

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Spring View Manor Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 412 S 8th Street Conway Springs, KS 67031	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28560</p> <p>The facility reported a census of 34 residents with 12 residents selected for review, which included three residents reviewed for activities of daily living (ADL's). Based on observation, interview, and record review, the facility failed to provide personal grooming for one of the three, Residents (R)10, reviewed for activities of daily living.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)10's undated Physician Order Summary revealed diagnoses that included hemiplegia (paralysis on one side of the body,) hemiparesis (muscular weakness on one side of the body,) cerebral vascular accident (CVA/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,) and major depressive disorder (major mood disorder.) <p>The Annual Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of seven, which indicated severe cognitive impairment. The resident had functional impairment on one side of the upper and lower extremities.</p> <p>The ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment (CAA), dated 01/10/24, assessed the resident required staff assistance with ADLs, and encouragement to participate in the performance of tasks.</p> <p>The Care Plan reviewed 04/24/24, instructed staff the resident was dependent on staff for bathing and personal hygiene.</p> <p>The Bathing Schedule revealed the resident received showers on Tuesday during the day, and on Friday evenings.</p> <p>The Task Bathing in the electronic medical record, revealed the resident received a shower on 04/06/24, 04/09/24, 04/16/24 and 04/23/24. The resident refused a shower on 04/13/24, 04/19/24 and 04/27/24.</p> <p>Observation, on 04/30/24 at 11:39 AM, revealed the resident seated in his wheelchair, in the common dining area. The resident had several days' worth of facial hair growth.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation, on 05/01/24 at 09:57 AM, revealed Certified Nurse Aide (CNA) M and N transferred the resident with a mechanical lift. The resident was unshaved with several days' worth of facial hair growth evident.</p> <p>Interview with the resident at that time, revealed he did not desire to grow a beard and the felt itching from the stubble on his face.</p> <p>Interview, on 05/01/24 at 10:00 AM, with CNA M, revealed staff shave R10 on his shower days but did not know when R10's last received a shower and confirmed he needed a shave. CNA M stated the resident did not refuse bathing on day shift but did on the evening shift.</p> <p>Interview, on 05/02/24 at 12:44 PM, with Administrative Nurse D, revealed she would expect staff to provide grooming to R10, but he frequently refused his evening showers and would consider reassigning the resident to day showers.</p> <p>The facility policy Grooming a Resident's Facial Hair, revised 04/02/24, instructed staff to assist resident with grooming facial hair to help maintain proper hygiene as per current standards of practice.</p> <p>The facility failed to ensure R10 received grooming opportunities per his preference to enhance sense of wellbeing.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>28560</p> <p>The facility reported a census of 34 residents. Based on record review and interview, the facility failed to ensure four out of five Certified Nurse Aides (CNA) who were employed over a year, and Certified Medication Aides (CMA/CNA) reviewed, received annual evaluations as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the personnel file for five certified Nurse Aides (CNA) and Certified Medication Aides (CMA) employed over one year, revealed the following areas of concern: <p>CNA N, with hire date 02/10/21, lacked an annual evaluation.</p> <p>CNA M, with hire date 02/10/21, lacked an annual evaluation.</p> <p>CNA O, with hire date 09/03/22, lacked an annual evaluation.</p> <p>CMA R, with hire date 01/13/20, lacked an annual evaluation.</p> <p>Interview on 05/01/24 at 03:22 PM, with consultant GG revealed she would expect staff to have evaluations annually.</p> <p>The facility policy Evaluation Process, implemented 12/01/19, instructed staff to review the work performance of employees with a formal written evaluation annually.</p> <p>The facility failed to ensure certified staff received annual evaluations as required.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>28560</p> <p>The facility reported a census of 34 residents. Based on interview and record review, the facility failed to ensure the daily staff posting contained actual hours worked as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the Daily Staff Postings from February 2024, March 2024, and April 2024, revealed lack of actual hours worked for staff. <p>Interview, on 05/02/24 at 12:20 PM, with Administrative Staff A, revealed confirmed the facility lacked recording of the actual hours worked for staff on the daily staff postings. Administrative Staff A stated the business office documented the actual hours worked through a computer program and did not record the hours on the daily staff posting sheets.</p> <p>The facility lacked a policy for daily staff posting.</p> <p>The facility failed to ensure staff recorded the actual hours worked by staff on the daily staff posting as required.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>28560</p> <p>The facility reported a census of 34 residents with 12 residents selected for review. Based on interview and record review, the facility failed to obtain laboratory values in a timely manner for one of the 12 Residents (R)4, and failed to administer medications according to physician instructions for one of the 12 residents, (R)29.