

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52154</p> <p>The facility reported a census of 66 with 18 in the sample, which included Resident (R)2 reviewed for Preadmission Screening and Resident Review (PASARR). Based on observation, interviews, and record review the facility failed to obtain a PASARR Level 2 for R2. This placed R2 at risk for unidentified care needs and impaired quality of care.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - The Electronic Health Records (EHR) for R2 included diagnoses of suicidal ideations (the thoughts, fantasies, or contemplations about ending one's own life), auditory hallucinations (sensory experiences of hearing sounds that are not present in the external environment), major depressive disorder (a common and serious mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities), generalized anxiety disorder (a mental health condition characterized by excessive, persistent, and uncontrollable worry about a wide range of events or activities), schizoaffective disorder (a mental health condition that combines symptoms of schizophrenia and bipolar disorder), and primary insomnia (a chronic sleep disorder characterized by difficulty falling or staying asleep, despite having adequate opportunity for sleep, that is not caused by other underlying medical or psychiatric). <p>R2's Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R2 had no physical impairment.</p> <p>The 12/21/24 Psychotropic Drug Use Care Area Assessment (CAA) documented that R2 had taken high-risk antipsychotic medication, antianxiety medication, and antidepressant medication.</p> <p>R2's Care Plan dated 03/31/23 indicated R2 had the potential for activities of daily living (ADL) self-care performance deficit related to schizoaffective, depression, anxiety, suicidal ideation, hallucinations, and behavior problems of hoarding. R2 used psychotropic (alters mood or thought) medications related to behavior management, and had a mood problem related to schizoaffective disorder, major depression, anxiety, suicidal ideation, and hallucinations.</p> <p>R2's EHR documented a CARE assessment dated [DATE] with the need for further evaluation (Level 2).</p> <p>R2's EHR lacked documentation that the PASARR Level 2 had been completed.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/31/25 at 11:13 AM, Administrative Staff A reported that the Assistant Director of Nursing probably ensured PASARR compliance.</p> <p>During an interview on 03/31/25 at 11:25 AM, Business Office Manager DD reported that she was unable to locate the PASARR Level 2 for R2.</p> <p>During an interview on 03/31/25 at 11:36 AM, Social Service Designee L reported that she coordinated with the state for PASARR Level 2 to be done. She stated that she audited the residents' charts and reviewed R2's CARE Assessment. Social Service Designee L reported she discovered no Level 2 was completed and reported she sent the paperwork to the state requesting a Level 2 evaluation on 03/05/24.</p> <p>The facility policy title PASRR-KANSAS dated 10/2021 stated that the facility assures that a Pre-Admission Screening and Resident Review (PASARR) would be completed and submitted as required by the state. The facility policy also indicated that the business office manager was responsible for ensuring all required CARE Assessments would be completed and submitted to the Kansas Department on Aging and Disability Services (KDADS) and ensure they were loaded into the resident's EHR. The facilities policy did not address obtaining a PASARR Level 2 screening when recommended.</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** 36881</p> <p>The facility reported a census of 66 residents. The sample included 18 residents reviewed for comprehensive care plans. Based on observation, interview, and record review the facility failed to review and revise comprehensive care plans for Residents (R)43 related to bathing. This placed the resident at risk for poor hygiene due to uncommunicated care needs.</p> <p>Findings Included:</p> <p>- R43's Electronic Health Records (EHR) Physician Orders (POS), dated 01/07/25 documented diagnoses which included disorientation (confusion), dementia (condition that causes a decline in memory, thinking, and other cognitive abilities making it harder to perform everyday tasks) with behavioral disturbances, generalized anxiety disorder (mental health disorder characterized by feelings of left artificial knee joint replacement, atrial fibrillation (irregular heartbeat), insomnia, (inability to sleep), and psychotic disorder (a mental disorder characterized by disconnection from reality) with hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that was not there).</p> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating cognitively intact. The resident demonstrated verbal behavioral symptoms directed towards others one to three days of the look-back period. The MDS documented choosing the type of bath as very important to the resident. The MDS lacked completion to indicate the resident's level of self-care and/or required staff assistance for bathing.