| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>The facility had a census of 84 residents. The sample included 27 residents, with one reviewed for dignity. Based on observation, record review, and interview, the facility staff failed to treat Resident (R) 70 (who required assistance with eating) with dignity when staff served R52 and R53, who sat at the same dining room table, their meals without serving R70. This placed the resident at risk for an undignified experience. Findings included:- On 07/22/25 at 07:30 AM, R70 sat in a Geri-chair (a recliner on wheels that can be pushed) around like a wheelchair, usually with a removable tray. at the dining room table with R52 (on her right side) and R53 (across the table). Dietary Staff (DS) CC served R52 and R53 their breakfast, with R70 able to observe them eating. At 08:15 AM, R53 finished her meal and left the dining room, and R52 finished her meal and stayed at the table. At 08:30 AM, staff retrieved R70's meal tray, sat beside her, and assisted her in eating her breakfast.On 07/22/25 at 12:00 PM, R70 sat in a Geri chair at the dining room table with R52 and R53. At 12:01 PM, staff served R52 and R53 their noon meal, with R70 able to observe them eat. At 12:28 PM, R52 and 53 finished their noon meal, and R70 had not been served. At 12:30 PM, staff retrieved a meal tray, sat by R70, and assisted her in eating her meal.On 07/23/25 at 09:46 AM, Licensed Nurse (LN) L stated staff would assist R70 with her meals as soon as they could, but if they have other residents who need to use the bathroom or have their call light on, staff would take care of them first. LN L stated that dietary staff monitor which residents come to the dining room, but waited until the aides can provide staff assistance with R70's meal.On 07/23/25 at 12:45 PM, Administrative Nurse D stated that if staff served R52 and R53 meals at the same table with R70, who required staff assistance, she would expect staff to serve R70 a plate of food and assist R70 with eating at the same time as the other two residents.The facility's Promoting/Maintaining Resident Dignity Policy, revised 01/01/20, documented it was the practice of the facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 84 residents. The sample included 27 residents, with six sampled residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to ensure that Resident (R) 28 was free from psychotropic (a class of medications that alters mood or thought) medication without a gradual dose reduction (GDR - tapering of a medication dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued). The facility failed to ensure the physician provided the risk versus benefit for the continued use of buspirone (anti-anxiety) medication. This deficient practice placed R28 at risk of unnecessary medication administration and related complications.Findings included:- R28's Electronic Medical Record documented diagnoses of anxiety disorder (mental or emotional disorder characterized by apprehension, uncertainty and irrational fear), hypertension (elevated blood pressure), auditory and visual hallucinations (sensing things while awake that appear to be real, but the mind created), dementia (progressive mental disorder characterized by failing memory, confusion), chronic pain, and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).R28's Quarterly Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of eight, indicating moderately impaired decision making. The MDS documented R28 had no mood or psychosis but did have verbal behaviors. R28 received antidepressant and antianxiety medications with no GDR.R28's Care Plan, dated 07/03/25, included interventions for behaviors and side effects for R28's medications. Administer psychotropic medications as ordered by the physician. The plan of care directed staff to consult with the pharmacy and the physician to consider dosage reduction when clinically appropriate, at least quarterly. The plan of care directed staff to discuss with the physician and family the ongoing need for use of the medication. The plan of care directed staff to review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy. The plan of care directed staff to provide R28 with necessary cues, to stop and ensure her safety, and return if she becomes agitated. R28's plan of care directed staff to monitor R28 for and address episodes of anxiety, fear, or distress.R28's Physician Order, dated 12/23/24, directed staff to administer Buspirone (antianxiety drug), five milligrams (mg), three times daily (TID) for anxiety and depression.R28's Physician Order, dated 04/04/25, directed staff to administer Bupropion (antidepressant), 300 mg daily for anxiety and depression. R28's Consultant Pharmacist Medication Reviews from 01/01/25 to 07/22/25 documented no irregularities had been found in her medication regimen.On 07/22/25 at 07:45 AM, Licensed Nurse (LN) J administered medications to R28, including bupropion and buspirone. R28 took the pills whole in applesauce without problems.On 07/22/25 at 12:04 PM, R28 sat calmly in her wheelchair throughout the meal, without yelling or other behaviors observed. She did offer the staff a bite of her lunch but accepted their refusal calmly. She was confused but still able to answer most questions appropriately.On 07/23/25 at 11:45 AM, Consultant GG stated the resident had visual and auditory hallucinations. She verified the pharmacist had not recommended a GDR for R28's buspirone. The physician had not written a rationale for continuing the medication.The facility's Psychotropic Medication policy, dated 6/2025, stated the residents would only receive psychotropic medications when medically necessary to treat specific conditions for which they are indicated and effective. Residents who use psychotropic medication would receive GDR and behavioral interventions, unless clinically contraindicated in an effort to use the lowest effective dosage and potentially discontinue. GDR would be attempted within the first year in which a resident was prescribed a psychotropic drug. GDR would be attempted in at least two separate quarters unless clinically contraindicated. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to provide a Bed Hold Notification for Residents (R) 12 and R20, and the State Ombudsman Agency notifications of R12. This placed the residents at risk of being uninformed.Findings included: - R20's Electronic Health Record (EHR) revealed diagnoses of extended spectrum beta lactamase (ESLB, an infection cause by a bacteria that produces extended-spectrum beta- lactamases enzymes that make certain antibiotics effective such as e coli and klebsiella, making the infection harder to treat and can occur in urinary tract infections or bloodstream infections), congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid), chronic kidney disease Stage 3 (kidneys have mild to moderate damage and are less able to filter waste and fluid out of your blood), and major depressive disorder (MDD- major mood disorder that causes persistent feelings of sadness).<br><br>R20's Quarterly Minimum Data Set (MDS), dated [DATE], recorded R20 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS recorded that she was independent with transfers and activities of daily living (ADL).<br><br>R20's Care Plan, dated 07/18/25, recorded that R20 was independent with eating, oral hygiene, toilet hygiene, personal hygiene, and walking. The care plan documented that the resident was at risk for CHF, MDD, chronic kidney disease, malnutrition, and was underweight for age. The care plan documented that the resident had a risk for shortness of breath and respiratory complications related to the recent diagnosis of Influenza and acute respiratory failure, and staff would monitor oxygen saturation and administer oxygen per physician order and monitor for shortness of breath or difficulty breathing.<br><br>The” Nurse’s Note” dated 01/31/25 at 08:33 PM documented that the resident complained of urinary tract symptoms and requested the physician to order a urinalysis test and an antibiotic. The nurse’s notes documented that the physician assistant was contacted and ordered a urinalysis and would await results before ordering an antibiotic.<br><br>On 01/31/25 at 03:22 PM, the Nurses Notes documented that the facility was awaiting the urinalysis, and R20 was noted to have a cough. The on-call physician ordered Augmentin (antibiotic) 500 milligrams (mg) for seven days to cover the urinary tract infection and respiratory issues.<br><br>On 02/01/25 at 11:10 AM, the Nurse's Notes documented R20 continued with a cough and had received two doses of the antibiotic. The nurse’s notes documented that the urinalysis results had not come back to the facility at this time. R20’s family was at the facility and requested/urged that R20 be evaluated at the hospital with the following vital signs: blood pressure 144/70 (normal 120/80), pulse 79 (normal 60-100), temperature 98.4 degrees (normal 96.4 degrees to 98.5 degree), and oxygen saturation 86% (normal between 95% and 100%) on room air. R20's respirations were even and not labored. The facility called for ambulance transport to the hospital.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 02/01/15 at the resident was admitted to the hospital with a diagnosis of Influenza A (a viral infection of the respiratory tract caused by the influenza A virus, which is highly contagious and can cause a range of symptoms from mild to severe. Potentially leading to serious complications. Influenza primarily affects the respiratory system, including the nose, throat, and lungs.)<br><br>On 02/05/25 at 04:06 PM, the Nurse's Notes documented R20 returned to the facility per facility staff. R13 entered the facility in a wheelchair with staff assistance. R20 requested oxygen, and it was applied. R20 lungs were clear to auscultation, and no swelling was noted.<br><br>R20's EHR lacked a bed-hold notification.<br><br>On 07/21/25 at 12:00 PM, observation revealed that staff delivered R20 her dinner plate to the table that contained chicken, noodles, carrots, and Jello. Continued observation revealed she ate approximately 50 % of the meal.<br><br>On 07/21/25 at 11:10 AM, Administrative Nurse D verified the facility lacked evidence of a signed bed hold policy notice that had been verbally acknowledged, provided, or signed by the resident's representative when R20 was transferred and admitted to the hospital on [DATE].<br><br>The facility’s Bed Holds and Returns policy, dated 01/2024, documented that, at the time of transfers for hospitalization or therapeutic leave, the nursing facility must provide to the resident or the resident's representative written notice that specifies the duration of the bed-hold. The current bed-hold return policy established by the state will apply to residents in the community e resident exceed the bed-hold period, he or she will be permitted to return to the community, t his or her previous room (if available) or immediately upon the first availability of a bed in a semi-private room provided that the resident: requires the services of the community and is eligible for Medicare or Medicaid skilled nursing services.