STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175491	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hoeger House	20911 West 153rd Street Olathe, KS 66061

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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 28 residents. The sample included 12 residents, with one reviewed for re-hospitalization. Based on observation, interview, and record review, the facility failed to notify the State Long Term Care Ombudsman (LTCO) of Resident (R) 16's discharge from the facility. This deficient practice placed R16 at risk for impaired resident rights. Findings include: - R16's Electronic Medical Record (EMR) documented diagnoses of fracture of left lower leg, atrial fibrillation (rapid irregular heartbeat), end-stage renal disease with dialysis (a procedure where impurities or wastes were removed from the blood), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid), and thrombosis (a clot that developed within a blood vessel) of deep veins of both lower extremities. R16's admission Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS documented R16 required assistance with set up for eating and dressing and was dependent on staff for transfers, toileting, and lower body dressing. The MDS documented R16 received antibiotics and blood thinner drugs. R16's Care Plan, dated 04/06/25, directed staff to report to the health care provider, as needed, any signs or symptoms of infection or pneumonia (inflammation of the lungs). R16's EMR documented she was hospitalized from [DATE] to 03/27/25 for fluid overload. R16's EMR documented she was hospitalized from [DATE] to 04/05/25 for thrombosis (clot that developed within a blood vessel) of the deep veins of the lower extremities. The facility lacked documentation that the state LTCO was notified of the discharge and transfers to the hospital for both hospitalizations. On 05/12/25 at 09:09 AM, R16 was in her wheelchair in her room and reported no concerns with staff care and services. On 05/13/25 at 02:55 PM, Administrative Nurse D and Social Services Staff X stated neither one had notified the ombudsman of discharges. They were unaware they were required to. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Discharge and Transfer policy, dated 03/28/2025, stated when a resident was temporarily transferred on an emergency basis to an acute care center, a notice of transfer must be provided to the resident and their representative as soon as practicable, and a copy of the notice must be sent to the ombudsman.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store, prepare, distribute, and serve food by professional standards for food service safety and failed to consistently document dish machine temperatures. This placed the resident at risk for foodborne illnesses. Findings included: - On 05/12/25 at 07:45 AM, during the initial kitchen tour, the two-door refrigerator had dried food particles all across the bottom shelf, and the handles to the refrigerator had dried food on them. The two-door freezer beside the refrigerator had a large, approximately 36 inches in diameter, round milky white frozen substance on the bottom shelf. The ninja blender had brown, crusty, dried food debris around the top of the base of the blender, the microwave was dirty on the outside and had dried red substance all on the walls inside. The toaster had dried food on the front of the toaster and the knobs of it. The second two-door silver refrigerator by the steam table had dried food particles inside it. On 05/12/25 at 08:30 AM, Dietary BB was asked for the daily meal temperature logs, Dietary BB was unable to produce any of the logs for April 2025 or the first 11 days of May. Dietary BB stated he was the interim Dietary Manager (DM) and stated Dietary CC knew the procedures of cleaning the kitchen and how to take the food temperatures prior to meal service. On 05/12/25 at 09:00 AM, Administrative Nurse D stated she could not find any food temperature logs. Administrative Nurse D stated that the Registered Dietician (RD) came to the facility weekly and reviewed the logs, but the previous DM had not left on good terms. Administrative Nurse D was unsure where the logs could be and could not prove that the meal temperatures were taken. On 05/12/25 at 11:55 AM, during the noon meal service, a review of the Dish Machine Temperature and Thermal Sanitizing sheet for March 2025 lacked documentation. The temperature was not taken during the following days: 03/20/25 03/21/25 03/22/25 03/24/25 03/25/25 03/26/25 03/26/25 03/27/25 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	03/28/25 03/29/25 03/30/25 03/31/25 A review of the Dish Machine Temperature and Thermal Sanitizing sheet for April 2025 lacked documentation. The temperature was not taken during the following days: 04/08/25 04/09/25 04/10/25 04/11/25 04/15/25 04/16/25 04/17/25 04/23/25 04/24/25 04/29/25 04/30/25 A review of the Dish Machine Temperature and Thermal Sanitizing sheet for May 2025 lacked documentation. The temperature was not taken during the following days: 05/01/25 05/02/25 05/03/25 05/04/25 05/05/25 05/06/25 (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	05/07/25 05/08/25 05/09/25 On 05/12/25 at 12:15 PM, Dietary CC stated he did not know where the April 2025 food temperature log was and verified that he had not taken breakfast temperatures that day. He stated he had taken them in the past, but did not