

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2024
NAME OF PROVIDER OR SUPPLIER Wheat State Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 601 S Main St Whitewater, KS 67154	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>28560</p> <p>The facility reported a census of 38 residents with three residents reviewed for Medicare Advance Beneficiary and Medicare Non-Coverage Notices. Based on interview and record review, the facility failed to ensure three Resident (R) 40, R95 and R 96 received the Center for Medicare/Medicaid Services (CMS) form 10123 (for the right of expedited review of discontinuation of services) as required when skilled services ended. In addition, the facility failed to issue CMS 10055 (the right to continue skilled services and cost of the services) to R40 as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R) 40's medical record revealed skilled therapy discharged the resident on 12/21/23. The facility contacted the responsible party by phone but did not issue the required CMS 10123 or CMS 10055. The resident remained in the facility and was placed on hospice services 01/02/24. Review of R95's medical record, revealed skilled services ended 10/18/23, and the facility issued CMS 10055 to the resident's responsible party by email on 10/23/23. The facility did not issue CMS 10123 as required. The resident remained in the facility and went on hospice services 10/27/23. Review of R 96's medical record revealed skilled services ended 11/19/23. The resident received CMS 10055 which was not completed to include estimated cost of continued services. The resident did not receive CMS 10123 as required. The resident discharged from the facility on 11/20/23. Interview, on 03/11/24 at 12:09 PM, with Administrative Staff B, revealed neither she or Social Service Staff X, knew to issue CMS 10123 for skilled services and did not have a policy for issuance of the forms. The facility lacked a policy for CMS 10123 or CMS 10055 at the time of the required issuance for the above residents but did develop a policy on 03/11/24. The facility failed to issue CMS 10123 and CMS 10055 to ensure residents/responsible parties were informed of expedited review for discontinuation of therapies and estimated cost of continuing therapies and desire for continuation of skilled services as required.

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 38 residents with 13 residents selected for review, which included one Resident (R)20, reviewed for Pre-admission Screening and Resident Review (PASRR) Level two. Based on observation, interview, and record review, the facility failed to obtain a reassessment for R20 to determine mental health needs as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)20's medical record, revealed diagnoses that included schizophrenia (mental disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) with psychotic disorder (any major mental disorder characterized by a gross impairment in reality perception), delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), hallucinations (sensing things while awake that appear to be real, but the mind created), and osteomyelitis (local or generalized infection of the bone and bone marrow). <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 15, which indicated normal cognitive status with no behaviors or psychosis. The resident had functional limitation in range of motion on one side of his upper extremity and both lower extremities. R20 was dependent of staff for transfers and was independently mobile in his wheelchair.</p> <p>The Psychotropic Drug Use Care Area Assessment (CAA), dated 01/12/24, assessed the resident with schizophrenia, with recent delusions which resulted in a transfer to an inpatient psychiatric facility. The resident received antipsychotic (class of medication used to treat major mental conditions which cause a break from reality) medication paliperidone.</p> <p>The Care Plan, revised 01/24/24, instructed staff the resident required assistance for transfers and stand by assistance for activities of daily living, but declined staff assistance.</p> <p>Review of R20's medical record revealed a Pre-admission Screening and Resident Review (PASRR) determination letter, dated 03/08/2019, which indicated the level of services provided in a nursing facility/nursing facility for mental health for a temporary period for stabilization of R20's mental health condition. The letter instructed the facility to request another assessment if at the end of 12 months, the resident required more time in the facility.</p> <p>The medical record lacked reassessment documentation.</p> <p>Interview, on 03/07/24 at 11:30 AM with Social Services Staff X, confirmed the PASRR indicated a temporary 12-month period after which a reassessment was needed. Social Service Staff X confirmed the facility failed to obtain a reassessment in a timely manner after the Covid pandemic crisis ended in May 2023.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview, on 03/07/24 at 04:00 PM with Administrative Staff A, confirmed he would expect staff to follow up with contacting the State Agency for a reassessment.</p> <p>The facility lacked a policy for PASRR.</p> <p>The facility failed to request reassessment for R20 to determine continued care needs for services in a nursing facility/nursing facility for mental health as required.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 38 residents with 13 residents sampled. Based on observation, interview, and record review, the facility failed to review and revise the care plan for one Resident (R)19 regarding the use of eyeglasses.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)19's electronic medical record (EMR) included a diagnosis of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The resident required glasses for her vision.</p> <p>The Visual Function Care Area Assessment (CAA), dated 10/27/23, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], did not assess cognition or vision.</p> <p>The care plan, revised 02/01/24, lacked staff instruction on the resident's use of eyeglasses.