

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Heights Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Pine Street Garnett, KS 66032	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 35 residents with 14 residents selected for review. Based on observation, interview and record review, the facility failed to complete and analysis of findings for the Minimum Data Set (MDS), triggered Care Area Assessments (CAA) to complete a comprehensive assessment and develop a care plan for four of the 14 residents selected for review. This included Resident(R) 15, for Delirium; Cognitive Loss/Dementia, Psychotropic Drug Use and Pain, R 14 for Delirium, Cognitive Loss/Dementia, Psychotropic Drug Use, Psychosocial Well-Being, Pain, Mood State, Falls, Urinary Incontinence and Indwelling Catheter, R31 for Cognitive Loss/Dementia, Mood State, Psychotropic Drug Use, and Behavioral Symptoms and R8 for Urinary Incontinence and Indwelling Catheter, ADL (Activity of Daily Living) Functional/Rehabilitation Potential, Pain, and Return to Community to develop Comprehensive Care Plans as required.</p> <p>This deficient practice had the potential to lead to uncommunicated care needs.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)31's medical record revealed diagnoses that included mild cognitive impairment, anxiety, major depressive disorder (major mood disorder), psychosis (any major mental disorder characterized by a gross impairment in reality testing), insomnia (inability to sleep), and dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance. <p>The Significant Change Minimum Data Set (MDS), dated [DATE], assessed the resident with severely impaired cognitive function, continuous inattention, altered level of consciousness. The resident received antipsychotic (class of medications used to treat psychosis and other mental emotional conditions), antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension), antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression), anticoagulant (medication use to prevent blood clots) and opioid (a class of medications used to treat pain), medications. The resident displayed nonverbal sounds and facial expressions of pain. The resident received no scheduled pain medications but did receive as needed pain medications and nonmedicinal interventions for pain.</p> <p>The Care Area Assessment (CAA), dated 07/25/24, was not developed for the MDS triggered areas of Cognitive Loss/Dementia, Mood State, Psychotropic Drug Use, and Behavioral Symptoms.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/13/24 at 12:57 PM, Administrative Nurse E stated she indicated on the CAA to care plan the area but did not develop the specific care area assessment for the triggered areas.</p> <p>The facility utilized the Resident Assessment Instrument (RAI) in completion of the MDS.</p> <p>The facility failed to develop the MDS triggered CAAs to complete a comprehensive assessment for this resident to develop a comprehensive care plan as required. This deficient practice had the potential to lead to uncommunicated care needs.</p> <p>- Review of Resident (R)8's medical record, revealed diagnoses included neurogenic dysfunction of the urinary bladder caused by a lesion of the nervous system, bladder with chronic urinary retention, hemiplegia (paralysis of one side of the body), and hemiparesis (muscular weakness of one half of the body).</p> <p>The Admission Minimum Data Set (MDS) dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 14, which indicated normal cognitive function. The resident had an indwelling urinary catheter (insertion of a catheter into the bladder to drain the urine into a collection bag). The resident received scheduled and as needed pain medication and desired to return home.</p> <p>The Care Area Assessment (CAA), dated 07/28/24, for the MDS triggered areas of Urinary Incontinence and Indwelling Catheter, ADL (Activity of Daily Living) Functional/Rehabilitation Potential, Pain, and Return to Community were not developed.</p> <p>On 08/13/24 at 12:57 PM, Administrative Nurse E stated she indicated on the CAA to care plan the area, but did not develop the specific care area assessment for the triggered areas.</p> <p>The facility utilized the Resident Assessment Instrument (RAI) in completion of the MDS.</p> <p>The facility failed to develop the MDS triggered CAAs to complete a comprehensive assessment for this resident to develop a comprehensive care plan as required. This deficient practice had the potential to lead to uncommunicated care needs.</p> <p>34056</p> <p>- Review of Resident (R)15's electronic medical record (EMR), revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. She required supervision to touching assistance with chair to bed to chair transfers and had no limitation in functional range of motion (ROM).</p> <p>The following Care Area Assessments (CAA)s, dated 01/04/24, triggered but lacked an analysis of findings: Delirium, Cognitive Loss/Dementia, Psychotropic Drug Use and Pain.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The care plan, revised 05/29/24, instructed staff the resident required substantial assistance of two staff for transfers and staff were to encourage the resident to wear non-skid footwear. Staff were to monitor the resident for pain and administer pain medications, as ordered. Staff were instructed to ask the resident yes or no questions and allow her plenty of time to complete her daily tasks. The care plan listed the black box warnings (BBW-the highest safety-related warning that medications can have assigned by the Food and Drug Administration (FDA) the staff were to monitor for due to the resident's use of psychotropic medications.