<br><br>- R12’s Electronic Medical Record (EMR) included the diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), pain, acute and chronic respiratory failure with hypoxia (inadequate supply of oxygen), and age-related physical debility.<br><br>R12’s “Comprehensive Minimum Data Set” (MDS), dated [DATE], documented that R12 had intact cognition. R12's MDS documented R12 required functional range of motion of one side of the upper and lower body extremities, required substantial/maximal assistance with upper and lower body dressing, personal hygiene, bed rolling, and transfers. The MDS further recorded that R12 had occasional pain, which affected sleep and day-to-day activities, shortness of breath or trouble breathing with exertion. R12 received oxygen therapy and had a non-invasive mechanical ventilator.<br><br>R12’s MDSs recorded:<br><br>On 02/03/25, a Discharge Return Anticipated.<br><br>On 02/06/25, an Entry.<br><br>On 03/25/25, a Discharge Return Anticipated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 03/27/25, an Entry.<br><br>On 06/26/25, a Discharge Return Anticipated.<br><br>On 06/27/25, an Entry.<br><br>The “Progress Note” dated 02/03/25 at 04:22 PM, documented that R12’s Durable Power of Attorney (DPOA) was wanting to hold the bed. The facility failed to provide a written Bed Hold signature from the DPOA.<br><br>Upon request, the facility failed to provide an Ombudsman notification policy for discharge and transfers.<br><br>On 07/22/25 at 01:15 PM, Social Service Staff X reported she had not sent a bed hold to the DPOA or had the resident sign one with discharges to the hospital, and lacked notification to the ombudsman for discharges on 03/25/25 and 06/26/25.<br><br>The facility's Bed-Holds and Return policy, dated 01/2024, documented that at the time of transfer for hospitalization or therapeutic leaves, the nursing facility must provide to the residents or resident representative written notice that specifies the duration of the bed-hold. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to revise the care plan to include Resident (R) 12's use of oxygen and R49's leg immobilizer. This placed the residents at risk for unmet care needs.Findings included:- The Electronic Medical Record (EMR) for R49, documented diagnoses of hypertension (high blood pressure), muscle weakness, atrial fibrillation (rapid heart rate), and disorders of bone density and structure (a condition where bones become weakened and more prone to fractures due to reduced bone mass and/or changes in bone structure).<br><br>The Quarterly/Five Day Medicare Minimum Data Set (MDS), dated [DATE], documented R49 had intact cognition. R49 required staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 had upper functional impairment on one side, lower functional impairment on both sides, was at risk for skin breakdown, and had a surgical wound.<br><br>R49's Care Plan, dated 04/15/25, documented she was at risk for pressure ulcers and other skin-related injuries. Staff were directed to observe for redness and breakdown during routine care, follow community skin care protocols, and treat as indicated. They were also to assist her with splinting/bracing and the use of assistive devices. The care plan lacked direction to staff on when to remove her immobilizer and if she had any skin breakdown.<br><br>The Braden Scale (formal assessment for predicting pressure ulcer risk) dated 05/07/25, documented R49 was a mild risk for pressure ulcers.<br><br>The Physician's Order dated 06/20/25, directed staff to leave immobilizer in place unless sleeping, and nwb (non-weight bearing) to LLE (left lower leg).<br><br>The Nurse's Notes, dated 07/18/25 at 05:38 PM, documented R49 had two small open sores on her left leg from where her knee brace had been rubbing against her skin. The sore on the outside of her thigh (the part of the human leg between the hip and the knee) measured 0.4 centimeters (cm) x 0.5 cm. The sore on her calf (the back portion of the lower leg) measured 0.5 cm x 0.5 cm. The wounds were cleaned with wound cleanser and covered with a Mepilex (absorbent, bordered foam dressing). The physician and the durable power of attorney (DPOA-a legal document that names a person to make healthcare decisions when the resident is no longer able to) were notified of the skin break.<br><br>The EMR lacked a skin assessment, directions to staff for monitoring R49's skin daily, or any daily standing orders for dressing changes until further direction from the physician from 07/18/25 to 07/22/25 (five days).<br><br>The Nurse's Notes, dated 07/22/25 at 03:45 PM, documented that the physician received the documentation from the facility regarding the sores and had no further orders.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 07/22/25 at 09:37 AM, Licensed Nurse (LN) H stated she did not normally work in that household and was unsure if R49 had a skin breakdown, but would go with this surveyor and assess her skin. Observation revealed R49 had a leg immobilizer on her left leg from mid-thigh to her ankle. R49 stated the immobilizer needed to be repositioned and tightened because it was too loose on her leg and was slipping. Observation revealed nothing between her skin and the immobilizer to protect it from breakdown. R49 had a foam dressing on her left calf but no dressing on the sore on her left thigh. LN H washed her hands and donned clean gloves. She asked R49 if staff were changing the dressing daily, and she replied No but did not know when they had changed the dressing last. LN H removed the dressing from the calf, and there was brown in color drainage. LN H did not clean the area but washed her hands and donned clean gloves to put a new foam dressing on her calf. The area on her calf was pink but not open. Further observation revealed the sore on her left thigh was approximately the size of a pencil eraser and was starting to scab. LN H did not put a dressing on the sore.<br><br>On 07/23/25 at 08:48 AM, Certified Nurse Aide (CNA) N stated, nurse aides were responsible for putting the immobilizer on R49 every morning, but sometimes the night shift forgot to take it off, and she had it on all night. CNA N stated she was unaware of any skin breakdown under the immobilizer.<br><br>On 07/23/25 at 10:00 AM, LN G stated she had not worked in the household for at least two weeks and did not know that R49 had any skin breakdown. LN G washed her hands, donned clean gloves, and opened the immobilizer from R49's left leg, and there was nothing between her skin and the immobilizer. Observation revealed a dried substance inside the immobilizer, from where it had lain against the sore on her thigh. The sore was scabbed and not actively draining. LN G removed the dressing from her calf, and the skin was slightly pink. LN G washed her hands, donned clean gloves, and placed a clean foam dressing on the calf wound, but did not put one on the sore on her thigh. This surveyor observed a yellow PPE (personal protective equipment) hanging on the back of R49's door and when LN G was asked what it was for, she stated, Oh, she is on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care), because of wounds, I forgot.” LN G further stated there should be a sign on her door that stated that, but there was not.<br><br>On 07/23/25 at 10:30 AM, Administrative Nurse F stated that she had been made aware of R49's sores on 07/21/25, but had not looked at them yet. Administrative Nurse F stated that today (07/23/25) was the day she would do her weekly skin assessment. Administrative Nurse F further stated that because the sores were not chronic, they did not require staff to wear PPE during care. At 02:30 PM, Administrative Nurse F stated she had looked at R49's wounds and did not feel that the immobilizer had caused the sore on her thigh because R49 had told her she thought she had scratched it, and that was why she got the sore. Administrative Nurse F stated she did not think the immobilizer had dried drainage because the sore was scabbed, but thought it was dried food. Administrative Nurse F stated that R49 told her that R49 would wear thin pajama pants so her leg would be protected when the immobilizer was on and would contact the physician for guidance.<br><br>On 07/23/25 at 01:49 PM, Administrative Nurse D stated, staff should update the care plan to reflect the resident’s condition and problems.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The facility's Comprehensive Person-Centered policy, dated 09/2023, documented a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs, which were identified through evaluation and assessment, and was developed and implemented for each resident. Assessments and ongoing care plans are revised as information about the residents and their conditions changes.<br><br>- R12’s Electronic Medical Record (EMR) included the diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), pain, acute and chronic respiratory failure with hypoxia (inadequate supply of oxygen), and age-related physical debility.<br><br>R12’s “Comprehensive Minimum Data Set” (MDS), dated [DATE], documented that R12 had intact cognition, functional range of motion of one side of upper and lower body extremities, required substantial/maximal assistance with upper and lower body dressing, personal hygiene, bed rolling, and transfers. The MDS further recorded that R12 had occasional pain, which affected sleep and day-to-day activities, shortness of breath, or trouble breathing with exertion. R12 received oxygen therapy and had a non-invasive mechanical ventilator.<br><br>R12’s “Functional Abilities Care Area Assessment” (CAA), dated 04/09/25, documented R12 had chronic respiratory failure with hypoxia and hypercapnia (a condition in which high levels of carbon dioxide build up in the bloodstream), reduced mobility, and hemiplegia and hemiparesis following a cerebrovascular disease affecting the left non-dominant side.<br><br>R12’s “Care Plan” dated 06/27/25, documented R12 had potential for shortness of breath and/or respiratory complications related to sleep apnea, wore a continuous positive airway pressure (CPAP- a ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) at bedtime. The Care Plan directed staff to monitor for complications such as dyspnea (difficulty breathing), shortness of breath, cyanosis (a bluish discoloration of the skin), or tachypnea (rapid breathing). The Care Plan further directed staff to provide pulmonary treatments per the physician's orders and monitor responses. The Care Plan lacked the use of oxygen.<br><br>The “Physician Order” dated 06/20/25, instructed staff to assess lung sounds, pulse, respirations, and oxygen saturation before and after nebulizer treatments (a device that changes liquid medication into a mist easily inhaled into the lungs) and CPAP every day for respiratory failure.