</p> <p>On 03/06/24 at 10:39 AM, the resident stated her glasses were broken a long time ago and had not been repaired. She told the staff her glasses were broken and needed to be repaired but no one had taken them to be fixed. She was having to wear her old glasses and was unable to see well.</p> <p>On 03/07/24 at 10:04 AM, Certified Nurse Aide (CNA) N stated the resident's glasses had been broken for a long time and she was unsure why they had not been fixed yet. The resident always wears her glasses while awake and was currently needing to wear her old glasses while she waited for her new glasses to be fixed.</p> <p>On 03/07/24 at 02:35 PM, CNA M stated the resident would wear her glasses at all times, while awake. The resident had told someone that her new glasses were broken, but it had been a few weeks ago.</p> <p>On 03/11/24 at 12:01 PM, Licensed Nurse (LN) G stated eyeglasses should probably be included on a resident's care plan.</p> <p>On 03/11/24 at 12:07 PM, Administrative Nurse D stated staff should have included the resident's eyeglasses on her care plan.</p> <p>The facility policy for Care Plans, revised March/2022, included: Assessments of residents are ongoing and care plans are revised as information about the resident changes.</p> <p>The facility failed to review and revise this dependent resident's care plan to include her eyeglasses.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 38 residents with 13 residents sampled, including one resident reviewed for vision. Based on observation, interview, and record review, the facility failed to ensure one Resident (R)19 received adequate assistive devices to maintain proper vision, by failing to have her glasses repaired in a timely manner.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)19's electronic medical record (EMR) included a diagnosis of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). <p>The Annual Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. The resident required glasses for her vision.</p> <p>The Visual Function Care Area Assessment (CAA), dated 10/27/23, did not trigger.</p> <p>The Quarterly MDS, dated [DATE], did not assess cognition or vision.</p> <p>The care plan, revised 02/01/24, lacked staff instruction on the resident's use of eyeglasses.</p> <p>On 03/06/24 at 10:39 AM, the resident stated her glasses were broken a long time ago and had not been repaired. She told the staff her glasses were broken and needed to be repaired but no one had taken them to be fixed. She was having to wear her old glasses and was unable to see well.</p> <p>On 03/07/24 at 10:04 AM, Certified Nurse Aide (CNA) N stated the resident's glasses had been broken for a long time and she was unsure why they had not been fixed yet. The resident always wears her glasses while awake and was currently needing to wear her old glasses while she waited for her new glasses to be fixed.</p> <p>On 03/07/24 at 10:40 AM, Social Services staff X stated she had not been aware of the resident's glasses being broken but will have them taken to the eye doctor to be repaired.</p> <p>On 03/07/24 at 02:35 PM, CNA M stated the resident would wear her glasses at all times, while awake. The resident had told someone that her new glasses were broken, but it had been a few weeks ago.</p> <p>On 03/11/24 at 12:01 PM, Licensed Nurse (LN) G stated she was unaware of the resident's glasses being broken.</p> <p>On 03/11/24 at 12:07 PM, Administrative Nurse D stated she was unaware the resident's glasses were broken. Administrative Nurse D stated she would have Social Services staff X get them fixed.</p> <p>The facility lacked a policy regarding resident eyeglasses.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to ensure this dependent resident received the assistive devices she required to maintain proper vision.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>34056</p> <p>The facility reported a census of 38 residents. Based on observation, record review, and interview, the facility failed to display accurate, publicly accessible, and identifiable staffing information, daily, for the 38 residents who reside in the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the facility's Daily Staffing Sheets, from 02/11/24 through 03/11/24, revealed the actual hours worked had not been completed on the daily staffing sheets. <p>On 03/11/24 at 11:33 AM, Administrative Nurse D stated, she was unaware the actual hours worked were to be included on the daily staffing sheets.</p> <p>The facility policy for Posting Direct Care Daily Staffing Numbers, revised August/2022, included: The information recorded on the form shall include the actual time worked during the shift for each category and type of nursing staff.</p> <p>The facility failed to properly complete the daily staffing sheets for the residents of the facility.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 38 residents with 13 residents selected for review, which included five residents selected for review for unnecessary medications. Based on observation, interview, and record review, the facility failed to ensure one Resident (R)13 received reevaluation for continued use of as needed (PRN) psychotropic (medication that alters mood or thought) , and R11 related to lack of an abnormal involuntary movement scale (AIMS) to monitor for adverse effects of antipsychotic medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)13's medical record, revealed diagnoses that included cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), aphasia(condition with disordered or absent language function), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and dementia (progressive mental disorder characterized by failing memory, confusion). <p>The Admission Minimum Data Set (MDS), dated [DATE], assessed the resident had severely impaired cognitive skills for decision making. The resident received antianxiety (class of medications that calm and relax people), antidepressant (class of medications used to treat mood disorders), and antipsychotic (class of medications used to treat major mental conditions which cause a break from reality) medications.