</p> <p>R43's Care Plan dated 01/09/25, directed staff R43 had impaired cognitive function/dementia and impaired decision-making skills. He had self-performance deficits. Staff should anticipate and meet the resident's needs, initiated: 01/02/24. The plan lacked guidance to staff related to R43's preferences for bathing and/or his schedule for bathing to include type, frequency, and/or time of day for bathing.</p> <p>The Tasks ADL [Activities of Daily Living] Bathing section of the EMR, dated 02/28/25, and Bath Sheets, indicated the resident with scheduled for showers three days a week on Monday, Wednesday, Friday, and as needed.</p> <p>A review of the bathing documentation for 03/01/25 through 04/01/25 revealed the staff provided five opportunities for bathing during the 30-day period rather than the resident's twelve preferred and scheduled showers. Additionally, the documentation revealed the resident did not refuse any bathing opportunities offered by staff.</p> <p>On 03/26/25 at 02:04 PM, R43 sat in his chair in his room. His walker was at the bedside and his clothing was disheveled. The resident reported he asked to get a bath for four days without getting a response from the staff. He stated his scheduled shower days were Monday, Wednesday, and Saturday. He did not care what time of the day but wanted at least three showers a week. R43 stated when he asked the staff for a shower, the staff just put him off. He confirmed he needed staff assistance to wash his back and lower legs and the staff said it was not safe for him to take a shower by himself.</p> <p>(continued on next page)</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>On 03/31/25 at 10:53 AM, Certified Nurse Aide (CNA) U reported that R43 needed staff assistance with showers, walking, and dressing. She stated the admission staff should interview residents when they are admitted and care plan resident preferences and choices related to bathing. CNA U stated residents should receive baths per their preferences and the schedule. CNA U said staff providing baths/showers should document in the EHR when they offer a resident a bath/or shower. If the resident refuses a bath/shower, the staff should document the resident's refusal and the nurse should be notified. CNA U said bath sheets are completed when a bath/shower is given.</p> <p>On 04/01/25 at 08:58 AM, Administrative Nurse D confirmed the above findings and stated residents should get baths/showers offered per their preferences for the type of bathing, frequency, and time of day. Administrative Nurse D said staff should document the offers made for bathing and any refusals in the EMR and bath sheets.</p> <p>The policy Comprehensive Assessments and the Care Delivery Process, dated 10/20/21, documented assessments will be conducted, to include resident interviews to assist in developing person-centered care plans.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36881</p> <p>The facility reported a census of 66 residents. The sample included 18 residents with seven dependent residents reviewed for activities of daily living (ADLs). Based on observation, interview, and record review the facility failed to provide necessary services in accordance with their preferences and in keeping with their plan of care for Resident (R)43, R51, and R28. This placed the affected residents at risk for decreased quality of care.</p> <p>Findings Included:</p> <p>- R43's Electronic Health Records (EHR) Physician Orders (POS), dated 01/07/25 documented diagnoses which included disorientation (confusion), dementia (condition that causes a decline in memory, thinking, and other cognitive abilities making it harder to perform everyday tasks) with behavioral disturbances, generalized anxiety disorder (mental health disorder characterized by feelings of left artificial knee joint replacement, atrial fibrillation (irregular heartbeat), insomnia, (inability to sleep), and psychotic disorder (a mental disorder characterized by disconnection from reality) with hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that was not there).</p> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating cognitively intact. The resident demonstrated verbal behavioral symptoms directed towards others one to three days of the look-back period. The MDS documented choosing the type of bath as very important to the resident. The MDS lacked completion to indicate the resident's level of self-care and/or required staff assistance for bathing.</p> <p>R43's Care Plan dated 01/09/25, directed staff R43 had impaired cognitive function/dementia and impaired decision-making skills. He had self-performance deficits. Staff should anticipate and meet the resident's needs, initiated: 01/02/24. The plan lacked guidance to staff related to R43's preferences for bathing and/or his schedule for bathing to include type, frequency, and/or time of day for bathing.</p> <p>The Tasks ADL Bathing section of the EMR, dated 02/28/25, and Bath Sheets, indicated the resident with scheduled for showers three days a week on Monday, Wednesday, Friday, and as needed.</p> <p>A review of the bathing documentation for 03/01/25 through 04/01/25 revealed the staff provided five opportunities for bathing during the 30-day period rather than the resident's twelve preferred and scheduled showers. Additionally, the documentation revealed the resident did not refuse any bathing opportunities offered by staff.