

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>36881</p> <p>The facility reported a census of 66 residents which included a sample of three residents identified by the facility with Medicare Part A stay termination of benefits before exhaustion of Medicare Part A 100-day benefit period. Based on interviews and record review, the facility failed to provide two residents with the Centers for Medicare and Medicaid Services (CMS) form CMS- 10055 Skilled Nursing Facility Advanced Beneficiary Notice [ABN], which provides the recipient with the information related to the right to choose continued services and associated charges for continued skilled services after termination of Medicare Part A services for Resident (R) 13 and R121. This placed the residents at risk for uninformed decisions and unanticipated costs regarding skilled services.</p> <p>Findings included:</p> <p>- A review of R13's Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review, revealed the resident started Medicare Part A services on 12/08/24. He was discharged from Medicare A services on 01/03/25 and remained in the facility. The facility did not provide the resident with a CMS-10055 SNF ABN to allow the resident to make an informed decision regarding the continuation of skilled services and the associated costs.</p> <p>A review of Resident (R)121's Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review, revealed the resident started Medicare Part A services on 01/18/25. She was discharged from Medicare A services on 01/03/25 and remained in the facility. The facility did not provide the resident with a CMS-10055 SNF ABN to allow the resident to make an informed decision regarding the continuation of skilled services and the associated costs.</p> <p>On 04/01/25 at 01:49 PM, Administrative Nurse B confirmed the above findings. She reported the facility failed to provide the residents with appropriate SNF ABN notice at the termination of Medicare Part A benefits.</p> <p>The undated facility policy titled Medicare Denial Notices (Advanced Benefit Notification-ABN), documentation including SNF ABN (CMS-1005) is issued to the resident and/or representative to enable the resident/representative to enable to decide if the resident wishes to continue receiving the skilled services that may not be paid for by Medicare and the resident and the resident assumes financial responsibility for the items or services.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50659</p> <p>The facility reported a census of 66 residents. The sample included 18 residents. Based on observation, record review, and interviews, the facility failed to promote a sanitary, homelike environment. This deficient practice had the potential for decreased psychosocial well-being and impaired safety and comfort for the affected residents.</p> <p>Findings include:</p> <p>- During an observation on 03/26/25 at 11:38 AM, Resident (R) 17 and R6's room had no threshold noted in the entrance of the room, the windowsill was missing a tile and the standing floor fan was missing the front cover.</p> <p>During an observation on 03/26/25 at 11:39 AM the 300 hallway had large gouges missing from the wall and several areas of baseboard peeling back noted in the hallway. Observation revealed built-up dirt on the wall and floor cover.</p> <p>During an observation on 03/26/25 at 11:45 AM, R8 and R18's room had a ceiling tile missing. The built-in wardrobe closet and drawers had chipped paint and broken areas noted on the bottom drawers. Additionally, the windowsill tile was covered with black electrical tape.</p> <p>During an observation on 03/26/25 at 11:49 AM, R51 had no name on his door. He had a dresser in the room which had the three top dresser drawers missing and he had a blanket covering the window.</p> <p>During an observation on 03/26/25 at 11:51 AM, R28's bathroom had exposed drywall in two areas, and the metal floor vent laid on the floor near the open area. The floor vent was bent, and rust was noted on the vent. Additionally, the windowsill tile was cracked and missing in the corner of the window.</p> <p>During an observation on 03/26/25 at 01:41 PM, R47's room smelled of cigarettes. The bathroom floor had a few tiles missing, and the baseboard was peeled back.</p> <p>During an observation on 03/26/25 at 02:05 PM, R10's window blinds were broken in several areas and R10 had a blanket for a curtain. Additionally, the baseboard in the room and bathroom was peeled off and holes were noted in the walls where the baseboard would have been on the wall. There was visible built-up dirt on the flooring.</p> <p>During an observation on 04/01/25 at 09:10 AM, the activity room had several floor tiles missing in the entranceway.</p> <p>During an interview on 03/27/25 at 10:15 AM, Maintenance Staff FF reported the staff could place a work order in the computer system for any facility repairs to alert him of any concerns.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/27/25 at 10:46 AM, Certified Medication Aide (CMA) W reported any repairs would be placed in the computer system for maintenance called TELS. CMA W reported all staff had access to place a work order. CMA W reported that R51 would not be able to hang a blanket on his window for a covering by himself and reported that staff would hang the blankets on the windows in resident rooms that did not have a curtain.</p> <p>During an interview on 03/31/25 at 05:36 AM, Licensed Nurse (LN) O reported if there were any maintenance concerns, staff would place a work order in the computer system to alert the maintenance department.</p> <p>During an interview on 04/01/25 at 09:10 AM, Activity Staff AA reported that she had tripped over the flooring in the activity room a couple of times and reported that Administrative Staff A was aware of the missing tiles on the floor. Activity Staff AA reported that the residents do use the activity room for some activities.</p> <p>During an interview on 04/01/25 at 01:28 PM, Administrative Staff A reported he was aware of some environmental concerns, and the facility had begun working on them. He reported that corporate had purchased ceiling tiles for the entire facility and would start replacing the ceiling tiles on 04/03/25 but was unable to obtain the receipt upon request. Administrative Staff A reported he had been told that some residents had blankets as window coverings but he had not visualized any residents' rooms with that concern. Administrative Staff A reported that corporate had a new audit in TELS for window and curtain concerns that would be started soon. Administrative Staff A stated expected all residents to have a safe, clean, homelike environment.</p> <p>The facility did not provide a policy for a homelike environment.</p>		