</p> <p>The Psychotropic Drug Use Care Area Assessment (CAA), dated 01/03/24, assessed the resident admitted with hospice. The resident had dementia with agitation, mood disturbance and anxiety.</p> <p>The Care Plan, reviewed 12/28/23, instructed staff the resident received psychotropic medication and to monitor for side effects. Staff were to monitor for occurrence of target behavior symptoms of anxiety and document.</p> <p>On 12/28/23, the physician instructed staff to administer clonazepam 0.5 milligrams, twice a day, as needed for anxiety.</p> <p>Review of the Medication Administration Record (MAR) for January 2024, revealed the resident received seven doses. Review of the February 2024 MAR revealed the resident received 10 doses, and review of the March 2024 MAR revealed the resident received four doses.</p> <p>Review of the Note to Attending Physician/Prescriber for review period 02/01/24 through 02/17/24, reminded the prescriber of the recommendation to reevaluate PRN clonazepam use and indicate a length of time for it's use. The facility failed to follow up on this recommendation.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview, on 03/11/24 at 01:00 PM, with Administrative Nurse D, revealed she would expect the charge nurse to follow up with the pharmacy recommendations, and confirmed the physician did not reevaluate clonazepam to indicate a length of time for its use.</p> <p>The facility policy Psychotropic Medication Use dated July 2022, instructed staff psychotropic are not prescribed on a PRN basis beyond 14 days, unless the prescriber documents the rationale for extending the use and included the duration for the PRN order.</p> <p>The facility failed to ensure the prescriber reassessed R13 for the continued administration of PRN clonazepam beyond the 14-day initial period as required.</p> <p>34056</p> <p>- Review of Resident (R)11's undated Physician Order Sheet (POS), included diagnoses of delusional disorder (untrue persistent belief or perception held by a person although evidence shows it was untrue) and malignant neoplasm of the bladder and lung (cancerous tumors of the lung and bladder).</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of nine, indicating moderately impaired cognition. He received an anti-psychotic medication (medication used to treat psychosis) during the assessment period.</p> <p>The Psychotropic Drug Use Care Area Assessment (CAA), dated 01/12/24, documented the resident received Haldol (an anti-psychotic medication) for a delusional disorder.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 14, indicating intact cognition. He did not receive anti-psychotic medication during the assessment period.</p> <p>The care plan, revised 11/22/23, instructed staff the resident received Haldol due to a diagnosis of delusional disorder. Staff were to monitor for side effects of the medication every shift.</p> <p>Review of the resident's electronic medical record (EMR), revealed the following physician's order:</p> <p>Haloperidol 5 milligrams (mg), by mouth (po), three times a day (TID), for agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition) and aggression (hostile or violent behavior or attitudes toward another), ordered 03/04/24.</p> <p>Review of the resident's EMR lacked an Abnormal Involuntary Movement Scale (AIMS), used to aide in the early detection of tardive dyskinesia (side effect of antipsychotic medications which involves involuntary muscle movements).</p> <p>On 03/11/24 at 09:07 AM, Licensed Nurse (LN) G stated an AIMS assessment should be completed by the nurse on duty when the physician ordered a new antipsychotic medication, and then every three months, and with any significant change of the resident.</p> <p>On 03/11/24 at 12:07 PM, Administrative Nurse D stated AIMS assessments were to be completed on admission, quarterly, with a significant change, or when an antipsychotic medication was ordered.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy for Psychotropic Medication Use, undated, included: Anti-psychotic medications are subject to adequate monitoring for efficacy and adverse consequences.</p> <p>The facility failed to monitor this dependent resident for side effects of his antipsychotic medications.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>28560</p> <p>The facility reported a census of 38 residents with five residents reviewed for Covid-19 vaccinations. Based on interview and record review, the facility failed to ensure the residents of the facility received up to date Covid vaccinations, if desired, and failed to ensure residents were given the opportunity to rescind previous year declination.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)32's medical record immunization tab, revealed the resident received a Covid vaccination on 11/17/22 and no Covid vaccine offered in 2023. Review of R 20's medical record immunization tab revealed the resident refused the covid booster on 11/13/21 , with no opportunity to change declination in 2022 and 2023. Review of R5's medical record Immunization tab, revealed the resident received a Covid booster 11/17/22 and no Covid vaccine offered in 2023. Review of R3's medical record Immunization tab, revealed the resident received a Covid vaccination 11/17/22 , and no Covid vaccine offered in 2023. Review of R2's medical record Immunization tab, revealed the resident declined Covid vaccination 01/26/21 with no further opportunities to make informed decisions regarding change in vaccination acceptance/declination in 2022 and 2023. Interview, on 03/11/24 at 01:12 PM, with Administrative Nurse D, confirmed the medical record lacked indication the facility offered Covid vaccinations in 2023. The facility policy Coronavirus Disease (COVID-19)- Vaccination of Residents revised May 2023, instructed staff to ensure each resident is offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident is fully vaccinated. This policy instructed staff the resident or resident representative could accept or refuse a COVID-19 vaccination and to change his/her decision. The facility failed ensure residents received COVID-19 vaccinations in a timely manner and were given opportunities to make informed decisions to change acceptance/declination as required. 		