograms (mcg), 100 tablets, with an expiration date of 11/27/24.One bottle of Aspirin (medication to reduce pain, fever, inflammation, and blood thinner) 325 milligrams (mg), 200 tablets, with an expiration date of 01/23/25. One bottle of Vitamin B12 (Vitamin the body uses to make and support healthy nerve cells) 500 mcg, 100 tablets, with an expiration date of 03/07/25. One bottle of Ibuprofen (anti-inflammatory medication) 200mg, 100 tablets, with an expiration date of 06/05/25. On 08/18/25 at 08:25 AM, licensed Nurse (LN) E verified that the expired drugs should have been disposed of. On 08/20/25 at 12:20 PM, Administrative Nurse D verified that the night shift should check the medication cart for expired medications and each nurse administering the medications should check for expired medications and dispose if expired. The facility's Medication Storage in the Facility policy, dated 01/01/20, documented all medications in the premises would be stored in the medication carts or medication rooms according to the manufacturer's recommendation and sufficient to ensure proper sanitization, temperature, light, ventilation, moisture control, segregation, and security. The policy stated the medication rooms were routinely inspected by the facility designee for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with the facility's Destruction of Unused Drugs Policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. The facility had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to employ a full-time Certified Dietary Manager for 43 residents who reside in the facility and receive their meals from the kitchen. This placed the residents at risk of not receiving adequate nutrition.Findings included:- On 08/18/25 at 09:35 AM, Dietary Staff (DS) AA was present in the kitchen and identified herself as the Dietary Manager. DS AA reported she was currently in classes to complete the Certified Dietary Manager course but had not completed the course at this time.The facility's Personnel/Training Policy, Chapter 7 policy, dated 2021, documented regular meetings with the registered dietitian nutritionist (RDN) or designee. Support staff work under the supervision of the RDN, certified dietary manager, director of food and nutrition services, etc. The RDN may delegate certain tasks based on the scope of practice and competency levels of each member of the nutrition team.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to store, prepare, and serve food in a sanitary condition for 43 residents who reside in the facility and received meals from the facility's kitchen. This deficient practice placed the residents at risk for foodborne illness.Findings included:- On 08/18/25 at 08:15 AM, during the initial tour of the kitchen, observations revealed:Dietary Staff (DS) CC and DS BB had facial hair and lacked beard and mustache covers.A fan located above the microwave area, blowing in the direction of the steam table, had an excessive amount of grey/black linted material on the blades, and front and back screens.The dining room refrigerator/freezer combination had two containers of chocolate ice cream without covers or dated to when they were placed in the freezer or when the expiration dates.On 08/18/25 at 09:35 AM, DS AA verified that DS CC and DS DD should have a beard and mustache covering, and the ice cream should have had lids and been labeled when placed in the freezer.On 08/19/25 at 11:56 PM, observation revealed:A fan located near the three-compartment sink, blowing toward the steam table with had an excessive amount of grey/black linted material on the blades, and front and back screens.DS BB checked the food temperatures without cleansing or sanitizing the thermometer between foods.DS CC began to sort spoons from a dishwasher rack with bare hands touching the rounded portion of the spoons.The Hydrion QT-40 chemical sanitizing strip had an expiration date of 07/15/25.The lower portion of the shelving throughout the kitchen was unclean and had food debris and dark particles on it.On 08/19/25 at 12:32 PM, DS AA verified the fans and lower shelving needed to be cleaned, DS BB should have sanitized the thermometer between food, the expired Hydrion QT-40 chemical sanitizing strips would be replaced with ones that had not expired, and DS CC should not touch the eating surface of spoons with bare hands.The Dining RD/Health Technologies, Guideline &Procedure Manual dated 2020 documented that employees will use effective hair restraints, such as hairnets, hair bonnets, and beard guards, to prevent contamination of food or food contact. Staff should be reminded that gloves become contaminated just as hands do and should be changed. often. Food shall be stored on shelves in a clean and dry area free of contaminants. All food items are to be labeled. The label must include the name of the food and the date by which it should be consumed or discarded. All staff will be trained on the frequency of cleaning. Staff will be held responsible for all cleaning tasks. If indicated, additional infection control procedures shall be followed for disinfecting high-touch point areas. It is recommended to use an approved disinfectant solution allowing for a minimum contact time. Spoons, knives, and forks should be touched only by their handles.