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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>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>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>(continued on next page)</p>		

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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 11:36 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 51332</p> <p>The facility had a census of 66 residents. The sample included 18 residents, with six residents observed for accidents and hazards. Based on observation, record review, and interview, the facility failed to ensure a safe environment free from accident hazards when multiple residents had lighters in their rooms. Additionally, R45 had unsecured medications and R52 had an unsecured 1.75-liter bottle of vodka along with firecrackers and a two-inch pocketknife. Additionally, the facility failed to store chemicals in a secure safe manner. These failures placed the affected residents at risk for preventable accidents and related injuries.</p> <p>Findings included:</p> <p>- During an observation on 03/26/25 at 11:42 AM across from room [ROOM NUMBER] there was a workstation with a sink and an unlocked cupboard under the sink that had a spring-loaded mouse trap, a full gallon bottle of drain cleaner, a gallon bottle of disinfectant cleaner with approximately 200 ml of clear liquid in the bottle, and a one-quart spray bottle of germicidal cleaner. All the bottles had a label that read harmful keep out of reach of children.</p> <p>During an observation on 03/26/25 at 01:33 PM, Resident (R)48 reported and demonstrated that he had a lighter two cigarettes in his room, and a vape. R48 also had a clear box of vape supplies in his room. R48 reported he would vape in his room. R48 had an oxygen cannula laid across his bed and reported he wore oxygen at night.</p> <p>During an observation on 03/26/25 at 01:58 PM, R29 was not in her room, but observation revealed a lighter and cigarettes on her dresser.</p> <p>During an observation on 03/26/25 at 03:26 PM, R45 was sitting in his bed, observed on his bedside dresser were two Pantoprazole Sodium (Protonix) 40 milligram (mg) [a medication used to relieve symptoms such as heartburn, difficulty swallowing, and cough] and one Seroquel (Quetiapine Fumarate) 400 mg [type of medications used to treat psychosis and other mental emotional conditions].</p> <p>During an observation on 03/27/25 at 09:47 AM, R52 was lying in bed. Observation revealed he had medicated chest rub and albuterol sulfate inhalation aerosol {a medication used to prevent and treat wheezing, difficulty breathing, chest tightness, and coughing caused by lung diseases such as asthma} at bedside. R52 reported there was a 1.75-liter bottle of vodka along with two 375ml bottles of vodka which had been consumed by the resident in a bag in his closet along with firecrackers and a two-inch pocketknife.</p> <p>During an observation on 03/27/25 at 11:30 AM R10 reported he had a lighter and cigarettes in the room and showed the items when asked. R10 giggled when he produced the cigarettes and lighter.</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 - Some</p>	<p>During an interview on 03/27/25 at 09:08 AM Certified Nurse Aide (CNA) T reported she was unaware that the cupboard below the sink at the workstation on 300 hallways had contained chemicals and reported the cupboard should have been locked. Regional Administrator HH then reported the chemicals should have been locked up in a different storage area and said they were not aware that there was a spring-loaded mouse trap in the same cupboard. He reported there were no children living in the facility regarding the chemicals labeled with the statement keep out of reach of children.</p> <p>During an observation on 03/27/25 at 11:34 PM, R36 sat on his bed. He had a lighter and cigarettes on his bedside dresser next to a nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs) with tubing hooked up.</p> <p>During an interview on 03/27/25 at 09:58 AM, Certified Medication Aide (CMA) W reported residents were not allowed to have firecrackers or alcohol in their possession.</p> <p>On 03/27/25 at 10:14 AM Administrative Staff A went to R52's room and upon verification of the hazardous items, Administrative Staff A took possession of them.</p> <p>During an interview on 03/27/25 at 10:17 AM Administrative Staff A reported that R52 was his own guardian and had the ability to sign himself out of the facility. When R52 returns to the facility he can bring stuff in not allowed and staff are not allowed to [NAME] him when he enters the building. This is his right as a resident.</p> <p>During an interview on 03/31/25 at 05:36 AM, Licensed Nurse (LN) O reported that residents are not allowed to have cigarettes or lighters in their rooms. Staff were to take those items out of the resident's room if they found them and talk to the resident then provide them a form to sign regarding the education. LN O said that assured that residents were aware of the facility rules. LN O said CNA staff take the residents out for smoke breaks. LN O verified that residents had smoked in their bathrooms in the past.</p> <p>During an interview on 03/31/25 at 02:02 PM, Regional Administrator HH reported that R52 was slurring his words and that he may need an assessment for alcohol and recommended informing the doctor of the findings.</p> <p>During an interview on 04/01/25 at 01:19 PM, Administrative Staff A reported the smoking policy stated no resident was allowed to keep smoking materials in their possession and he expected the staff to confiscate any contraband. Additionally, he reported that the residents sign a smoking policy and follow a posted smoking schedule.