</p> <p>On 03/26/25 at 02:04 PM, R43 sat in his chair in his room. His walker was at the bedside and his clothing was disheveled. The resident reported he asked to get a bath for four days without getting a response from the staff. He stated his scheduled shower days were Monday, Wednesday, and Saturday. He did not care what time of the day but wanted at least three showers a week. R43 stated when he asked the staff for a shower, the staff just put him off. He confirmed he needed staff assistance to wash his back and lower legs and the staff said it was not safe for him to take a shower by himself.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/31/25 at 10:53 AM, Certified Nurse Aide (CNA) U reported that R43 needed staff assistance with showers, walking, and dressing. She stated the admission staff should interview residents when they are admitted and care plan resident preferences and choices related to bathing. CNA U stated residents should receive baths per their preferences and the schedule. CNA U said staff providing baths/showers should document in the EHR when they offer a resident a bath/or shower. If the resident refuses a bath/shower, the staff should document the resident's refusal and the nurse should be notified. CNA U said bath sheets are completed when a bath/shower is given.</p> <p>On 04/01/25 at 08:58 AM, Administrative Nurse D confirmed the above findings and stated residents should get baths/showers offered per their preferences for the type of bathing, frequency, and time of day. Administrative Nurse D said staff should document the offers made for bathing and any refusals in the EMR and bath sheets.</p> <p>The Policy Quality of Life-Bathing, policy dated 10/20/21, documentation includes each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, the feeling of self-worth and self-esteem. The facility culture is one that supports and encourages the humanization and individualization of residents and honors residents' choices and preferences with respect to bathing type, frequency, and time of day.</p> <p>50659</p> <p>- A review of R51's diagnoses from the Electronic Health Record (EHR) documented: dementia (a progressive mental disorder characterized by failing memory, and confusion), and aphasia (a condition with disordered or absent language function)</p> <p>The 11/10/24 Annual Minimum Data Set (MDS) for R51 documented a Brief Interview for Mental Status (BIMS) score of 00, which indicated severely impaired cognition. R51 had a total mood severity score of 00, which indicated no depression. R51 required to set up and supervision for eating.</p> <p>The 11/29/24 Cognitive Loss/Dementia Care Area Assessment (CAA) dated 11/29/24 documented R51 had an actual cognition issue due to diagnoses and due to the disease process. R51 would have a slow decline, and the staff avoid complications and minimize risks.</p> <p>R51 did not trigger for Functional Abilities (Self-Care and Mobility) or 'Nutritional Status on annual MDS.</p> <p>The 02/10/25 Quarterly MDS for R51 documented a BIMS of one, which indicated severely impaired cognition. R51 had a total mood severity score of nine which indicated mild depression. R51 required set-up and supervision for eating.</p> <p>R51's Care Plan documented R51 had a potential nutritional problem related to dementia and had the following intervention:</p> <p>05/30/23 - Staff were instructed to provide one staff assistance with cutting up food, opening cartons, and cueing.</p> <p>The 01/31/2025 at 08:04 AM Dietary/Nutrition Progress Note documented R51 required setup assistance for meals.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 03/31/25 at 09:21 AM, R51 sat in his recliner. He had a bowl of oatmeal he was attempting to eat and a glass of juice on the counter next to him that remained with clear plastic wrap on the juice cup.</p> <p>During an observation on 03/31/25 at 10:22 AM, R51 sat in his recliner and leaned over to his left side with the spoon on the floor and his bowl next to him on the chair with his eyes closed.</p> <p>During an observation on 03/31/25 at 11:23 AM, R51 remained in the same position in his room as noted at 10:22 AM.</p> <p>During an observation on 04/01/25 at 08:49 AM, R51 sat in his recliner> He wore the same clothes as yesterday. R51's breakfast was on the counter next to his recliner, the juice was covered with plastic wrap; the oatmeal, sausage gravy, and biscuits were uncovered, and no silverware had been unwrapped. There was no tray table noted in the room.</p> <p>During an interview on 04/01/25 at 09:02 AM, Certified Nurse Aide (CNA) X reported she placed the breakfast tray in R51's room that morning on the counter. CNA X entered R51's room and looked for an over-the-bed tray but did not see one so she then assisted R51 with his breakfast. She reported that R51 should go to the dining room, but he would not always go as he would stay up at night. She also reported to find what type of care a resident required she would look on the Kardex in the computer She reported that R51 required set-up supervision and cueing to eat.