<br><br>The “Physician Order” dated 07/01/25, directed staff to provide oxygen at three liters via nasal canula to keep oxygen saturations above 90 percent (%).<br><br>The “Progress Note” dated 07/04/25 at 04:02 PM, documented R12 wore oxygen tubing per nasal canula, was alert and oriented, reported shortness of breath with exertion and when sitting at rest, and was unable to lie flat. R12 had portable oxygen and an oxygen concentrator in her room. The Progress Note further documented that R12 had a nebulizer and CPAP machine in her room.<br><br>On 07/21/25 at 04:16 PM, R12 was sitting in her recliner, wearing an oxygen canula. R12 had a portable oxygen tank on her wheelchair with the unwrapped tubing and canula wrapped around the top of the canister. R12’s bedside tables had a nebulizer treatment and CPAP equipment not in use, and not wrapped or bagged.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 07/23/25 at 08:30 AM, R12 reported she was doing well, but stated her room was cluttered.<br><br>On 07/23/25 at 10:13 AM, Licensed Nurse (LN) GG reported that the oxygen tubing and nebulizer, and CPAP equipment should be cleaned and stored in bags when not in use.<br><br>On 07/23/25 at 01:45 PM, Administrative Nurse D verified oxygen should be included on R12’s “Care Plan.”<br><br>The facility's Comprehensive Person-Centered policy, dated 09/2023, documented a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs, which were identified through evaluation and assessment, and then developed and implemented for each resident. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The facility has a census of 84 residents. The sample included 27 residents, with five reviewed for pressure ulcers. Based on observation, record review, and interview, the facility failed to prevent skin breakdown for one resident, Resident (R) 49, who developed two open areas from a leg immobilizer (a brace or support device designed to restrict knee movement and keep the leg straight. This placed the resident at risk for further breakdown.- The Electronic Medical Record (EMR) for R49, documented diagnoses of hypertension (high blood pressure), muscle weakness, atrial fibrillation (rapid heart rate), and disorders of bone density and structure (a condition where bones become weakened and more prone to fractures due to reduced bone mass and/or changes in bone structure).The Quarterly/Five Day Medicare Minimum Data Set (MDS). dated 04/21/25, documented R49 had intact cognition. R49 was dependent upon staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 had upper functional impairment on one side, lower functional impairment on both sides, was at risk for skin breakdown, and had a surgical wound.R49's Care Plan, dated 04/15/25, documented she was at risk for pressure ulcers and other skin-related injuries. Staff were directed to observe for redness and breakdown during routine care, follow community skin care protocols, and treat as indicated. They were also to assist her with splinting/bracing and the use of assistive devices. The care plan lacked direction to staff on when to remove her immobilizer and if she had any skin breakdown.The Braden Scale (formal assessment for predicting pressure ulcer risk) dated 05/07/25, documented R49 was a mild risk for pressure ulcers.The Physician's Order dated 06/20/25, directed staff to leave immobilizer in place unless sleeping, and nwb (non-weight bearing) to LLE (left lower leg).The Nurse's Notes, dated 07/18/25 at 05:38 PM, documented R49 had two small open sores on her left leg from where her knee brace had been rubbing against her skin. The sore on the outside of her thigh (the part of the human leg between the hip and the knee) measured 0.4 centimeters (cm) x 0.5 cm. The sore on her calf (the back portion of the lower leg) measured 0.5 cm x 0.5 cm. The wounds were cleaned with wound cleanser and covered with a Mepilex (absorbent, bordered foam dressing). The physician and the durable power of attorney (DPOA- a legal document that names a person to make healthcare decisions when the resident is no longer able to) were notified of the skin break.The EMR lacked a skin assessment, directions to staff for monitoring R49's skin daily, or any daily standing orders for dressing changes until further direction from the physician from 07/18/25 to 07/22/25 (five days).The Nurse's Notes, dated 07/22/25 at 03:45 PM documented that the physician received the documentation from the facility regarding the sores and had no further orders.On 07/22/25 at 09:37 AM, Licensed Nurse (LN) H stated she did not normally work in that household and was unsure if R49 had a skin breakdown but would go with this surveyor and assess her skin. Observation revealed R49 had a leg immobilizer on her left leg from mid-thigh to her ankle. R49 stated the immobilizer needed to be repositioned and tightened because it was too loose on her leg and was slipping. Observation revealed nothing between her skin and the immobilizer to protect it from breakdown. R49 had a foam dressing on her left calf but no dressing on the sore on her left thigh. LN H washed her hands and donned clean gloves. She asked R49 if staff were changing the dressing daily, and she replied No but did not know when they had changed the dressing last. LN H removed the dressing from the calf, and there was brown in color drainage. LN H did not clean the area but washed her hands and donned clean gloves to put a new foam dressing on her calf. The area on her calf was pink but not open. Further observation revealed the sore on her left thigh was approximately the size of a pencil eraser and was starting to scab. LN H did not put a dressing on the sore. On 07/23/25 at 08:48 AM, Certified Nurse Aide (CNA) N stated, nurse aides were responsible for putting the immobilizer on R49 every morning, but sometimes the night shift forgot to take it off, and she has it on all night. CNA N stated she was unaware of any skin breakdown under the immobilizer.On 07/23/25 at 10:00 AM, LN G stated she had not worked in the household for at least two weeks and did not know that R49 had any skin breakdown. LN G washed her hands, donned clean gloves, and opened the immobilizer from R49's left leg, and there was nothing between her skin and the immobilizer. Observation revealed a dried substance inside the immobilizer, from where it had lain against the sore on her thigh. The sore was scabbed and not actively draining. LN G removed the dressing from her calf, and the skin was slightly pink. LN G washed her hands, donned clean gloves, and placed a clean foam dressing on the calf wound, but did not put one on the sore on her thigh. This surveyor observed a yellow PPE (personal protective equipment) hanging on the back of R49's door and when LN G was asked what it was for, she stated, Oh, she is on Enhanced Barrier |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0687<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate foot care.<br><br>The facility had a census of 84 residents. The sample included 27 residents, with one reviewed for foot care. Based on observation, record review, and interview, the facility failed to provide foot care to one resident, Resident (R) 49, whose toenails were long and over the top of her toes. This placed the resident at risk for complications, poor hygiene, discomfort, and injuries.Findings included:- The Electronic Medical Record (EMR) for R49, documented diagnoses of hypertension (high blood pressure), muscle weakness, atrial fibrillation (rapid heart rate), and disorders of bone density and structure (a condition where bones become weakened and more prone to fractures due to reduced bone mass and/or changes in bone structure).The Quarterly/Five Day Medicare Minimum Data Set (MDS). dated 04/21/25, documented R49 had intact cognition. R49 required staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 had upper functional impairment on one side, lower functional impairment on both sides, and required assistance with footwear.R49's Care Plan, dated 04/15/25, documented R49 required assistance from staff for bathing, dressing, putting on and taking off footwear, and personal hygiene. The care plan directed staff to monitor for edema and brittle nails.The Nurse's Note dated 07/22/25 at 11:14 AM documented nail care provided and noted curling on the middle toenails.On 07/22/25 at 09:37 AM, Licensed Nurse (LN) H removed R49's socks, and her toenails were long; some of the middle toenails curled over the top of the toes on each foot. LN H asked R49 when the last time she had any foot care. R49 stated she did not know. LN H stated she would come back in and cut her toenails for her because it looked like she had not had them cut for a long time.On 07/22/25 at 12:46 PM, Certified Nurse Aide (CNA) M stated she thought the nurse provided all of R49's nail care.On 07/23/25 at 08:48 AM, CNA N stated R49 had an afternoon shower, and the CNAs were responsible for her nail care.On 07/23/25 at 01:49 PM, Administrative Nurse D stated that staff should make sure her toenails are cut during her shower.The facility's Nail Care policy, dated 12/03/24, directed staff to provide routine nail care, to include trimming and filing on a regular schedule and as needed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | The facility identified a census of 84 residents, with 10 residents reviewed for accidents and hazards. Based on record review, observation, and interview, the facility failed to follow R49's care plan and failed to transfer R49 with a full lift, which placed R49 at risk for injury. On 06/04/25, two unidentified Certified Nurse's Aides (CNAs) transferred R49 by lifting her under her arms and pivot transferred R49 from her wheelchair to the shower chair. R49's left foot, which had a non-skid slipper on it, caught on the floor and her left knee twisted during the transfer. R49 sustained a left nondisplaced medial tibial plateau fracture (a break in the shinbone at the knee joint). On 06/11/25 two unidentified CNAs transferred R49 again by lifting her up under her arms and pivot transferred R49 from her wheelchair to the shower chair. R49's left leg twisted again during the transfer, and R49 had pain. A follow-up x-ray on 06/20/25 showed R49's previously non-displaced medial tibial plateau fracture was now displaced. This deficient practice caused R49 to sustain a tibial fracture and pain. Findings included:- R49's Electronic Medical Record (EMR) documented diagnoses of anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), hypertension (high blood pressure), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), muscle weakness, and foot drop (difficulty in lifting the front part of the foot).The Quarterly Minimum Data Set (MDS), dated 05/06/25, documented R49 had a Brief Interview for Mental Status score of 15, which indicated intact cognition. The MDS documented R49 was completely dependent on staff for assistance with toileting, bathing, lower body dressing, donning footwear, sit-to-lying, and transfers. The MDS documented