</p> <p>The facility's policy Smoking Policy dated 10/2024, documented that residents in the facility who have independent smoking privileges and those without independent smoke privileges may not keep any smoking articles including cigarettes, tobacco, lighters, and matches in their possession.</p> <p>The facility's policy Storage Areas, Maintenance undated documented maintenance storage areas shall be maintained in a clean safe manner. Storage areas should be locked to prevent unauthorized access to hazardous chemicals.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>50659</p> <p>The facility reported a census of 66 residents. Based on interviews and record review, the facility failed to complete an annual performance review at least once every 12 months for five Certified Nurse Aides (CNAs) reviewed, to ensure adequate appropriate care and services provided to the residents of the facility. The facility identified five CNAs employed for more than a 12-month period. This placed the residents at risk for decreased quality of care.</p> <p>Findings included:</p> <p>- A review of employee files on 04/01/25 at 02:55 PM revealed a lack of performance evaluations signed by management for five of five CNA staff who had been employed over one year, including CNA S, CNA II, CNA LL, CNA MM, and CNA NN.</p> <p>During an interview on 04/01/25 at 03:05 PM, Administrative Staff A reported that producing the requested performance evaluations for CNA staff would be difficult and stated that he did know that annual performance evaluations for the CNA staff were required.</p> <p>The facility's policy Performance Evaluations dated 10/2024 documented the job performance of each employee shall be reviewed and evaluated at least annually.</p> <p>The facility's policy In-Service Training Program, Nurse Aide dated 10/2021 documented that in-service training is based on the outcome of the annual performance reviews, addressing weaknesses identified in the reviews.</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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<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> <ul style="list-style-type: none"> - 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>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>		

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 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>52154</p> <p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>The facility reported a census of 66 residents which included 18 residents sampled, which included two residents reviewed for functional equipment. Based on interview, observation, and record review, the facility failed to ensure Resident (R)29 and R2's bed was in safe and operable condition. This deficient practice placed the residents at risk for discomfort and decreased safety.</p> <p>Findings include:</p> <ul style="list-style-type: none"> - Observation on 03/26/25 at 02:49 PM revealed that R2's bed frame appeared to be broken, and the bed would not sit level. The bed was a crank style. <p>Observation on 03/27/25 at 10:40 AM revealed that the remote R29's bed was under it and stuck in the frame. The sheathing was stripped from the wires the wires were unraveled. The bed rested almost completely on the ground.</p> <p>During an interview on 03/27/25 at 10:40 AM, R29 reported that the bed would go up and down but the head of the bed would not work to be raised or lowered.</p> <p>During an interview on 04/02/25 at 4:00 PM, Maintenance/Housekeeping EE said the remote to R29's bed should have been unplugged for safety and replaced.</p> <p>During an interview on 04/02/25 at 4:20 PM, Maintenance/Housekeeping staff EE reported R2's bed was the old crank style He said he wasn't aware of any work areas that had been placed, but verified the bed was unacceptable, and a new one would be ordered that day.</p> <p>During an interview on 04/02/25 at 07:00 PM, Maintenance/Housekeeping EE reported that a new been had been ordered for R2 and it was scheduled to arrive on 04/03/25 in the morning.</p> <p>The facility did not provide a policy related to bed safety or maintenance.</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	
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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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>50659</p> <p>The facility reported a census of 66 residents. Five Certified Nurse Aide (CNA) staff, CNA S, CNA II, CNA LL, CNA MM, and CNA NN, who worked in the facility for over a year, were reviewed for the required annual in-service training. Based on interview and record review, the facility failed to develop, implement, and permanently maintain an in-service training program for CNAs with the required topics and no less than 12 hours per year. Five CNAs lacked the required training topics, and five CNAs lacked the required 12 hours per year of in-service training.</p> <p>Findings included:</p> <p>- On 04/01/25 at 02:55 PM, a review of training records for five CNAs employed by the facility for more than one year revealed all five CNAs had less than 12 hours of documented in-service training for the previous 12 months. The records that were provided by the facility and reviewed were from the year 2023. The records did indicate that on 03/12/25 CNA S and CNA II had Abuse, Neglect, and Exploitation training was the only record located for education.</p> <p>On 04/01/25 at 02:55 PM, a review of training records for five CNAs employed by the facility for more than one year revealed all five CNAs did not have the required topics for in-service training for the previous 12 months.</p> <p>During an interview on 04/01/25 at 03:05 PM, Administrative Staff A reported he was not sure if could locate the information that was requested and reported he did not realize the paperwork for the five CNAs was dated for the year 2023.</p> <p>The facility's policy In-Service Training Program, Nurse Aide dated 10/2021 documented all nurse aide personnel participate in regularly scheduled in-service training classes. Are no less than 12 hours per employment year and include training that addresses the care of residents with cognitive impairment; and include training in dementia management and abuse prevention.</p>		