</p> <p>During an interview on 04/01/25 at 12:50 PM, Administrative Nurse D reported she expected staff to follow the care plan and provide the required care and assistance that any resident needed.</p> <p>The facility did not provide a policy on ADL assistance.</p> <p>The facility failed to provide the assistance for eating that R51 required. This deficient practice had the potential to negatively affect the resident's physical well-being.</p> <p>A review of R28's diagnoses from the Electronic Health Record (EHR) documented: dementia (a progressive mental disorder characterized by failing memory, and confusion), and Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness)</p> <p>The 03/10/24 Admission Minimum Data Set (MDS) for R28, documented a Brief Interview for Mental Status (BIMS) score of nine, which indicated moderately impaired cognition. R28 had a total mood severity score of 12, which indicated moderate depression. R28 required maximal assistance with personal hygiene.</p> <p>The 03/18/24 Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) recorded staff assisted R28 with setup, supervision, and cueing for all ADLs due to behaviors.</p> <p>The 03/18/24 Cognitive Loss/Dementia (CAA) documented staff would anticipate needs as needed to re-orientate the resident; staff would allow the resident time to process thoughts and feelings and allow the resident time to verbalize those thoughts.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 12/11/25 Quarterly MDS for R28, documented a BIMS score of seven, which indicated severely impaired cognition.</p> <p>R28's Care Plan documented the following intervention:</p> <p>11/25/23 - Staff were instructed to provide assistance with R28's hygiene.</p> <p>The 03/08/25 through 03/27/25 Personal Hygiene tasks documented in the EHR for R28s ability to maintain personal hygiene, including combing hair and shaving, were all documented as dependent on staff to complete this task.</p> <p>During an observation on 03/27/25 at 07:54 AM R28 was in the dining room eating breakfast. He had approximated one-quarter-inch facial whiskers. R28 reported that he would like to have a shave but staff would not let him have a razor.</p> <p>During an interview on 03/31/25 at 11:53 AM, Certified Nurse Aide (CNA) BB reported R28 required staff to assist with his personal hygiene which included shaving.</p> <p>During an interview on 04/01/25 at 08:39 AM, Licensed Nurse (LN) N reported that the CNAs should shave the residents that required assistance on the resident's scheduled shower days or as needed. Additionally, the CNAs should follow the care plan.</p> <p>During an interview on 04/01/25 at 09:40 AM, CNA X reported that she had shaved R28 after his shower today and reported that she would only shave the cheeks of the residents as she did not feel comfortable shaving the remainder of facial hair as there were no clippers only straight razors.</p> <p>During an interview on 04/01/25 at 04:00 PM, Administrative Nurse C reported she expected the staff to shave residents' facial hair as requested or as needed.</p> <p>The facility did not provide a policy on ADL.</p> <p>The facility failed to provide the assistance for removal of facial hair for R28. This deficient practice had the potential to negatively affect the resident's physical well-being.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51332</p> <p>The facility reported a census of 66 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility. This placed the residents at risk for foodborne illness.</p> <p>Findings included:</p> <p>On 03/26/25 at 11:01 AM during an initial tour of the main kitchen and refrigerator storage areas with Dietary Staff J, the following areas of concern were observed:</p> <p>One tray of chocolate pie dessert, uncovered and undated, located in the fridge.</p> <p>Fifteen individually portioned cranberry sauces dated 3/17/25 located in the fridge.</p> <p>Ten barbeque-ranch dressings, individually portioned, and dated 03/07/25 located in the fridge.</p> <p>Staff's personal food items with no date were located in the fridge.</p> <p>One sealed plastic container of pumpkin pie filling dated 03/12/25 is located in the fridge.</p> <p>Eleven individually staff portioned individual Apple Jelly dated 3/14/25 located in the fridge.</p> <p>One box of bacon unsealed and undated located in the fridge.</p> <p>One bag of mozzarella cheese unsealed and dated 03/14/25 located in the fridge.</p> <p>One bag of mozzarella cheese opened and unsealed, dated 03/22/25, located in the fridge.</p> <p>One bag of breadsticks unsealed and dated 03/12 located in the freezer.</p> <p>One bag of broccoli unsealed and undated located in the freezer.</p> <p>One box of 50 shakes of recalled Ready Care Vanilla Mildly Nectar Thick.</p> <p>One bag of Oreos unsealed and undated located in dry storage.</p> <p>One bag of potato chips unsealed and undated located in dry storage.</p> <p>One bag of gelatin dessert Oreos unsealed and dated 11/28/24 located in dry storage.</p> <p>One unsealed container of cocoa powder dated 11/20/24.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>One unsealed container of baking powder dated 01/07/20 with a best-by date of 10/11/20 located in dry storage.</p> <p>One unsealed container of pancake mix dated 03/08/24 located in dry storage.