R49 had impaired functional range of motion on one side of her upper extremity and to both sides of her lower extremities. The MDS documented R49 had zero falls during the lookback period.The Care Area Assessments (CAAs), dated 03/01/25, lacked any documentation or development.R49's Care Plan documented R49 required total assistance of two staff with a total lift device for transfers, total assistance of one staff for mobility in a wheelchair, extensive assistance of one staff for bathing, extensive assistance of one to two staff for bed mobility, total assistance of one to two staff for toileting, and total assistance of one to two staff for dressing (04/15/25). The care plan documented R49 would demonstrate adequate pain control by verbalizing satisfaction and ability to participate in activities of daily living (ADL) to the best of her ability (04/15/25). The care plan documented R49 would not develop complications from blood-thinning medications and directed staff to monitor for petechiae (tiny round brown-purple spots due to bleeding under the skin, may be in a small area due to minor trauma) and bruises (04/15/25).The EMR lacked any documentation in the skin evaluations of any bruising, purpura (a rash of purple dots due to small blood vessels leaking blood into the skin), or petechiae.The EMR documented R49 had a shower on 06/04/25 and 06/11/25 on the 2 PM to 10 PM shift.The Nurses Note, dated 06/06/25, documented the facility received orders from R49's orthopedic (bone specialist) doctor, which stated Weight bearing as tolerated, physical therapy for gait training, mobility, and strength exercises. Follow-up in four months. The Orthopedic Office Note, dated 06/06/25, documented R49 presented for follow-up after a left thigh 'I and D' (incision and drainage). The note documented R49 told the doctor she was having pain in her left knee from when the staff picked her up to transfer her from her chair to the shower chair. R49 mainly had pain in the medial (middle) aspect of her left knee, and R49 had no pain at the surgical site on her left thigh. X-rays of the left knee were obtained and showed a possible nondisplaced medial tibial plateau fracture. The orthopedic doctor ordered R49 to use ice and rest to help with pain, and noted she was non-weight bearing on her left lower extremity. The office directed staff to follow up in two weeks for repeat X-rays.The Nurses Note, dated 06/16/25, documented R49 had a half-dollar-sized irregular-shaped area of reddish purpura to her left inner bicep. R49 did not show any signs of pain when staff touched the area. R49's family was concerned it was a bruise and the nurse explained purpura could happen for many reasons, like taking blood-thinning medication, which R49 took daily. The plan was to monitor and notify the doctor if new areas or other symptoms occurred.The Orthopedic Office Note, dated 06/20/25, documented R49 presented and still noted pain to the medial aspect of her left knee. R49 had a non-weight-bearing status on her left lower extremity and required the use of a full mechanical lift. It was approximately two weeks out from the left medial tibial plateau fracture, and now the fracture was slightly displaced. The note documented they would continue with conservative treatment of the fracture. R49 was placed in a knee immobilizer and was advised to wear it at all times, except when sleeping. R49 would also need to remain non-weight-bearing on her left lower extremity. R49 had a follow-up appointment in two weeks for repeat X-rays and left knee evaluation.The Nurse's Note, dated 06/20/25 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents, with nine reviewed for nutrition and weight loss. Based on observation, interview, and record review, the facility failed to identify and implement interventions to prevent weight loss for Residents (R) 20. This deficient practice resulted in significant weight loss and placed the resident at risk for further weight loss or health issues.Findings included: - R20's Electronic Health Record (EHR) revealed diagnoses of Extended spectrum beta lactamase (ESLB, an infection cause by a bacteria that produces extended-spectrum beta- lactamases enzymes that make certain antibiotics effective such as e coli and klebsiella, making the infection harder to treat and can occur in urinary tract infections or bloodstream infections,) congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid), chronic kidney disease Stage 3 (kidneys have mild to moderate damage and are less able to filter waste and fluid out of your blood), and major depressive disorder (MDD- major mood disorder that causes persistent feelings of sadness).R20's Quarterly Minimum Data Set (MDS), dated [DATE], recorded R20 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS recorded she was independent with eating and activities of daily living (ADL). The MDS documented R20's weight at 117.0 lbs.R20's Care Plan, dated 07/18/25, recorded R20 was independent with eating, oral hygiene, toilet hygiene, personal hygiene, and walking. The care plan documented the resident was at risk for CHF, MDD, chronic kidney disease, malnutrition, and was underweight for age. The care plan directed staff to administer medications as ordered and documented for side effects and effectiveness. The care plan documented the resident had a risk for shortness of breath and respiratory complications related to a recent diagnosis of Influenza and acute respiratory failure, and staff would monitor oxygen saturation and administer oxygen per physician order and monitor for shortness of breath or difficulty breathing. The Physician Order, dated 02/05/25, 06/11/25, and 07/02/25, directed staff to provide R20 a regular diet, regular texture, and regular consistency.The Mini Nutritional Assessment dated 02/05/25, documented R20 weighed 113.9 lbs. and she was at risk for malnutrition.The Nutritional Risk Assessment dated 02/11/25 documented R20 weight was 113.0 lbs. and she required 1285-1540 calories, 51-61 grams of proteins, and 1285 to 1540 milliliters (ml) of fluids. The assessment documented the resident had a recent hospitalization with a 5.60% significant weight loss in one month. And she was at risk for unintendedly weight loss. The Dietician Assessment, dated 07/23/25, documented R20 weighed 108.4 lbs. and her intakes were all adequate, mostly 51-100%. The Registered Dietician (RD) recommended to add meal fortification to R20's diet order and snacks at bedtime with Ensure Enlive (provides advanced nutrition with 20 grams of high-quality protein) supplement daily. R20's EMR documented R20's weights as follows:04/14/25 120.4 lbs.04/18/25 117.8 lbs.04/28/25 117.2 lbs.05/02/25 117.0 lbs.05/06/25 117.4 1lbs. 05/16/25 115.6 lbs. = 3.99% weight loss in 30 days.05/23/25 112.4 lbs.05/27/25 113.2 lbs.05/30/25 112.6 lbs. 06/03/25 112.2 lbs.06/06/25 111.2 lbs.06/14/25 111.2 lbs.06/20/25 112.0 lbs.= 6.40% weight loss in 60 days 06/27/25 109.0 lbs.07/04/25 110.0 lbs.07/11/25 109.8 lbs.07/17/25 110.8 lbs.07/18/25 108.4 lbs. 07/23/25 107.0 lbs. = 11.13% weight loss in 90 days. On 07/21/25 at 12:00 PM, observation of R20 revealed that staff delivered her dinner plate to the table that contained chicken, noodles, carrots, and Jello. Continued observation revealed she ate approximately 50 % of the meal. On 07/21/25 at 09:00 AM, Administrative Nurse D stated staff notified the RD of R20's weight loss that week and the weight loss over the last few months, and the RD completed a nutritional assessment with suggestions. On 07/21/25 at 10:00 AM, Administrative Nurse D verified staff had obtained R20's weights weekly or more often and said staff should have notified the physician and the RD earlier of the resident's significant weight loss to obtain orders for recommendations to prevent the continued weight loss. The facility's Weight Monitoring policy, dated January 2023, signed 07/2025, documented that appropriate nutritional care shall be provided to residents who have a significant weight change. A significant weight change is identified as a weight loss or gain of 5% s in 30 days, 7.5% in 90 days, or 10% in 180 days daily for the first 3 days of admission, weekly for the first four weeks, and monthly thereafter. Residents with a weight change of 5 pounds or greater should be reweighed to determine an accurate weight. The accurate weight should be entered in the resident's medical record. A report should be generated from the electronic medical record (EMR) system identifying all residents with a significant weight loss in 30 days, 90 days, and /or 180 days. At the weekly Resident at Risk Preview huddle, the IDT team should discuss residents who triggered a significant weight loss and who loss |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to store oxygen cannula, nebulizer (a device that changes liquid medication into a mist easily inhaled into the lungs), and a continuous positive airway pressure (CPAP- a ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) equipment in sanitary conditions for Resident (R) 12, which placed the resident at risk of respiratory infections.Findings included:- R12's Electronic Medical Record (EMR) included the diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), pain, acute and chronic respiratory failure with hypoxia (inadequate supply of oxygen), and age-related physical debility.R12's Comprehensive Minimum Data Set (MDS), dated [DATE], documented that R12 had intact cognition, functional range of motion of one side of upper and lower body extremities, required substantial/maximal assistance with upper and lower body dressing, personal hygiene, bed rolling, and transfers. The MDS further recorded that R12 had occasional pain, which affected sleep and day-to-day activities, shortness of breath or trouble breathing with exertion. R12 received oxygen therapy and had a non-invasive mechanical ventilator.R12's Functional Abilities Care Area Assessment (CAA), dated 04/09/25, documented R12 had chronic respiratory failure with hypoxia and hypercapnia (a condition in which high levels of carbon dioxide build up in the bloodstream), reduced mobility, and hemiplegia and hemiparesis following a cerebrovascular disease affecting the left non-dominant side.R12's Care Plan dated 06/27/25, documented R12 had potential for shortness of breath and/or respiratory complications related to sleep apnea, wore a CPAP- at bedtime. The Care Plan directed staff to monitor for complications such as dyspnea (difficulty breathing), shortness of air, cyanosis (a bluish discoloration of the skin), or tachypnea (rapid breathing). The Care Plan further directed staff to provide pulmonary treatments per the physician's orders and monitor responses. The Care Plan lacked the use of oxygen.The Physician Order dated 06/20/25, instructed staff to assess lung sounds, pulse, respirations, and oxygen saturation before and after nebulizer treatments and CPAP every day for respiratory failure.The Physician Order dated 07/01/25, directed staff to provide