

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175434	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2024
NAME OF PROVIDER OR SUPPLIER Oswego Operator, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Ohio Street Oswego, KS 67356	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility identified a census of 29 residents, with 13 residents sampled, including five residents reviewed for unnecessary medications. Based on interview, record review, and observation, the facility failed to follow physician's orders for one of the five sampled residents, Resident (R)20, regarding blood pressure (BP--the amount of force your blood uses to get through your arteries) parameters for this resident on anti-hypertensive (medication used to help control BP) medication.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)20's electronic medical record (EMR) revealed a diagnosis of hypertension (HTN--elevated blood pressure BP). <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the staff assessment for cognition revealed severely impaired cognition and he had a diagnosis of HTN.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 02/16/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the staff assessment for cognition revealed severely impaired cognition and he had a diagnosis of HTN.</p> <p>The care plan for HTN, revised 04/01/24, instructed staff the resident received amlodipine (a HTN medication used to lower BP) 5 milligrams (mg), every day (QD). Staff were to hold the medication if the resident's systolic BP (SBP--the pressure of the blood as it pushes against the artery walls when the heart beats.) was less than 110, if the diastolic BP (DBP--the pressure your blood is pushing against your artery walls when the heart beats) was less than 40 or if the resident's pulse (the rhythmical throbbing of the arteries as blood was propelled through them) was less than 40 beats per minute.</p> <p>Review of the resident's EMR revealed the following physician's order:</p> <p>Amlodipine 5 mg, QD for HTN. Hold if the SBP was less than 110, the DBP was less than 40 or if the pulse was less than 40, ordered 12/12/23.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's EMR, from 12/12/23 through 05/17/24, revealed the staff failed to obtain a BP before the administration of the medication from 12/12/23 through 05/07/24. From 05/08/24 through 05/20/24, the facility administered the medication to the resident when his BP was outside of the parameters on one occasion.</p> <p>On 05/20/24 at 09:58 AM, Licensed Nurse (LN) H confirmed staff had not obtained BP's before the administration of the amlodipine, as they should.</p> <p>On 05/20/24 at 12:59 PM, Administrative Nurse D stated she would look into the BP's not being taken before the administration of the amlodipine for this resident.</p> <p>The facility policy for Hypertension-Clinical Protocol/Guidelines, effective 04/2023, included: The nursing staff will assess and document vital signs (VS) to the physician, as needed.</p> <p>The facility failed to monitor this dependent residents BP before administering anti-hypertensive medication, as ordered.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 29 residents with 13 residents sampled, which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure the consultant pharmacist identified and reported the facility's staff failure to obtain blood pressures (BP--the amount of force your blood uses to get through your arteries) for one Resident (R)20 prior to administering his anti-hypertensive medication (medication used to help control BP), as ordered.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)20's electronic medical record (EMR) revealed a diagnosis of hypertension (HTN--elevated blood pressure BP). <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the staff assessment for cognition revealed severely impaired cognition and he had a diagnosis of HTN.</p> <p>The Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA), dated 02/16/24, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], documented the staff assessment for cognition revealed severely impaired cognition and he had a diagnosis of HTN.</p> <p>The care plan for HTN, revised 04/01/24, instructed staff the resident received amlodipine (a HTN medication used to lower BP) 5 milligrams (mg), every day (QD). Staff were to hold the medication if the resident's systolic BP (SBP--the pressure of the blood as it pushes against the artery walls when the heart beats.) was less than 110, if the diastolic BP (DBP--the pressure your blood is pushing against your artery walls when the heart beats) was less than 40 or if the resident's pulse (the rhythmical throbbing of the arteries as blood was propelled through them) was less than 40 beats per minute.</p> <p>Review of the resident's EMR revealed the following physician's order:</p> <p>Amlodipine 5 mg, QD for HTN. Hold if the SBP was less than 110, the DBP was less than 40 or if the pulse was less than 40, ordered 12/12/23.</p> <p>Review of the resident's EMR, from 12/12/23 through 05/17/24, revealed the staff failed to obtain a BP before the administration of the medication from 12/12/23 through 05/07/24. From 05/08/24 through 05/20/24, the facility administered the medication to the resident when his BP was outside of the parameters on one occasion.</p> <p>On 05/20/24 at 09:58 AM, Licensed Nurse (LN) H confirmed staff had not obtained BP's before the administration of the amlodipine, as they should.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/20/24 at 12:59 PM, Administrative Nurse D stated she would look into the BP's not being taken before the administration of the amlodipine for this resident. Administrative Nurse D stated she was responsible for receiving and monitoring the pharmacy consultant recommendations.</p> <p>The pharmacist was not available for an interview.</p> <p>The facility lacked a policy regarding pharmacy consultant responsibilities.</p> <p>The facility failed to monitor this dependent residents BP before administering anti-hypertensive medication, as ordered.</p>		