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents, with one reviewed for hospice services. Based on observation, record review, and interview, the facility failed to ensure a communication process between the hospice provider and the facility for Resident (R) 3, who was admitted to hospice on 06/19/25, which included a plan of care and a description of the services provided, which included contact information, visit frequency, medications, and medical equipment. This placed the resident at risk of not receiving needed care.Findings included: - R3's Electronic Health Record (EHR) revealed a diagnosis of malignant (the tendency of a medical condition, especially tumors, to become progressively worse, most familiar as a characteristic of cancer) neoplasm (tumor) of the breast and bones.R3's Significant Change Minimum Data Set (MDS), dated [DATE], documented R3 had a Brief Interview of Mental Status (BIMS) score of six, which indicated severe cognitive impairment. The MDS document R25 was dependent on staff for most activities of daily living (ADL). The MDS documented R3 received hospice care services.R3's Care Plan, revised 07/09/25, documented R3 dependent on staff with most ADL care. R3's Care Plan documented the resident was admitted to [hospice services] on 06/19/25. The plan directed the staff to administer pain medications as ordered to assure an adequate comfort level, consult with hospice if pain was not controlled with the present regimen. The plan instructed staff to spend all of her family and R3's quiet, uninterrupted time together, anticipate ADL needs, and assist with all care to keep R3 comfortable. The plan instructed staff to notify hospice of significant changes, clinical complications needing plan of care change, and to offer R3 food, fluid preferences as tolerated and turn and reposition R3 as she would allow. The care plan lacked a contact number for hospice, what supplies, equipment, and medications hospice would provide, when hospice staff would be in the building, and what care they would provide.A review of R3's clinical record revealed the resident was admitted to hospice care on 06/19/25. The hospice agreement, dated 01/01/25, documented Hospice and facility would jointly develop and agree upon a coordinated plan of care.On 08/18/25 at 02:21 PM, R3 sat in a recliner in her room with oxygen on per nasal cannula, feet up on footrest, without signs or symptoms of pain.On 08/20/25 at 01:01 PM, Administrative Nurse D verified R3's care plan lacked information regarding hospice visits, phone numbers, and medical supplies that Hospice services would provide.The facility's Coordination of Hospice Services Policy, undated, documented the facility and hospice provider would coordinate a plan of care. The plan of care would identify the care and services each entity would provide in order to meet the needs of the resident and his/her expressed desire for hospice care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 44 residents. Based on interview and record review, the facility failed to submit complete and accurate staffing information through Payroll Based Journaling (PBJ) as required. This deficient practice placed the residents at risk for unidentified and ongoing inadequate nurse staffing. Findings included:- The PBJ report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) Quarter 2 (January 1 - March 31/2025) indicated the facility had excessively low weekend nurse staffing. Review of the facility's weekend nursing schedules for the above Quarter revealed the facility had adequate staffing.The PBJ report provided by CMS for FY Quarter 3 2024 (April 1-June 30) indicated the facility failed to have licensed nursing coverage 24/hours a day on 04/20, 05/04, 05/05, 05/18, and 05/19. Review of the facility's licensed nursing coverage 24/hours a day on the above dates revealed the facility had adequate licensed nurse coverage.On 08/18/25 at 08:26 AM, Administrative Nurse A stated that corporate staff were responsible for submitting the PBJ, but she always checked it before corporate submitted it.The facility lacked a policy related to PBJ.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 had a census of 44 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility's (QAA) Quality Assessment and Assurance program failed to provide good faith efforts to identify multiple issues of concern for 33 residents residing in the facility.Findings included:- The facility failed to treat R5 and R10 with dignity. Refer to F 550.The facility failed to complete R21, R53, and R54's beneficiary notices with the correct forms. Refer to F 582.The facility failed to provide R29 with a physician order, assessment, and updated care plan for R29's lap buddy. Refer to F604.The facility failed to provide documentation that a background check was conducted on HS U before her employment. Refer to F606.The facility failed to report R2's fall with a fracture and R8's bruised, swollen left index finger to the State Survey Agency (SA). Refer to F609.The facility failed to provide R7 and R52 or their representative with the bed hold policy and notify the ombudsman when they were transferred to the hospital. Failed to notify the ombudsman when R50 was discharged to the community. Refer to F628.The facility failed to revise R21's care plan with the appropriate use of prophylactic antibiotics. Refer to F637.The facility failed to place the care planned floor motion detector on for R24 when in his room. Failed to store chemicals in a locked laundry and supply rooms. Refer to F689.The facility failed to ensure a Registered Nurse (RN) was on duty eight hours, seven days a week. Refer to F727.The facility failed to post nurse staffing information on three of three onsite days. Refer to F732.The facility's pharmacy consultant failed to identify and report to administration the physician's rationale for continued use of a prophylactic antibiotic. Refer to F754The facility failed to obtain a physician's rationale for R21's use of prophylactic antibiotics. Refer to F561.The facility failed to ensure drugs and biologicals were not expired. Refer to F761The facility failed to employ sufficient staff with appropriate competencies to carry out the functions of food and nutrition services. Refer to F7801.The facility failed to ensure a clean, sanitary environment in the kitchen, staff wore beard guards, food items stored in the refrigerator were covered, and staff used sanitary procedures when contacting resident silverware, and sanitizer strips were not expired. Refer to F812.The facility failed to collaborate hospice services information into the facility care plan. Refer to F849.The facility failed to ensure the medical director signed in on quarterly quality assessment and assurance meetings (QAA). Refer to F868.On 08/20/25 1:29 PM, Administrative Staff A stated that every department head brings newly identified concerns to the QAA meeting, the facility conducted a mock survey, and the committee reviews weight trends. The facility failed to identify, develop, and implement appropriate plans of action to have an effective quality assurance program that identified and addressed the above issues involving multiple concerns, placing the 44 residents who reside in the facility at risk for mental, physical, and psychosocial decline.