oxygen at three liters via nasal canula to keep oxygen saturations above 90 percent (%).The Progress Note dated 07/04/25 at 04:02 PM, documented R12 wore oxygen tubing per nasal canula, was alert and oriented, reported shortness of breath with exertion and when sitting at rest, and was unable to lie flat. R12 had portable oxygen and an oxygen concentrator in her room. The Progress Note further documented that R12 had a nebulizer and CPAP machine in her room.On 07/21/25 at 04:16 PM, R12 was sitting in her recliner, wearing an oxygen canula. R12 had a portable oxygen tank on her wheelchair with the unwrapped tubing and nasal canula wrapped around the top of the canister. R12's bedside tables had nebulizer treatment and CPAP equipment not in current use, also not wrapped or bagged.On 07/23/25 at 08:30 AM, R12 reported she was doing well, but stated her room was cluttered.On 07/23/25 at 10:13 AM, Licensed Nurse (LN) GG reported that the oxygen tubing and nebulizer, and CPAP equipment should be cleaned and stored in bags when not in use.On 07/23/25 at 01:45 PM, Administrative Nurse D verified that oxygen, nebulizer, and CPAP equipment should be stored in bags when not in use.The facility's Oxygen Administration policy, dated 04/09/25, documented that oxygen was administered to residents who needed it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the residents' goals and preferences. Staff shall keep delivery devices covered in a plastic bag when not in use. The facility's undated CPAP/BiPAP Cleaning policy documented common equipment including the machine, tubing, mask, headgear/straps, disposable filters, and humidifier chamber, clean the mask frame daily after use with a CPAP cleaning wipe or soap and water. Dry well. Cover with a plastic bag or completely enclose in machine storage when not in use. The facility's Nebulizer Therapy policy, dated 04/09/25, documented it was the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions. Store the nebulizer and mouthpiece in a zip-lock bag. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents, with one reviewed for competent staffing. Based on observation, record review, and interview, the facility failed to ensure staff possessed the appropriate skills and knowledge to monitor and communicate nursing orders, while waiting for direction from the physician, for one resident, Resident (R) 49, who sustained two open areas from an immobilizer. This placed the resident at risk for further breakdown.- The Electronic Medical Record (EMR) for R49, documented diagnoses of hypertension (high blood pressure), muscle weakness, atrial fibrillation (rapid heart rate), and disorders of bone density and structure (a condition where bones become weakened and more prone to fractures due to reduced bone mass and/or changes in bone structure).The Quarterly/Five Day Medicare Minimum Data Set (MDS), dated [DATE], documented R49 had intact cognition. R49 was dependent upon staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 had upper functional impairment on one side, lower functional impairment on both sides, was at risk for skin breakdown, and had a surgical wound.R49's Care Plan, dated 04/15/25, documented she was at risk for pressure ulcers and other skin-related injuries. Staff were directed to observe for redness and breakdown during routine care, follow community skin care protocols, and treat as indicated. They were also to assist her with splinting/bracing and the use of assistive devices. The care plan lacked direction to staff on when to remove her immobilizer and if she had any skin breakdown.The Braden Scale (formal assessment for predicting pressure ulcer risk) dated 05/07/25, documented R49 was a mild risk for pressure ulcers.The Physician's Order dated 06/20/25, directed staff to leave immobilizer in place unless sleeping, and nwb (non-weight bearing) to LLE (left lower leg).The Nurse's Notes, dated 07/18/25 at 05:38 PM, documented R49 had two small open sores on her left leg from where her knee brace had been rubbing against her skin. The sore on the outside of her thigh (the part of the human leg between the hip and the knee) measured 0.4 centimeters (cm) x 0.5 cm. The sore on her calf (the back portion of the lower leg) measured 0.5 cm x 0.5 cm. The wounds were cleaned with wound cleanser and covered with a Mepilex (absorbent, bordered foam dressing). The physician and the durable power of attorney (DPOA-a legal document that names a person to make healthcare decisions when the resident is no longer able to) were notified of the skin breakdown.The EMR lacked a skin assessment, directions to staff for monitoring R49's skin daily, or any daily standing orders for dressing changes until further direction from the physician from 07/18/25 to 07/22/25 (five days).The Nurse's Notes, dated 07/22/25 at 03:45 PM, documented that the physician received the documentation from the facility regarding the sores and had no further orders.On 07/22/25 at 09:37 AM, Licensed Nurse (LN) H stated she did not normally work in that household and was unsure if R49 had a skin breakdown but would go with this surveyor and assess her skin. Observation revealed R49 had a leg immobilizer on her left leg from mid-thigh to her ankle. R49 stated the immobilizer needed to be repositioned and tightened because it was too loose on her leg and was slipping. Observation revealed nothing between her skin and the immobilizer to protect it from breakdown. R49 had a foam dressing on her left calf but no dressing on the sore on her left thigh. LN H washed her hands and donned clean gloves. She asked R49 if staff were changing the dressing daily, and she replied No but did not know when they had changed the dressing last. LN H removed the dressing from the calf, and there was brown in color drainage. LN H did not clean the area but washed her hands and donned clean gloves to put a new foam dressing on her calf. The area on her calf was pink but not open. Further observation revealed the sore on her left thigh was approximately the size of a pencil eraser and was starting to scab. LN H did not put a dressing on the sore. On 07/23/25 at 08:48 AM, Certified Nurse Aide (CNA) N stated, nurse aides were responsible for putting the immobilizer on R49 every morning but sometimes the night shift forget to take it off, and she has it on all night. CNA N stated she was unaware of any skin breakdown under the immobilizer. On 07/23/25 at 10:00 AM, LN G stated she had not worked in the household for at least two weeks and did not know that R49 had any skin breakdown. LN G washed her hands, donned clean gloves, and opened the immobilizer from R49's left leg, and there was nothing between her skin and the immobilizer. Observation revealed a dried substance inside the immobilizer, from where it had lain against the sore on her thigh. The sore was scabbed and not actively draining. LN G removed the dressing from her calf, and the skin was slightly pink. LN G washed her hands, donned clean gloves, and placed a clean foam dressing on the calf wound, but did not put one on the sore on her thigh. This surveyor observed a yellow PPE (personal |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0730<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Observe each nurse aide's job performance and give regular training.<br><br>The facility had a census of 84 residents. The sample included 27 residents. Based on record review and interview, the facility failed to ensure the nurse aides received the required number of in-service training hours per year. This placed the residents at risk for impaired care.Findings included: - The facility's employment records documented two nurse aides who were employed at the facility for the last year had not completed the required 12 hours of in-service training in the past year.On 07/23/25 at 08:00 AM, Administrative Nurse D stated Certified Nurse Aide (CNA) PP had completed 6.5 of the 12 hours in-service hours, and CNA QQ had completed 7.5 hours of the required 12 in-service hours, and the aides lacked the required number of in-service hours. On 07/23/25 at 10:00 AM, Administrative Nurse D stated the facility became aware of the lack of aides completing the required in-service hours. Administrative Nurse D stated the facility had recently been bought, and they presently have a new owner. Administrative Nurse D stated the past owner had human resources out of the building, including all the information and record tracking for the in-service hours, and they had to rely on the past company to gather the information, and that was what they were provided.The Facility Training and Education policy dated 10/2020, documented the purpose of the policy is to provide specific guidelines with respect to required training and education courses. The facility provides associate training and education to meet job, state, and federal requirements as well as to support career development opportunities. Staff are expected to complete mandatory training courses within the assigned timeline. Staff are expected to complete educational courses within the established timeframe. Full-time, part-time, and PRN staff were expected to comply with the expectations. The manager was responsible for communicating all training and educational requirements to associates. Online course completion or in-person course would be tracked, and the manager was responsible for addressing non-compliance issues in a timely manner in accordance with Associate coaching, counseling, and corrective action policy. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0745<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide medically-related social services to help each resident achieve the highest possible quality of life.