</p> <p>Review of the resident's EMR from 07/16/24 through 08/13/24, revealed the resident required substantial/maximal to dependent assistance of two staff for all transfers.</p> <p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated it was the expectation for the triggered CAAs to include an analysis of findings.</p> <p>The facility utilized the Resident Assessment Instrument (RAI) in the completion of MDSs.</p> <p>The facility failed to accurately complete the Significant Change MDS Care Area Assessments for this dependent resident. This deficient practice had the potential to lead to uncommunicated needs.</p> <p>- Review of Resident (R)4's electronic medical record (EMR), revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the staff assessment for cognition revealed severe impairment. The resident required substantial/maximal assistance of staff for transfers and had no limitation in functional range of motion (ROM).</p> <p>The following Care Area Assessments (CAA)s, dated 02/29/24, triggered but lacked an analysis of findings: Delirium, Cognitive Loss/Dementia, Psychotropic Drug Use, Psychosocial Well-Being, Pain, Mood State, Falls and Urinary Incontinence and Indwelling Catheter.</p> <p>The care plan, revised 07/23/24, instructed staff the resident required substantial assistance of two staff for transfers and staff were to ensure the resident wore non-skid footwear. The care plan listed the black box warnings (BBW-the highest safety-related warning that medications can have assigned by the Food and Drug Administration (FDA) the staff were to monitor for due to the resident's use of psychotropic medications. The resident had a diagnosis of dementia and staff were instructed allow the resident adequate time to respond to questions. Staff were to monitor for pain and administer pain medications, as ordered. Staff were to check and change the resident due to urinary and bowel incontinence.</p> <p>Review of the resident's EMR, from 07/15/24 through 08/12/24, documented the resident required substantial/maximal to dependent assistance of two staff with transfers.</p> <p>On 08/12/24 at 10:09 AM, Certified Nurse Aides (CNA)O and CNA Q transferred the resident from her bed to her specialized wheelchair with extensive assistance. The resident lacked non-skid footwear, was unable to bear weight and her feet slid on the floor during the transfer. The staff failed to use a gait belt (a device put on a patient who has mobility issues, by a caregiver prior to that caregiver moving the patient).</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated it was the expectation for the triggered CAAs to include an analysis of findings.</p> <p>The facility utilized the Resident Assessment Instrument (RAI) in the completion of MDSs.</p> <p>The facility failed to accurately complete the Significant Change MDS for this dependent resident. This deficient practice had the potential to lead to uncommunicated needs.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 35 residents with 14 residents sampled, including two residents reviewed for respiratory services. Based on observation, record review, and interview, the facility failed to complete a comprehensive care plan for one Resident (R)33, regarding the use of a Continuous Positive Airway Pressure (CPAP-a non-invasive positive airway pressure) for one Resident (R)33.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 33's electronic medical record (EMR) revealed a diagnosis of sleep apnea (a sleep disorder characterized by periods without respirations). <p>The Modification of Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident did not utilize a Continuous Positive Airway Pressure (CPAP-a non-invasive positive airway pressure).</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 07/08/24, did not trigger.</p> <p>The care plan, revised 07/12/24, lacked staff instruction on the use and care of the resident's CPAP.</p> <p>Review of the resident's EMR lacked a physician's order and indication for the CPAP.</p> <p>On 08/12/24 at 09:30 AM, the resident sat in the recliner in her room. Her CPAP mask was inside a plastic bag on the table next to her recliner. The mask contained a dried white substance and remained connected to the hose of the machine.</p> <p>On 08/14/24 at 07:37 AM, the resident sat in the recliner in her room. Her CPAP mask was inside a plastic bag on the table next to her recliner. The mask contained a dried white substance and remained connected to the hose of the machine.</p> <p>On 08/12/24 at 09:30 AM, the resident stated she used the CPAP every night when she slept. The resident stated she did not think the staff were cleaning her mask in between uses.</p> <p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated she would expect for a resident who utilized a CPAP machine to have it included on her care plan.</p> <p>The facility policy for Comprehensive Care Plans, undated, included: The facility shall develop and implement a comprehensive person-centered care plan for each resident including measurable objectives and timeframe's to meet the resident's medical and nursing needs identified in the resident's comprehensive assessment.