</p> <p>One unsealed container of pancake mix dated 02/21/25 located in dry storage.</p> <p>One unsealed bag of ham dated 03/20/25, located in the fridge in a container that had meat juices at the bottom of it.</p> <p>One unsealed bag of ham dated 03/15/25, located in the fridge in a container that had meat juices at the bottom of it.</p> <p>One unsealed and undated bag of turkey located in the fridge in a container that had meat juices at the bottom of it.</p> <p>One unsealed bag of turkey dated 03/22/25 located in the fridge in a container that had meat juices at the bottom of it</p> <p>Two cutting boards were observed with cuts gashes to be half an inch thick to make them uncleanable surfaces.</p> <p>On 03/26/25 at 11:27 AM, an interview with Dietary Staff J revealed there would only be a problem with the meat sitting in the juice if the opened meat was touching the juice.</p> <p>On 10/21/24 at 02:57 PM, an interview with Dietary Staff J revealed he expected staff to label, seal food items and date opened food items. Dietary Staff J stated that the above concerns identified with kitchen and freezer storage, which included undated and unsealed items were unacceptable.</p> <p>The facility's policy Food Receiving and Storage dated 10/2021 revealed that dry foods that are removed from their original packaging, will be labeled and dated (use by date). These foods will be used on a rotating first in first out system. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date). Other open containers must be dated and sealed or covered during storage. Partially eaten food may not be kept in the refrigerator. Beverages must be dated when open and discarded after twenty-four hours.</p>

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NAME OF PROVIDER OR SUPPLIER Orchard Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 S Woodlawn Blvd Wichita, KS 67218	
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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>51332</p> <p>The facility reported a census of 66 residents. Based on observation, interview, and record review, the facility failed to maintain and/or dispose of garbage and refuse properly, and in a sanitary condition, ensuring the lids were down to cover the disposed waste.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - An initial tour of the outside trash dumpsters on 03/26/25 at 12:36 PM with Dietary Staff J revealed three bags of trash were lying next to a portable dumpster with no lid. Two doors were open on one out of the two stationary dumpsters. <p>On 03/26/25 at 12:36 PM, Dietary Staff J revealed he was not aware of the requirement to have trash covered and that it included a portable dumpster.</p> <p>The facility's policy Food-Related Garbage and Refuse Disposal dated 01/2024 revealed that outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50659</p> <p>The facility reported a census of 66 residents. The sample included 18 residents. Based on observation, interview, and record review, the facility failed to ensure staff utilized acceptable infection control practices to mitigate the spread of infections when staff failed to cover clean clothes left in the folding area, and under areas with noted debris and insulation. The facility staff failed to utilize enhanced barrier precautions (EBP-a set of infection control measures that use gowns and gloves to reduce the spread of multidrug-resistant organisms [MDROs] in nursing homes) when providing a dressing change for Resident (R) 52 and additionally failed to use EBP for R39 when staff administered a tube feeding (administration of nutritionally balanced liquefied foods or nutrients through a tube). The facility further failed to use proper hand hygiene and standard infection control practices for R14 and R18 when staff failed to complete proper hand hygiene and cleansing during peri-care. This deficient practice had the potential to spread possible infections to the residents in the facility.</p> <p>Findings included:</p> <p>- During an observation on 03/26/25 at 11:30 AM, no EBP signage or precautions were noted outside any of the residents' doors in any of the hallways during an initial tour of the facility.</p> <p>During an observation on 03/26/25 at 04:32 PM Licensed Nurse (LN) N performed a tube feeding for R39. LN N did not put on a gown. LN N only wore gloves during the observed tube feeding.</p> <p>During an observation of 03/31/25 at 10:02 AM Certified Nurse Aide (CNA) T applied her gloves in R14's room and grabbed the garbage can to set up on the other side of the bed to perform incontinence care. CNA T retrieved warm wash clothes from the bathroom and placed them in a lined wash basin with a plastic bag. CNA T stroked several times with the same part of the washcloth when she washed the peri-area as the washcloth hit the urine soiled brief under R14. CNA T completed the care, using the same soiled gloves pulled out a jar of unlabeled ointment, and applied that clear ointment to the resident's skin.