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents, of whom one was reviewed for the provision of mental-related social services. Based on observation, record review, and interview, the facility failed to provide adequate medical social services to meet Resident (R) 37's medical health needs. This placed the resident at risk for decreased quality of care and life.Findings included:- R37's Electronic Medical Record (EMR) documented R37 had a diagnosis of arthritis (inflammation of a joint characterized by pain, swelling, redness, and limitation of movement). R37's Quarterly Minimum Data Set (MDS), dated [DATE], documented R37 had a Brief Interview of Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS documented the resident was independent with eating, had broken or loosely fitting full or partial dentures.R37's Care Plan, revised 07/03/25, documented R37 was edentulous and instructed staff to assess dentures for proper fitting, assist as needed with oral care, and provide dental evaluation by a licensed dentist, if warranted. The plan documented R37 wore upper and lower dentures. The Progress Note, dated 05/23/25 at 12:06 PM, documented R37's durable power of attorney (DPOA) was informed R37 had some broken teeth on her dentures. The note documented R37's DPOA requested R37 see a dentist and had no preference on a dentist. The note documented the DPOA reported R37 had had the same dentures since she was 18, and the message was sent to the social service designee (SSD).The Progress Note, dated 05/27/25 at 01:45 PM, documented R37 reported her upper denture was missing teeth, and a message was sent to determine how to proceed with the repairs. Review of R37's medical record from 05/27/25 to 07/23/25 revealed a lack of documentation. SSD followed up on getting R37 a dentist appointment to repair or replace her dentures.On 07/22/25 at 10:50 AM, R37 sat in a wheelchair at a dining room table with her dentures in, and staff served R37 two waffles and 240 cc of regular consistency water. R37 applied peanut butter to her waffles and chewed several times when she independently ate her waffles. On 07/23/25 at 10:00 AM, Licensed Nurse (LN) L stated she did not work the 500 unit very often, and R37 had never mentioned to her any issue with her dentures.On 07/23/25 at 03:36 PM, Social Service Designee (SSD) X stated she was aware of R37's issue with her dentures, and SSD X had tried to get R37 into a local dentist who took R37's insurance, but they were not taking new patients. SSD X stated she had not tried any other dentist in the nearby towns or talked to R37's DPOA about taking R37 to the city, where the DPOA was from, which has a dentist who would take her insurance.On 07/23/25 at 12:35 PM, Administrative Nurse D verified the resident had missing teeth in her dentures and stated she was under the impression R37 could not get new dentures due to her bone structure in her mouth. When asked if she had documentation regarding R37's bone structure issue, she stated she would look at her medical records.The facility's Social Service Policy, revised 02/2017, documented that medically related social services would be provided to maintain or improve each resident's ability to control everyday physical needs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 84 residents. The sample included 27 residents, with six sampled residents reviewed for unnecessary medications. Based on observation, record review, and interview, the facility's consultant pharmacist failed to recommend to the physician or the facility's Director of Nursing (DON) a gradual dose reduction (GDR -tapering of a medication dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued) of Resident (R) 28's psychotropic (a class of medications that alters mood or thought) medication. The facility failed to ensure the physician provided the risk versus benefit for the continued use of buspirone (anti-anxiety) medication. This deficient practice placed R28 at risk of unnecessary medication administration and related complications. Findings included:- R28's Electronic Medical Record documented diagnoses of anxiety disorder (mental or emotional disorder characterized by apprehension, uncertainty and irrational fear), hypertension (elevated blood pressure), auditory and visual hallucinations (sensing things while awake that appear to be real, but the mind created), dementia (progressive mental disorder characterized by failing memory, confusion), chronic pain, and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).R28's Quarterly Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 8, indicating moderately impaired decision making. The MDS documented R28 had no mood or psychosis but did have verbal behaviors. R28 received antidepressant and antianxiety medications with no GDR.R28's Care Plan, dated 07/03/25, included interventions for behaviors and side effects for R28's medications. Administer psychotropic medications as ordered by the physician. Consult with the pharmacy and the physician to consider dosage reduction when clinically appropriate, at least quarterly. Discuss with the physician and family the ongoing need for use of the medication. Review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy. Provide R28 with necessary cues, stop, ensure her safety, and return if she becomes agitated. Monitor me for and address episodes of anxiety, fear, or distress.R28's Physician Order, dated 12/23/24, directed staff to administer Buspirone (antianxiety drug), five milligrams (mg), three times daily (TID) for anxiety and depression.R28's Physician Order, dated 04/04/25, directed staff to administer Bupropion (antidepressant), 300 mg daily for anxiety and depression.R28's Consultant Pharmacist Medication Reviews from 01/01/25 to 07/22/25 documented no irregularities had been found in her medication regimen.On 07/22/25 at 07:45 AM, Licensed Nurse (LN) J administered medications to R28, including bupropion and buspirone. R28 took the pills whole in applesauce without problems.On 07/22/25 at 12:25 PM, R28 sat calmly in her wheelchair throughout the meal, without yelling or other behavior observed. She did offer the staff a bite of her lunch but accepted their refusal calmly. She was confused but still able to answer most questions appropriately.On 07/23/25 at 11:45 AM, Consultant GG stated the resident had visual and auditory hallucinations. She verified the pharmacist had not recommended a GDR for R28's buspirone. The physician had not written a rationale for continuing the medication.The facility's policy for Consultant Pharmacist, dated 02/2025, stated the pharmacist would report on the Medication Record Review (MMR) and submit recommendations to the physician and the Director of Nursing (DON). The pharmacist would assist with Gradual Dose Reduction (GDR) reviews and recommendations. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident's drug regimen must be free from unnecessary drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents, with six reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to hold blood pressure medications per the physician-ordered parameters for one resident, Resident (R) 49. This placed the resident at risk for physical decline and other related complications.Findings included:- The Electronic Medical Record (EMR) for R49 documented diagnoses of hypertension (high blood pressure), atrial fibrillation (rapid heart rate), and diastolic congestive heart failure (occurs when the left ventricle stiffens and can't fill with blood properly between heartbeats).The Quarterly/Five Day Medicare Minimum Data Set (MDS), dated [DATE], documented R49 had intact cognition. R49 was dependent upon staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 received antidepressant (a class of medications used to treat mood disorders, anticoagulant, diuretic (a medication to promote the formation and excretion of urine), and opioid (a class of controlled drugs used to treat pain) medications daily.R49's Care Plan, dated 04/15/25, documented R49 had hypertension and directed staff to monitor her blood pressure as per physician orders, notify of any changes, and administer medications as ordered.The Physician's Order, dated 04/15/25, directed staff to administer metoprolol (a high blood pressure medication), 25 milligrams (mg), administer 12.5 mg by mouth, twice daily, for hypertension. Hold the medications if R49's systolic blood pressure (SBP- the top number that measures the force the heart exerts on the walls of the arteries each time it beats) was less than 100 millimeters of mercury (mmHg) or the pulse (a rhythmical throbbing of the arteries as blood is propelled through them, typically felt in the wrist or neck) less than 55 beats per minute (bpm). The order was changed on 06/26/25.The Physician's Order, dated 06/26/25, directed staff to administer metoprolol, 12.5mg, by mouth, twice per day for hypertension. Hold the medication if the SBP is less than 100 mmHg or the pulse is less than 55 bpm.R49's Medication Administration Record (MAR) for May 2025 documented the following days R49 received the metoprolol when the SBP was under the ordered parameters:05/01/25 - 94/52 mmHg05/07/25 - 87/47 mmHg05/08/25 - 91/68 mmHg05/12/25 - 84/53 mmHg05/16/25 - 95/53 mmHg05/18/25 - 98/56 mmHg05/20/25 - 87/54 mmHg05/29/25 - 87/47 mmHgR49's Medication Administration Record (MAR) for June 2025 documented the following days R49 received the metoprolol when the SBP was under the ordered parameters:06/06/25 - 93/41 mmHg06/09/25 - 87/60 mmHg06/12/25 - 91/40 mmHg06/13/25 - 92/48 mmHg06/14/25 - 88/42 mmHg06/15/25 - 98/53 mmHg06/16/25 - 94/51 mmHg06/20/25 - 96/60 mmHg06/21/25 - 86/52 mmHg06/24/25 - 97/50 mmHg06/27/25 - 90/51 mmHg06/29/25 - 94/50 mmHg06/30/25 - 87/46 mmHgR49's Medication Administration Record (MAR) for July 2025 documented the following days R49 received the metoprolol when the SBP was under the ordered parameters:07/05/25 - 78/44 mmHg07/15/25 - 85/58 mmHgOn 07/22/25 at 07:43 AM, Licensed Nurse (LN) H obtained R49's blood pressure and administered her medication without issue. LN H stated R49 had parameters that were to be followed before administration of her medications. If R49's SBP was less than 100 mmHg, staff should hold the medication and notify the nurse.On 07/23/25 at 01:49 PM, Administrative Nurse D stated R49's medication should be administered as ordered and held if out of parameters.The facility's documentation of Medication Administration policy, dated 01/24, directed staff to maintain a medication administration record to document medications administered. Administration of medication is to be documented after it is given, and the reason why a medication was withheld, not administered, or refused. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>The facility had a census of 36 residents. Based on observation, interview, and record review, the facility failed to store biologicals as required when staff failed to discard or destroy expired medications and failed to label Resident (R) 12 and R48 insulin (a hormone that lowers the level of glucose in the blood) flex pens when initially opened for use and when the pens expired. This deficient practice placed the affected residents at risk for ineffective medications.Findings included:- On 07/21/25 at 12:26 PM during the tour of the medication room on the 300 hall/unit, R48 and R12’s in use long-acting insulin (a hormone that lowers the level of glucose in the blood) pens (apparatus to inject the insulin) were stored in a cabinet with the blood sugar checking machines. Licensed Nurse (LN) HH stated the insulin pens in use for R48 and R12 should have a label to when the pens were put into use and when the pens would expire.<br><br>On 07/23/25 at 10:45 AM, Administrative Nurse D verified the insulin pens should have been labeled with dates when put in use for the resident, along with expired dates.<br><br>The facility's Insulin Pen policy, dated 01/01/20, documented that insulin pens must be clearly labeled with a resident's name, physician name, date dispensed, type of insulin, amount to be given, frequency, and expiration date. Insulin pens should be disposed of after 28 days or according to the manufacturer's recommendation.