know where the paperwork was. Dietary CC further stated his coworker, who works opposite of him, did not clean the kitchen, so he did not feel like he needed to clean either. Dietary CC stated he did not know when the kitchen was last cleaned. The facility's Food Temperature Monitoring-Food and Nutrition Services policy, dated 12/16/24, documented that food temperatures were taken and recorded before each meal service. Periodically, temperatures were taken at other times during or at the end of meal service to ensure temperatures were held within acceptable ranges. Food was served at proper serving temperatures. The facility's General Sanitation-Food and Nutrition policy, dated 06/25/24, documented that the facility stored, prepared, distributed, and served food under sanitary conditions at all times. The policy documented cleaning and sanitizing equipment surfaces was a two-step process, surfaces are cleaned and rinsed before being sanitized. The policy documented that all food contact surfaces would be washed, rinsed, and sanitized. When cleaning fixed/immobile equipment such as mixers and slicers, removable parts are washed and sanitized, while non-removable parts are cleaned with detergent and hot water, rinsed, air-dried, and sprayed with sanitizing solution at an effective concentration. If any food contact surfaces are contaminated during reassembly, re-sanitize. The staff were to wipe down equipment and food spills.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. The facility had a census of 28 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to ensure a sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when the facility failed to ensure Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organism which employ targeted gown and glove use during high contact care) were used for Resident (R) 23, who had a surgical incision (a surgical cut made in the skin). The deficient practice placed residents in the facility at risk of infectious disease processes. Findings included: -On 05/13/25 at 03:35 PM, R23's room door had an EBP sign. R23 propelled herself into the bathroom, she had an elastic bandage wrapped from her foot to her knee around her left ankle and started to try to transfer herself onto the toilet. Further observation revealed Licensed Nurse (LN) G went into the bathroom and shut the door. After a short time, LN G came out and sanitized her hands. LN G stated that R23 was on EBP due to her surgical incision and stated that R23's Person Protective Equipment (PPE) of gowns and gloves were in the cabinet beside her room. LN G stated that R23 had a surgical incision, and staff were to wear PPE when they provided wound care, but she has not had to do that yet. LN G stated she had assisted R23 on and off the toilet, but R23 was able to do her own personal care. On 05/13/25 at 12:26 PM, Certified Nurse Aide (CNA) M went into R23's room, put a gait belt around R23's waist, and maneuvered her wheelchair to the side of the bed. CNA M grabbed the gait belt and transferred R23 into R23's wheelchair. CNA M wheeled R23 to the recliner and transferred R23 into it. Further observation revealed CNA M grabbed the footrest of the recliner and lifted it so that R23 could elevate her legs. CNA M gave R23 her call light, fixed the covers on R23's bed, and walked out of the room. CNA M had not donned a gown or gloves and had not sanitized her hands after she left the room. R23 stated staff only had to wear a gown and gloves when staff assisted R23 with toileting. CNA M stated the facility had monthly skills checks and CNA M was reeducated about EBP and infection control monthly. On 05/13/25 at 01:00 PM, Administrative Nurse E stated staff were reeducated monthly about EBP and infection control. Administrative Nurse E further stated staff were to wear PPE while performing high contact care, especially with transfers and personal care. Administrative Nurse E stated that LN G asked her about when to wear PPE with R23, and Administrative Nurse E reeducated LN G that LN G should have worn a gown and gloves when LN G assisted R23. Administrative Nurse E stated CNA M should have worn a gown and gloves and should have sanitized her hands after she assisted R23. On 05/14/25 at 10:30 AM, Administrative Nurse D stated that staff received education about EBP and PPE monthly, and as needed. Administrative Nurse D stated that staff were to wear PPE with high contact care like transfers and toileting, care of any kind. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Standard, Enhanced Barrier and Transmission Based Precautions policy, dated 04/05/25, documented Enhanced Barrier Precautions (EBP) that expand the use of personal protective equipment beyond situations in which exposure to blood and body fluids is anticipated. EBP is used for residents who are infected or colonized with a CDC (Centers for Disease Control)- targeted MDRO (Multidrug-Resistant Organism), or an epidemiologically important MDRO (per facility discretion), when contact precautions do not otherwise apply. The policy documented high-contact resident care activities included transfers, dressing, toileting, and bathing. Staff were to also wear PPE when changing linens, devices, wound care, and during therapy. The policy further documented, that residents on EBP would have clear signage posted on the door or wall outside of the resident's room, indicating the type of precautions and required PPE.