</p> <p>During an observation on 03/31/25 at 10:52 AM, CNA C and CNA CC performed incontinence care for R18. CNA T dropped her glove onto the ground, picked the glove back up, and placed it on her left hand. CNA T removed R18's brief and started to perform incontinence care, CNA T used the disposable wipe in the same area for more than one stroke as she cleansed the peri-area. CNA CC returned to the room and applied new gloves then opened drawers in the bathroom. CNA T finished the front peri-area of the resident and threw soiled linen directly on the floor. CNA T removed her gloves, exited the room without washing her hands, and then returned with more supplies. The staff assisted R18 over to her right side; observation revealed R18 was incontinent of brown watery stool. CNA T cleansed R18's buttocks, legs, and hip areas. CNA T then removed the soiled linen and threw the soiled linen onto the ground. CNA T wiped the mattress off, dried it off, and then placed new linen and a brief under R18. Staff assisted R18 onto her back and CNA T used the same gloved hands to perform peri-care on R18's front area again. CNA CC had removed her gloves and then applied new gloves with no handwashing noted.</p> <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 - Some</p>	<p>During an observation on 04/01/25 at 12:59 PM, LN P did not perform hand hygiene before applying gloves to perform a dressing change for R52.</p> <p>During an observation on 04/01/25 at 02:00 PM Regional Maintenance Supervisor EE and Maintenance Staff FF reported they had not noticed that the residents' personal clothing that was hung up for sorting was directly underneath exposed insulation that covered duct work. Observed the area above the folding and sorting of clean linen no ceiling and the pipes were covered with dust. Regional Maintenance Supervisor EE reported that he would have the staff use an enclosed cover laundry cart to hang the residents' personal laundry until he moved the clean storage and folding table to a room that had a ceiling.</p> <p>During an interview on 03/31/25 at 05:49 AM CNA Y reported that the signs on some of the residents' doors with the three-drawer white cart system outside some of the residents' doors contained PPE was not in place on 03/26/25. CNA Y reported that she had worn just gloves in the past for the residents that required EBP that had an open wound, a catheter, or tube feeding.</p> <p>During an interview on 03/31/25 at 07:16 AM, LN N reported that the EBP had not been implemented on 03/26/25 when she administered the tube feeding to R39. LN N reported that she was unaware of the procedure for EBP on 03/26/25.</p> <p>During an interview on 03/31/25 at 10:12 AM, CNA T reported she completed incontinence care on R14 the way R14 wanted the care to be performed. CNA T reported that she should have not used the same part of the washcloth more than once and did not realize that she had to remove gloves, wash her hands, and apply new gloves before she applied the ointment.</p> <p>During an interview on 03/31/25 at 11:19 AM, CNA CC reported that she should have washed her hands when she removed her gloves before she applied new ones. She reported the soiled linen should have been placed on a barrier or in a bag and not placed on the floor.</p> <p>During an interview on 04/01/25 at 08:39 AM, LN N reported that once a staff member removed gloves, the staff member should complete hand washing either with hand sanitizer or soap and water at the sink. LN N said the CNA staff should just do one stroke front to back and flip to a clean area on the wipe or washcloth. LN N reported that the CNA should remove the soiled linen/brief from underneath the resident before performing incontinence care.</p> <p>During an interview on 04/01/25 at 02:30 PM Administrative Staff A reported that he was not aware of the exposed insulation in the clean laundry area and stated he would have that looked at.</p> <p>During an interview on 04/01/25 at 03:29 PM, Administrative Nurse B reported that gloves and gowns are to be worn for all residents on EBP.</p> <p>The facility's policy Enhanced Barrier Precautions dated 03/2024 documented the facility follows recommendations and guidance from the Centers for Disease Control (CDC). The following conditions require EBP for all care including feeding tube and urinary catheter. Post subtle, dignified, clear signage on the door or wall of the appropriate room. Make PPE available near or outside of the room.</p> <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 - Some</p>	<p>The facility's policy Policies and Practices - Infection Control dated 10/2024 documented this facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. All personnel would be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The depth of employee training shall be appropriate to the degree of direct resident contact and job responsibilities.</p> <p>The facility's policy Hand Hygiene dated 10/2024 documented the facility considers hand hygiene the primary means to prevent the spread of infections. Hand hygiene should be performed before and after removal of gloves.</p> <p>The facility's policy Laundry Protocols undated documented facility staff will handle, store, process, and transport linens in a method to prevent infection. Personal clothing will be stored in clean, dust-free areas. Each laundered item will be free of dirt and irritating chemical residue.</p>		