<br><br>- On 07/21/25 at 11:45 AM, observation of the medication cart for the 600-hall revealed on bottle of stock medications Prilosec (antacid) 20 milligrams (mg), 14 count with an expiration date of 05/2025, and one bottle of Maalox (antiacid) 12 ounce (oz), with an expiration date of 11/2024. LN G verified the expiration dates.<br><br>On 07/23/25 at 08:30 AM, Administrative Nurse D verified that staff were to remove from stock and dispose of expired medications.<br><br>The facility’s “Medication Storage” policy, dated 01/01/20, documented it is the policy of the facility to ensure all medications housed on our premises were stored in the medication carts or medication rooms according to the manufactures recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security medications rooms are routinely inspected by the facility designee for discontinued, outdated, defective or deteriorated medications with worn, illegible, or missing labels, These medications would be destroyed in accordance with the Destruction of Unused Drugs policy. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0791<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain dental services for each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents, of whom one was reviewed for the provision of mental-related social services. Based on observation, record review, and interview, the facility failed to provide dental services to meet Resident (R) 37's, when she reported missing and loose teeth in her dentures. This placed the resident at risk for decreased quality of care and life.Findings included: - R37's Electronic Medical Record (EMR) documented R37 had a diagnosis of arthritis (inflammation of a joint characterized by pain, swelling, redness, and limitation of movement).R37's Quarterly Minimum Data Set (MDS), dated [DATE], documented that R37 had a Brief Interview of Mental Status (BIMS) score of 14, which indicated intact cognition. The MDS documented R37 was independent with eating, had broken or loosely fitting full or partial dentures.R37's Care Plan, revised 07/03/25, documented R37 was edentulous and instructed staff to assess dentures for proper fitting, assist as needed with oral care, and provide dental evaluation by a licensed dentist, if warranted. The plan documented R37 wore upper and lower dentures.The Progress Note, dated 05/23/25 at 12:06 PM, documented R37's durable power of attorney (DPOA) was informed R37 had some broken teeth on her dentures. The note documented R37's DPOA requested R37 see a dentist and had no preference on a dentist. The note documented the DPOA reported R37 had had the same dentures since she was 18, and the message was sent to the social service designee (SSD).The Progress Note, dated 05/27/25 at 01:45 PM, documented R37 reported her upper denture was missing teeth, and a message was sent to determine how to proceed with the repairs.Review of R37's medical record from 05/27/25 to 07/23/25 revealed a lack of documentation. SSD followed up on getting R37 a dentist appointment to repair or replace her dentures.On 07/22/25 at 10:50 AM, R37 sat in a wheelchair at a dining room table with her dentures in, and staff served R37 two waffles and 240 cc of regular consistency water. R37 applied peanut butter to her waffles and chewed several times when she independently ate her waffles. On 07/23/25 at 10:00 AM, Licensed Nurse (LN) L stated she did not work the 500 unit very often, and R37 had never mentioned to her any issue with her dentures.On 07/23/25 at 03:36 PM, Social Service Designee (SSD) X stated she was aware of R37's issue with her dentures, and SSD X had tried to get R37 into a local dentist who took R37's insurance, but they were not taking new patients. SSD X stated she had not tried any other dentist in the nearby towns or talked to R37's DPOA about taking R37 to the city, the DPOA was from, which has a dentist who would take her insurance.On 07/23/25 at 12:35 PM, Administrative Nurse D verified the resident had missing teeth in her dentures and stated she was under the impression R37 could not get new dentures due to her bone structure in her mouth. When asked if she had documentation regarding R37's bone structure issue, she stated she would look at her medical records.The facility's Social Service Policy, revised 02/2017, documented that medically related social services would be provided to maintain or improve each resident's ability to control everyday physical needs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0801<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.<br><br>The facility had a census of 84 residents. The sample included 27 residents. Based on observation, interview, and record review, the facility failed to employ a full-time Certified Dietary Manager (CDM) to supervise the preparation of meals and sanitation in the facility's kitchen. This deficient practice placed the 84 residents of the facility at risk for inadequate nutrition or foodborne illness.Findings included: - On 07/21/25 at 08:30 AM, Dietary Staff (DS) BB was managing the kitchen and overseeing production of meals for the residents of the facility. On 07/21/25 at 08:30 AM, DS BB stated he was not certified as a dietary manager but was currently taking the course. He stated the Registered Dietitian (RD) had been communicating with him weekly, reviewing resident charts remotely, and visiting the facility weekly.On 07/23/25 at 11:36 AM, Administrative Staff A verified that the facility's Dietary Manager was not certified but was taking the certification course. The facility's Roles of Key Staff policy, dated 2020, stated the Dining Services Manager provided direction to the employees of the dining services department in all activities of food service to provide safe food and a positive dining experience for residents while meeting their nutritional needs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>The facility had a census of 84 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility failed to store food by professional standards for food service safety in one kitchen. This deficient practice placed the residents who received their meals from the facility's kitchens at risk for foodborne illness.Findings included: - On 07/22/25 at 11:55 AM, three drawers in the facility's main kitchen had food crumbs and dried liquid spills among the scoops and ladles.On 07/22/25 at 11:55 AM, Dietary Staff BB verified the drawers had dried food spills and needed to be cleaned.The facility's Sanitation of Dining and Food Service Area policy, dated 2020, stated that a cleaning schedule would be posted for all cleaning tasks, and staff would initial the tasks as they are completed. Staff would be held responsible for all cleaning tasks. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0867<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents. Based on observation, record review, and interview, the facility's Quality Assessment and Assurance (QAA) program failed to provide good faith efforts to identify multiple issues of concern for the 84 residents who resided in the facility. This placed all residents at risk for unidentified and ongoing care issues.Findings included:- The facility failed to provide R70 dignified dining when she was not served her noon meal at the same time as her tablemates, and she had to wait to be assisted. Refer to F550.The facility failed to obtain a gradual dose reduction for R28, who was on a psychotropic medication. Refer to F605The facility failed to provide the bed hold policy and notify the ombudsman for two residents, R12 and R20. Refer to F628.The facility failed to revise care plans for two residents, R12, who was on supplemental oxygen, and R49, who had an immobilizer (a medical device designed to keep the knee in a fixed, straightened position) brace and skin breakdown. Refer to F657.The facility failed to prevent skin breakdown from an immobilizer brace for R49. Refer to F686.The facility failed to provide foot care for R49, who had long toenails. Refer to F687.The facility failed to follow R49's care plan for a transfer, and R49 sustained a knee fracture. Refer to F689.The facility failed to implement nutritional interventions for R20, who had a 9.6% weight loss in three months. Refer to F692.The facility failed to provide instructions to the oncoming staff regarding R49's wounds from her immobilizer. Refer to F686.The facility failed to provide two Certified Nurse Aides with their yearly 12-hour in-services and failed to have a system in place to track in-services. Refer to F730.The facility failed to follow up on R37's request for new dentures. Refer to F745.The facility's Consultant Pharmacist did not recommend a Gradual Dose Reduction for R28, who received a psychotropic medication. Refer to F756.The facility failed to hold R49's hypertension (high blood pressure) medication when her blood pressure was out of the physician-ordered parameters. Refer to F757.The facility failed to label insulin pens when opened and failed to discard an expired over-the-counter medication. Refer to F761.The facility failed to provide dental services for R37. Refer to F791.The facility failed to provide a Certified Dietary Manager. Refer to F801.The facility failed to provide a sanitary kitchen and failed to discard expired nutritional drinks. Refer to F812.The facility failed to ensure staff wore PPE (personal protective equipment) during care for R49, R35, and failed to wear PPE when handling soiled linens. Refer to F880.On [DATE] at 03:00 PM, Administrative Nurse F stated, the committee met monthly to go over various items of concern and was excited to have the new company take over. Administrative Nurse F further stated they were excited for the future and the improvements they would make, and the improvements they had already seen. The facility's Quality Assurance and Performance Improvement Plan, dated 11/24, documented that the scope of the quality program encompasses each type and segment of care and services that impact clinical care, quality of life, resident choice, and care transitions. The team would identify dashboards that are used to monitor and report overall performance. They would report activity results to the team quarterly, |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 84 residents. The sample included 27 residents. Based on observation, interview, and record review, the facility failed to use appropriate barriers while sorting soiled resident laundry and to implement Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high contact care) for Residents (R) 35 and R49's wound care. The deficient practice placed the residents who reside in the facility at risk of infectious disease processes.Findings included:- On 07/23/25 at 08:10 AM, Laundry Staff U observed removing soiled resident clothing and placing the items into a washing machine. Laundry Staff U wore gloves only and failed to use a gown or apron as a barrier to her clothing. Laundry Staff U stated the use of gowns or aprons was only for heavily soiled laundry.