</p> <p>The facility failed to complete a comprehensive care plan for this resident who utilized a CPAP machine.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 35 residents with 14 residents sampled, including two residents reviewed for positioning. Based on interview, record review, and observation, the facility failed to ensure appropriate positioning for one Resident (R)4, while in her specialized wheelchair.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)4's electronic medical record (EMR) revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion). <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the staff assessment to reveal severe cognitive impairment. The resident was dependent on staff for mobility in a wheelchair.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 02/29/24, did not trigger.</p> <p>The Cognitive Loss/Dementia CAA, dated 02/29/24, triggered but lacked an analysis of findings.</p> <p>The Quarterly MDS, dated [DATE], documented the resident's Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. The resident was dependent on staff for mobility in a wheelchair.</p> <p>The care plan, revised 07/23/24, documented the resident was dependent on staff for mobilization in her wheelchair.</p> <p>Review of the resident's EMR from 07/16/24 through 08/13/24, revealed the resident was dependent on staff for mobilization in her wheelchair.</p> <p>On 08/12/24 at 11:34 AM, the resident sat in the dining room awaiting lunch. The resident's feet dangled above the footrest of her wheelchair approximately eight inches.</p> <p>On 08/14/24 at 06:51 AM, Certified Nurse Aide (CNA)P propelled the resident from the spa room to the table in the living room. The resident's feet dangled above the footrest of her wheelchair approximately eight inches.</p> <p>On 08/14/24 at 07:51 AM, CNA P stated the resident's feet did not always reach the footrest of the wheelchair.</p> <p>On 08/14/24 at 07:01 AM, Licensed Nurse (LN) G stated the resident's feet should be able to reach the footrest and not just dangle in the air.</p> <p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated it was the expectation for staff to ensure resident's feet rested comfortably on the footrest of their wheelchairs.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy for Use of Assistive Devices, implemented 04/2023, included: Direct care staff will be trained on the use of assistive devices, such as wheelchairs, as needed to carry out their roles and responsibilities regarding the devices in a safe, comfortable manner for the residents.</p> <p>The facility failed to ensure this dependent resident was positioned properly in her wheelchair.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 35 residents with 12 residents sampled, including five residents reviewed for accidents. Based on observation, interview, and record review, the facility failed to provide safe transfers for two Residents (R)4 and R 15, and failed to provide safe wheelchair transport for one R 28.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)15's electronic medical record (EMR), revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion). <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. She required supervision to touching assistance with chair to bed to chair transfers and had no limitation in functional range of motion (ROM).</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 01/04/24, triggered but lacked an analysis of findings.</p> <p>The Functional Abilities CAA, dated 01/04/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of two, indicating severe cognitive impairment. She required substantial to maximal assistance with chair to bed to chair transfers and had no limitation in functional ROM.</p> <p>The care plan, revised 05/29/24, instructed staff the resident required substantial assistance of two staff for transfers. Staff were to encourage the resident to wear non-skid footwear.</p> <p>Review of the resident's EMR from 07/16/24 through 08/13/24, revealed the resident required substantial/maximal to dependent assistance of two staff for all transfers.</p> <p>On 08/13/24 at 08:28 AM, Certified Nurse Aide (CNA) N and CNA Q transferred the resident from her specialized wheelchair to her bed. The resident was unable to bear weight during the transfer and lacked non-skid footwear. The resident's legs became twisted, and her feet slid on the floor during the transfer.</p> <p>On 08/13/24 at 08:28 AM, CNA N confirmed the resident was not wearing non-skid footwear during the transfer and was unable to bear weight.</p> <p>On 08/14/24 at 06:51 AM, Licensed Nurse (LN) G confirmed the resident was unable to bear weight on her legs. LN G stated staff should use a full body mechanical lift for residents who were unable to bear weight during a transfer.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated all residents should wear non-skid footwear during transfers. Staff were expected to use a mechanical lift for residents who were unable to bear weight.</p> <p>The facility policy for Safe Resident Transfers, revised 01/01/23, included: It is the policy of the facility to ensure residents are transferred safely to prevent or minimize risks for injury. Mechanical lifting equipment will be used based on the resident's needs to prevent manual lifting.