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly The facility had a census of 44 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to maintain a Quality Assessment and Assurance Committee (QA&A) that had the required membership in attendance. This placed the resident with a lack of quality care.Findings included:- Upon review of the facility's QA&A committee attendance signed roster for the monthly meetings held 10/08/24 to 07/29/25, the roster of attendance lacked the signature of the Medical Director on one of the quarterly meetings (03/11/25).On 08/20/25 at 02:00 PM, Administrative Nurse D stated the medical director had been in attendance on the 03/11/25 quarterly meeting but failed to sign the signature sheet.Upon request, the facility failed to provide a QA&A policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175409	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Health and Rehabilitation Center	811 N 1st Street Osborne, KS 67473

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 44 residents. The sample included 13 residents, with five residents reviewed for immunizations: Resident (R) 6, R13, R15, R19, and R22, to include pneumococcal (a disease that refers to a range of illnesses that affect various parts of the body and are caused by infection) vaccinations. Based on record review and interviews, the facility failed to offer, obtain an informed declination or a physician documented contraindication for the pneumococcal vaccination, including the PVC 20 per the latest guidance from the Centers for Disease Control and Prevention (CDC). This placed the residents at risk for pneumococcal infection and related complications.Findings included:- Review of R6, R13, R15, R19, and R22 clinical medical records lacked evidence the facility or the resident representative received or signed a consent to receive or informed declination for the pneumococcal vaccine, including the PVC20.Review of R6's electronic health record revealed the resident was admitted to the facility on [DATE]. R6 had not been offered or received a pneumococcal vaccine, including the PVC20, since admission.Review of R13's electronic health record revealed the resident was admitted to the facility on [DATE]. R13 had not been offered or received a pneumococcal vaccine, including the PVC20, since admission.Review of R15's electronic health record revealed the resident was admitted to the facility on [DATE]. R15 had not been offered or received a pneumococcal vaccine, including the PVC20, since admission.Review of R19's electronic health record revealed the resident was admitted to the facility on [DATE]. R19 had not been offered or received a pneumococcal vaccine, including the PVC20, since admission. Review of R22's electronic health record revealed the resident was admitted to the facility on [DATE]. R22 had not been offered or received a pneumococcal vaccine, including the PVC20, since admission.On 08/19/25 at 12:10 PM, Administrative Nurse E stated the residents immunization status is assessed upon admission and she would determine thru the Web IZ (a web-based computer system used in the United States to tract immunization records) portal what immunization the resident had received and what date they received them, then she would determine what vaccinations the resident would be eligible for and contact the physician if need for orders to administer the vaccinations. Administrative Nurse E verified the facility would provide a consent form with information regarding the vaccine to the resident and/or the Durable Power of Attorney (DPOA) to sign. Administrative Nurse E verified she had been doing a lot of jobs at the facility lately. However, she had determined what residents were eligible for what pneumococcal vaccine, but some of the residents' pay or source would not cover the vaccine, and she had not had time to research where each resident could get the vaccine and have their insurance cover the cost. The facility's Pneumococcal Vaccine policy dated 01/31/22 documented the facility would offer the residents immunization against pneumococcal diseases in accordance with current CDC guidelines and recommendations. Each resident would be assessed for pneumococcal immunizations upon admission, and each resident would be offered a pneumococcal immunization unless medical contraindicated or the resident has already been immunized. Following assessment for any medically contraindicated conditions, the immunization may be administered in accordance with physician approval standing orders. The resident receiving the immunization, or the resident representative, would be provided with a copy of the CDC's current vaccine information statement relative to the vaccine. The resident and/or representative retains the right to refuse the immunization, and a consent form shall be signed prior to the administration of the vaccine and filed in the resident's medical record. The type of pneumococcal vaccine (PVC15, PVC20, or PPSV23/PPSV) offered would depend on the residents' age and susceptibility to pneumonia, in accordance with current CDC guidelines and recommendations.