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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 29 residents. Based on interview and record review, the facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS), complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e., Payroll Base Journal [PBJ]), related to licensed nursing coverage 24 hours/day.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the Payroll Base Journal (PBJ) Staffing Data Report for the second quarter of fiscal year (FY) 2023 (01/01/23 through 03/31/23), documented the facility lacked Licensed Nursing Coverage 24 hours/day on Sunday (SU) 01/01/2023, Saturday (SA) 01/07/2023, (SA) 01/15/23, (SU) 01/21/23, (SA) 01/29/23, (SU) 02/05/23 (SU), (SA) 02/11/23, (SA) 03/11/23, (SU) 03/12/23, (SA) 03/18, (SA) 03/25/23, and (SU) 03/26/23. <p>Review of the facility's time sheets for licensed nursing staff and Staff Posting on the above dates, revealed the facility with RN coverage for eight consecutive hours each of those days. The facility reported inaccurate staffing data as noted above.</p> <p>Review of the Payroll Base Journal (PBJ) Staffing Data Report for the third quarter of fiscal year (FY) 2023 (04/01/23 through 06/30/23), documented the facility lacked Licensed Nursing Coverage 24 hours/day on (SA) 04/08/23 (SU) 04/16/23, (SA) 04/29/23, (SA) 05/06/23, (SA) 05/13/23, (SA) 05/20 /23,(SU) 05/28/23, Monday (MO) 05/29/23, (SU) 06/04/23, (SA) 6/10/23, (SU) 06/11/23, (SA) 06/17/23, and (SU) 06/18/23.</p> <p>Review of the facility's time sheets for licensed nursing staff and Staff Posting on the above dates, revealed the facility with RN coverage for eight consecutive hours each of those days, 24/7 licensed nursing staff, and/or required weekend staffing. The facility reported inaccurate staffing data as noted above.</p> <p>On 05/20/24 10:30 AM, Administrative Staff A and Administrative Staff B confirmed the facility PBJ reporting to CMS lacked accurate data to reflect direct care provided by administrative nursing staff (RN) and licensed nurse (LN) staffing due to the removal of 30-minute meal break when licensed nurse and/or RN remained on site. Administrative Staff A and Administrative Staff B confirmed the facility had 24-hours of a LN on duty each day, RN coverage for 8 consecutive hours each day, and consistent weekend staffing. The PBJ staffing report did not reflect the facility's actual coverage as noted above.</p> <p>The facility lacked a policy to address the submission of accurate PBJ staffing report to CMS.</p> <p>(continued on next page)</p>		

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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>The facility failed to electronically submit to Centers for Medicare and Medicaid Services, (CMS) complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (i.e., Payroll Base Journal [PBJ]), related to licensed nursing coverage 24 hours/day.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28560</p> <p>The facility reported a census of 29 residents. Based on observation, interview, and record review, the facility failed to ensure staff distributed ice to residents in a sanitary manner, failed to sanitize glucometers with appropriate sanitizing agent and failed to ensure staff administered medications in a sanitary manner to prevent the spread of infections amongst the residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation, on 05/15/24 at 10:05 AM, revealed housekeeping staff U distributed ice to residents' mugs. The ice was in a large, uncovered container on the snack cart with the scoop stored directly in the ice. Interview, at that time with housekeeping staff U, revealed she did not know the ice should have a lid and the scoop should be kept out of the ice. Interview, on 05/15/24 at 10:15 AM, with Administrative Staff A, confirmed she would expect staff to keep the ice in a covered container and the scoop separate from the ice to prevent contamination of the ice. The facility policy Food Preparation and Service dated 2024, instructed staff to serve food in a manner that complies with safe food handling, and food should be covered when traveling a distance such as down a hallway. The facility failed to ensure staff provided ice to the residents in a sanitary manner to prevent the spread of infection. - Observation, on 05/15/24 at 11:21 AM, revealed Licensed Nurse (LN) N, obtained blood glucose from Resident (R) 7. LN N stated each resident had their own glucometer that the facility provided, but if a meter malfunctioned, the facility had an extra meter that could be used. LN N stated five residents required blood glucose monitoring with a glucometer. LN N proceeded to wipe the resident's glucometer with a sanitizing wipe. The sanitizing product did not list hepatitis as susceptible to the chemicals in the wipe. LN N stated usually the wipes had a purple top. Interview, on 05/15/24 at 11:30 AM, with Administrative Nurse D, confirmed the wipes were not appropriate for sanitizing the glucometers per the manufacturer's instructions. Interview, on 05/15/24 at 11:40 AM, with Administrative Staff A, revealed staff may have run out of the appropriate sanitizing wipes, and substituted a non-medical grade wipe. The Manufacturer's Instruction Manual Cleaning and Disinfection Procedure instructed staff to cleaning and disinfecting the meter with four brands of wipes with EPA (environmental protection agency) registration numbers. The facility failed to clean and disinfect the glucometers with appropriate manufacturer's recommended sanitizing agent to prevent the spread of infection. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- Observation, on 05/20/24 at 09:00 AM, revealed Certified Medication Aide (CMA) R prepared medication to administer to Resident (R) 19. CMA R, without sanitizing hands or wearing gloves, opened three capsules of Rytary 48.75/194 milligrams (a medication for Parkinson's disease a disease which is a slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness) into a medicine cup. CMA R then wiped the end of a paper clip with an alcohol wipe and poked an Occuvite gel tab (a vitamin formula specifically for eye health) and expressed the gel into the medication cup.</p> <p>Interview, on 05/20/24 at 09:30 AM, with Administrative Nurse D, revealed she would expect staff to administer medications in a sanitary manner and with proper hand hygiene.</p> <p>The facility policy Handwashing/Hand Hygiene dated 2024, instructed staff to perform hand hygiene before preparing or handling medications.</p> <p>The facility did not provide a policy specifically for preparing medications (opening capsules).</p> <p>The facility failed to ensure staff prepared medications for administration in a sanitary manner to prevent the spread of infection.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 29 residents with 13 residents selected for review, which included five residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure nursing staff followed antibiotic stewardship for one of the five residents, Resident (R) 28, with a urinary tract infection with a microorganism resistant to the prescribed antibiotic.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)28's electronic medical record revealed diagnoses that included diabetes (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), congestive heart failure (a condition with low heart output and the body becomes congested with fluid) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). <p>The Admission Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status Score (BIMS) of 15, which indicated normal cognitive function.</p> <p>The ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 01/08/24, assessed the resident required partial to moderate assistance for ADLs.</p> <p>The Care Plan reviewed 04/16/24, instructed staff the resident received multiple medications and instructed staff to review the medications with the physician for proper dosing, timing and frequency and supporting diagnosis.</p> <p>A Nurse Note, dated 05/06/24, revealed the R 28 stated she had pain and thought she had a urinary tract infection and wanted a urinalysis (laboratory test to assess urine for infection).</p> <p>On 05/06/24, the physician instructed staff to obtain a urinalysis, culture, and sensitivity for possible urinary tract infection.</p> <p>Review of the Culture Report dated 05/08/24, indicated R28's urine contained greater than 100,000 colonies of the bacteria Escherichia coli, and was resistant (ineffective to the effects) to ciprofloxacin (Cipro).</p> <p>On 05/08/24, a Nurses' note indicated the culture results were reviewed by the physician and the physician instructed staff to administer Cipro (an antibiotic) 500 milligrams, twice a day, for seven days.</p> <p>Review of the Medication Administration Record (MAR) revealed the resident received Cipro from 05/08/24 through 05/14/24 for 14 doses.</p> <p>Review of the Culture Report dated 05/15/24, revealed R28's urine contained greater than 100,000 colonies of the bacteria Escherichia coli and was sensitive to ceftriaxone (an antibiotic that was effective in eliminating the bacteria).</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/15/24, the physician instructed staff to administer ceftriaxone, one gram, intramuscularly (injected into the muscle), daily, for three days.</p> <p>Interview, on 05/16/24 at 11:51 AM with Licensed Nurse G, revealed the resident had chronic urinary tract infections.</p> <p>Interview, on 05/20/24 at 02:45 PM with Administrative Nurse D, revealed she would expect the nursing staff to review the culture report and inform the physician of the resistive property of the Cipro. Administrative Nurse D stated the urine continued to show greater than 100,000 colonies of Escherichia coli in the repeat culture, which was sensitive to the prescribed antibiotic, ceftriaxone.</p> <p>The facility policy for Infection Control Area for Review undated, instructed staff to provide an Antibiotic Stewardship Program with protocols and monitoring.</p> <p>The facility failed to provide effective antibiotic stewardship for R28, who received an antibiotic that was ineffective for the microorganism that caused the urinary tract infection, which resulted in subsequent antibiotic treatment that was effective for the organism identified.</p>