</p> <p>The facility failed to safely transfer this dependent resident.</p> <p>- Review of Resident (R)4's electronic medical record (EMR), revealed a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the staff assessment for cognition revealed severe impairment. The resident required substantial/maximal assistance of staff for transfers and had no limitation in functional range of motion (ROM).</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 02/29/24, triggered but lacked an analysis of findings.</p> <p>The Functional Abilities CAA, dated 02/29/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. The resident required substantial/maximal assistance of staff for transfers and had no limitation in functional ROM.</p> <p>The care plan for Activities of Daily Living (ADL)s, revised 07/23/24, instructed staff the resident required substantial assistance of two staff for transfers. Staff were to ensure the resident wore non-skid footwear.</p> <p>Review of the resident's EMR, from 07/15/24 through 08/12/24, documented the resident required substantial/maximal to dependent assistance of two staff with transfers.</p> <p>On 08/12/24 at 10:09 AM, Certified Nurse Aides (CNA) O and CNA Q transferred the resident from her bed to her specialized wheelchair with extensive assistance. The resident lacked non-skid footwear, was unable to bear weight and her feet slid on the floor during the transfer. The staff failed to use a gait belt (a device put on a patient who has mobility issues, by a caregiver prior to that caregiver moving the patient).</p> <p>On 08/12/24 at 10:09 AM, CNA O confirmed the resident was not wearing non-skid footwear and had not been able to bear weight during the transfer.</p> <p>On 08/13/24 at 08:39 AM, CNA M stated the resident was not able to bear weight during transfers.</p> <p>On 08/14/24 at 06:51 AM, Licensed Nurse (LN) G confirmed the resident was unable to bear weight on her legs. LN G stated staff should use a full body mechanical lift for residents who were unable to bear weight during a transfer.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated all residents should wear non-skid footwear during transfers. Staff were expected to use a mechanical lift for residents who were unable to bear weight.</p> <p>The facility policy for Safe Resident Transfers, revised 01/01/23, included: It is the policy of the facility to ensure residents are transferred safely to prevent or minimize risks for injury. Mechanical lifting equipment will be used based on the resident's needs to prevent manual lifting.</p> <p>The facility failed to safely transfer this dependent resident.</p> <p>- Review of Resident (R)28's electronic medical record (EMR) revealed a diagnosis of weakness.</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of three, indicating severe cognitive impairment. She required partial to moderate assistance of staff for wheelchair mobility.</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 07/18/24, triggered but lacked an analysis of findings.</p> <p>The Functional Abilities CAA, dated 07/18/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of four, indicating severe cognitive impairment. She was independent for mobility with the use of her wheelchair.</p> <p>The care plan, revised 06/26/24, instructed staff the resident required staff assistance with the use of her wheelchair. Staff were to remove the foot pedals from the wheelchair when not propelling the resident.</p> <p>Review of the resident's EMR, from 07/15/24 through 08/13/24, revealed the resident was dependent on staff for mobility in her wheelchair.</p> <p>On 08/12/24 at 12:25 PM, Certified Nurse Aide (CNA) O propelled the resident in her wheelchair from the dining room to her room. The foot pedals were in place to the wheelchair, but the resident had her shoed feet pulled back underneath the wheelchair with the tips off her toes skimming the floor.</p> <p>On 08/14/24 at 06:48 AM, CNA P propelled the resident from the front commons area to the dining room for breakfast. The resident's left shoed foot was pulled back underneath the wheelchair and the toe of her shoe skimmed the floor. The resident's right foot remained on the foot pedal during transport.</p> <p>On 08/12/24 at 12:25 PM, CNA O stated the resident was not able to keep her feet on the foot pedals of the wheelchair because the foot pedals were too far out in front for the resident to reach them with her feet.</p> <p>On 08/14/24 at 06:48 AM, CNA P stated the resident was unable to propel her wheelchair anymore and required the assistance of staff. CNA P confirmed the resident's left foot had been underneath the wheelchair during transport.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/14/24 at 06:51 AM, Licensed Nurse (LN) G stated staff should ensure resident's feet are securely on the foot pedals of the wheelchair during transport.</p> <p>On 08/14/24 at 08:15 AM, Administrative Nurse D stated it was the expectation for staff to use foot pedals while propelling residents in their wheelchairs.</p> <p>The facility policy for Use of Assistive Devices, implemented 04/2023, included: Direct care staff will be trained on the use of assistive devices, such as wheelchairs, as needed to carry out their roles and responsibilities regarding the devices in a safe, comfortable manner for the residents.</p> <p>The facility failed to safely transport this dependent resident in her wheelchair.