<br><br>The facility's Handling Soiled Linen policy, dated 11/01/19, documented all linens should be handled using standard precautions and treated as potentially contaminated. Linens should not be allowed to touch the uniform or floor and should be handled as little as possible.<br><br>- R35’s “Electronic Medical Record” documented diagnoses of iron deficiency anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues), edema (swelling resulting from an excessive accumulation of fluid in the body tissues), peripheral vascular disease (PVD-slow and progressive circulation disorder causing narrowing, blockage, or spasms in a blood vessel), and dementia (progressive mental disorder characterized by failing memory, confusion).<br><br>R35’s “Quarterly Minimum Data Set” (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. The MDS documented R35 required maximum staff assistance with toileting, bathing, dressing, and mobility. R35 had one venous ulcer and skin lesions requiring dressings and received antibiotics.<br><br>R35’s ”Care Plan,” dated 07/03/25, directed staff to assess and report signs of impaired skin or breakdown. R35’s care plan documented she had impaired skin integrity related to vascular ulcers to both feet and directed staff to provide treatments ordered, provide pain management with wound dressing changes, and provide supplements as ordered. The care plan directed staff to follow infection prevention protocol, including Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high contact cares), post-EBP signage, and supplies at the entrance to R35’s room. Staff were to wear gowns and gloves for high-contact resident care.<br><br>R35’s medical record documented the vascular wounds had been ongoing since July 2024.<br><br>The “Physician Order,” dated 07/01/25, directed staff to perform EBP for wound care, don a gown and gloves with personal care every shift.<br><br>On 07/21/25 at 12:50 PM, Certified Nurse Aide (CNA) O and Licensed Nurse (LN) J assisted R35 to the toilet with a maximum of two staff assistance and a gait belt. The CNA O and the LN J did not wear EBP gowns during the close contact cares.<br><br>On 07/22/25 at 09:04 AM, CNA P and CNA O used two staff maximum assistance to transfer R35 from her wheelchair to her recliner. No EBP gowns were worn.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 07/22/25 at 09:38 AM, LN K entered R35’s room, did not don an EBP gown, and performed wound care to R35’s feet. LN K cleansed between R35’s toes, applied calcium alginate maxsorb between the toes for both feet. When LN K was asked what the EBP signage on the doorway was for, LN K stated she thought it might be for the former roommate.<br><br>On 07/22/25 at 01:20 PM, Administrative Nurse D verified that staff were to wear EBP gown and gloves for high contact care, including dressing changes to R35’s wounds.<br><br>The facility's Enhanced Barrier Precautions (EBP) policy, dated 04/01/24, stated it was the policy of the facility to implement enhanced barrier precautions for the prevention of multidrug-resistant organisms (MDRO). The policy stated all staff receive training on high-risk activities and common organisms that require EBP. An order for EBP would be obtained for residents with chronic wounds, indwelling devices, even if the resident was not known to have an infection. Gowns and gloves were to be available near or outside of the resident's room. High contact care activities included dressing, bathing, transfers, providing hygiene, toileting assistance, and any skin opening wound care. EBP should be used for the duration of the resident's stay or until resolution of the wound.<br><br>- The Electronic Medical Record (EMR) for R49, documented diagnoses of hypertension (high blood pressure), muscle weakness, atrial fibrillation (rapid heart rate), and disorders of bone density and structure (a condition where bones become weakened and more prone to fractures due to reduced bone mass and/or changes in bone structure).<br><br>The Quarterly/Five Day Medicare Minimum Data Set (MDS) dated [DATE] documented R49 had intact cognition. R49 was dependent upon staff assistance for lower body dressing, bathing, transfers, mobility, and toileting hygiene. The MDS documented R49 had upper functional impairment on one side, lower functional impairment on both sides, was at risk for skin breakdown, and had a surgical wound.<br><br>R49's Care Plan, dated 04/15/25, documented she was at risk for pressure ulcers and other skin-related injuries. R49's plan of care directed staff to observe for redness and breakdown during routine care, follow community skin care protocols, and treat as indicated. The plan of care directed staff to assist her with splinting/bracing and the use of assistive devices. The care plan lacked direction to staff on when to remove her immobilizer and if she had any skin breakdown.<br><br>The Braden Scale (formal assessment for predicting pressure ulcer risk) dated 05/07/25, documented R49 was a mild risk for pressure ulcers.<br><br>The Physician's Order dated 06/20/25, directed staff to leave immobilizer in place unless sleeping, and nwb (non-weight bearing) to LLE (left lower leg).<br><br>The Nurse's Notes, dated 07/18/25 at 05:38 PM, documented R49 had two small open sores on her left leg from where her knee brace had been rubbing against her skin. The sore on the outside of her thigh (the part of the human leg between the hip and the knee) measured 0.4 centimeters (cm) x 0.5 cm. The sore on her calf (the back portion of the lower leg) measured 0.5 cm x 0.5 cm. The wounds were cleaned with wound cleanser and covered with a Mepilex (absorbent, bordered foam dressing). The physician and the durable power of attorney (DPOA- a legal document that names a person to make healthcare decisions when the resident is no longer able to) were notified of the skin break.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | The EMR lacked a skin assessment, directions to staff for monitoring R49's skin daily, or any daily standing orders for dressing changes until further direction from the physician from 07/18/25 to 07/22/25 (five days).<br><br>The Nurse's Notes, dated 07/22/25 at 03:45 PM, documented that the physician received the documentation from the facility regarding the sores and had no further orders.<br><br>On 07/22/25 at 09:37 AM, Licensed Nurse (LN) H stated she did not normally work in that household and was unsure if R49 had a skin breakdown, but would go with this surveyor and assess her skin. Observation revealed R49 had a leg immobilizer on her left leg from mid-thigh to her ankle. R49 stated the immobilizer needed to be repositioned and tightened because it was too loose on her leg and was slipping. Observation revealed nothing between her skin and the immobilizer to protect it from breakdown. R49 had a foam dressing on her left calf but no dressing on the sore on her left thigh. LN H washed her hands and donned clean gloves. She asked R49 if staff were changing the dressing daily, and she replied No but did not know when they had changed the dressing last. LN H removed the dressing from the calf, and there was brown in color drainage. LN H did not clean the area but washed her hands and donned clean gloves to put a new foam dressing on her calf. The area on her calf was pink but not open. Further observation revealed the sore on her left thigh was approximately the size of a pencil eraser and was starting to scab. LN H did not put a dressing on the sore.<br><br>On 07/23/25 at 08:48 AM, Certified Nurse Aide (CNA)N stated, nurse aides were responsible for putting the immobilizer on R49 every morning, but sometimes the night shift forgot to take it off, and she had it on all night. CNA N stated she was unaware of any skin breakdown under the immobilizer.<br><br>On 07/23/25 at 10:00 AM, LN G stated she had not worked in the household for at least two weeks and did not know that R49 had any skin breakdown. LN G washed her hands, donned clean gloves, and opened the immobilizer from R49's left leg, and there was nothing between her skin and the immobilizer. Observation revealed a dried substance inside the immobilizer, from where it had lain against the sore on her thigh. The sore was scabbed and not actively draining. LN G removed the dressing from her calf, and the skin was slightly pink. LN G washed her hands, donned clean gloves, and placed a clean foam dressing on the calf wound, but did not put one on the sore on her thigh. This surveyor observed a yellow PPE (personal protective equipment) hanging on the back of R49's door and when LN G was asked what it was for, she stated, Oh, she is on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms which employ targeted gown and glove use during high contact care), because of wounds, I forgot.” LN G further stated that there should be a sign on her door stating that, but there was not.<br><br>On 07/23/25 at 10:30 AM, Administrative Nurse F stated, she had been made aware of R49's sores on 07/21/25, but had not looked at them yet. Administrative Nurse F stated that today (07/23/35) was the day she would do her weekly skin assessment. Administrative Nurse F further stated that because the sores were not chronic, they did not require staff to wear PPE during care. At 02:30 PM, Administrative Nurse F stated she had looked at R49's wounds and did not feel that the immobilizer had caused the sore on her thigh because R49 had told her she thought she had scratched it, and that was why she got the sore. Administrative Nurse F stated she did not think the immobilizer had dried drainage because the sore was scabbed, but thought it was dried food. Administrative Nurse F stated, R49 told her that she would wear thin pajama pants so her leg would be protected when the immobilizer was on and would contact the physician for guidance.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 175498 | A. Building<br>B. Wing | 07/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Via Christi Village - Hays Inc | 2225 Canterbury Dr<br>Hays, KS 67601 |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 07/23/25 at 01:49 PM, Administrative Nurse D stated she would contact the physician to see about the EBP precautions and would get everything taken care of for R49.<br><br>The facility's Enhanced Barrier Precautions (EBP) policy dated 04/01/24 stated it was the policy of the facility to implement enhanced barrier precautions for the prevention of multidrug-resistant organisms (MDRO). The policy stated that all staff receive training on high-risk activities and common organisms that require EBP. An order for EBP would be obtained for residents with chronic wounds, indwelling devices, even if the resident was not known to have an infection. Gowns and gloves were to be available near or outside of the resident's room. High contact care activities included dressing, bathing, transfers, providing hygiene, toileting assistance, and any skin opening wound care. EBP should be used for the duration of the resident's stay or until resolution of the wound. |