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Heights Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Pine Street Garnett, KS 66032	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 35 residents with 14 residents sampled, including two residents reviewed for respiratory services. Based on observation, record review, and interview, the facility failed to obtain a physician's order for the use of a Continuous Positive Airway Pressure (CPAP-a non-invasive positive airway pressure) for one Resident (R)33.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 33's electronic medical record (EMR) revealed a diagnosis of sleep apnea (a sleep disorder characterized by periods without respirations). <p>The Modification of Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The resident did not utilize a Continuous Positive Airway Pressure (CPAP-a non-invasive positive airway pressure).</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 07/08/24, did not trigger.</p> <p>The care plan, revised 07/12/24, lacked staff instruction on the use and care of the resident's CPAP.</p> <p>Review of the resident's EMR lacked a physician's order and indication for the CPAP.</p> <p>On 08/12/24 at 09:30 AM, the resident sat in the recliner in her room. Her CPAP mask was inside a plastic bag on the table next to her recliner. The mask contained a dried white substance and remained connected to the hose of the machine.</p> <p>On 08/14/24 at 07:37 AM, the resident sat in the recliner in her room. Her CPAP mask was inside a plastic bag on the table next to her recliner. The mask contained a dried white substance and remained connected to the hose of the machine.</p> <p>On 08/12/24 at 09:30 AM, the resident stated she used the CPAP every night when she slept. The resident stated she did not think the staff were cleaning her mask in between uses.</p> <p>On 08/13/24 at 01:37 PM, Certified Nurse Aide (CNA) N stated the resident cared for the CPAP mask on her own.</p> <p>On 08/14/24 at 07:30 AM, CNA M stated the resident cared for her CPAP mask.</p> <p>On 08/14/24 at 08:15 AM, Administrative Nurse D confirmed the facility lacked an order for the CPAP machine.</p> <p>The facility policy for Noninvasive Ventilation, implemented 01/21/24, included: The facility shall document the use of the CPAP machine, the resident's tolerance, any skin, respiratory or any other changes, as ordered by the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Heights Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Pine Street Garnett, KS 66032	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to obtain a physician's order for the use of a CPAP machine for this dependent resident with a diagnosis of sleep apnea and failed to ensure the mask was clean/changed according to professional standards to prevent possible respiratory illness.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Heights Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Pine Street Garnett, KS 66032	

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

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>28560</p> <p>The facility reported a census of 35 residents. Based on interview and record review, the facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS) with complete and accurate direct staffing information, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e. Payroll Base Journal (PBJ), related to licensed nursing staffing information, when the facility failed to accurately report 24 hour per day Licensed Nurse coverage on eight dates between 04/01/23 and 06/30/23 and five dates between 10/01/23 and 12/31/23.</p> <p>Findings Included:</p> <p>- Review of the Payroll Base Journal (PBJ) Staffing Data Report for fiscal year (FY), Quarter 3 2023 (April 1- June 2023) revealed lack of License Nurse (LN) for 24 hours/seven days a week 24 hour/day on the following dates:</p> <p>On 05/06, Saturday (SA),</p> <p>On 05/07, Sunday (SU),</p> <p>On 05/21, SU,</p> <p>On 06/10, SA,</p> <p>On 06/11. SU,</p> <p>On 06/24, SA,</p> <p>On 06/25, SU,</p> <p>Review of the PBJ for FY, Quarter 1, 2024 (October 1-December 1), revealed the following infraction dates the facility failed to have Licensed Nursing Coverage 24 hours/day included:</p> <p>On 11/11, SA,</p> <p>On 11/25, SA,</p> <p>On 12/08, Firday (FR),</p> <p>On 12/16, SA,</p> <p>On 12/19, Tuesday (TU),</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Parkview Heights Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 N Pine Street Garnett, KS 66032	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview, on 08/12/24 at 08:45 AM, with Administrative Staff A stated it was possible the information regarding licensed nurse hours had not been submitted accurately to reflect the actual hours worked by licensed nurses.</p> <p>The facility policy Payroll Based Journal dated 01/01/24, instructed staff to electronically submit timely to 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.</p> <p>The facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS) with complete and accurate direct staffing information, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e., Payroll Base Journal (PBJ), related to licensed nursing staffing information when the facility failed to accurately report 24 hour per day Licensed Nurse coverage on eight dates between 04/01/23 and 06/30/23 and five dates between 10/01/23 and 12/31/23.</p>		