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - Review of Resident (R)4's undated Physician Order Sheet revealed diagnoses that included chronic respiratory and heart failure, diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin) and kidney failure. <p>On 04/10/24, a licensed nursing noted documented staff notified the physician that R29 had nausea and vomiting for three days. The physician instructed staff to obtain a Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) on 04/11/24.</p> <p>A nurse note, dated 04/11/24, documented licensed nursing staff notified the physician that the resident continued with nausea and vomiting, and the facility failed to obtain the CBC and CMP.</p> <p>On 04/12/24 the facility obtained the labs, two days later.</p> <p>A Nurse Note dated 04/13/24, documented the licensed nurse reported to the physician that R29 continued with nausea and vomiting and reported the labs to the physician. The physician instructed staff to send the resident to acute care.</p> <p>Interview, on 05/02/24 at 01:56 PM, with Administrative Nurse D, revealed the facility had difficulty obtaining the labs due to the laboratory did not provide a phlebotomist (a trained staff member to obtain a blood sample) in a timely manner to obtain the labs. Administrative Nurse D stated she would expect staff to report results as soon as possible as per the standard of care and did not know why staff did not report the laboratory data to the physician on 04/12/24.</p> <p>The facility lacked a policy for following physician orders.</p> <p>The facility failed to ensure staff provided services to R4 to obtain and report laboratory values in a timely manner.</p> <ul style="list-style-type: none"> - Review of Resident (R) 29's electronic medical record revealed diagnoses that included hypertension (high blood pressure) , heart failure, and chronic kidney disease. <p>On 06/14/23, the physician instructed staff to administer Bumex (a medication used to remove excess fluid) 0.5 milligrams (mg), every 24 hours, as needed, for weight gain of two pounds overnight.</p> <p>Review of the March 2024 Medication Administration Record (MAR) revealed the following area of concern:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/13/24, the resident weight was 197 pounds (lbs.) and on 03/14/24, the resident's weight was 199 lbs., a two-pound increase. The March 2024 Medication Administration Record (MAR) lacked documentation that staff administered Bumex for the two-pound increase as ordered by the physician.</p> <p>Review of the April 2024 MAR revealed the following area of concern:</p> <p>On 04/29/24 the resident weight was 196.5 lbs. and on 04/30/24 the resident's weight was 199 lb., a two-and-a-half-pound increase. The Medication Administration Record (MAR) for April, lacked documentation that staff administered the Bumex, as instructed by the physician for the two-and-a-half-pound increase.</p> <p>On 12/14/23 the physician instructed staff to administer Lisinopril 2.5 mg in the morning for hypertension. The physician instructed staff to hold the medication if the systolic (the pressure of the heart when it forces blood out of the heart, the top number of a blood pressure reading) blood pressure was less than 100 millimeters of mercury (mmHg) or the diastolic (minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) blood pressure was less than 50 mmHg.</p> <p>Review of the March 2024 Medication Administration Record (MAR) revealed the following areas of concern:</p> <p>On 03/01/24, staff recorded the blood pressure as 94/53 mmHg and documented the medication as administered.</p> <p>On 03/20/24, staff recorded the blood pressure as 98/58 mmHg and documented the medication as administered.</p> <p>Interview, on 05/02/24 at 1:20 PM with Administrative Nurse D revealed she would expect staff to follow parameters as instructed by the physician.</p> <p>The facility lacked a policy for following physician orders.</p> <p>The facility failed to ensure staff followed physician orders to ensure R29 received/held the required medications for blood pressure and weight gain.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>28560</p> <p>The facility reported a census of 34 residents. Based on interview and record review, the facility failed to electronically submit to Centers for Medicare and Medicaid Services (CMS) with complete and accurate direct staffing information based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS i.e., Payroll Base Journal (PBJ), related to licensed nursing licensed and certified nursing staffing information when the facility failed to accurately report weekend staffing for the second quarter 2023 January through March and fourth quarter 2023 July through September 2023.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the nursing staff schedule for the second quarter 2023 January through March 2023 and fourth quarter 2023 July through September, revealed multiple changes/additions in staffing for the weekends with agency staff utilized. <p>Review of the PBJ Staffing Data Report, for the second quarter 2023, revealed the PBJ triggered for Excessively Low weekend Staffing.</p> <p>Review of the PBJ Staffing Data Report, for the fourth quarter 2023, revealed the PBJ triggered for Excessively Low weekend Staffing.</p> <p>Interview, on 05/02/24 at 12:20 PM, with Administrative Staff A, revealed the corporate office submitted the Payroll Base Journal (PBJ), and did not include the agency staff used to supplement the nursing staff employed by the facility which resulted in the inaccurate reporting of hours.</p> <p>The facility lacked a policy for Payroll Base Journal (PBJ) submission.</p> <p>The facility failed to accurately report weekend staffing for second quarter 2023 January through March 2023 and fourth quarter 2023 July through September 2023 as required.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28560</p> <p>The facility reported a census of 34 residents which included 12 residents selected for review. Based on observation, interview, and record review, the facility failed to ensure one of the 12 Residents, Resident (R) 1, received sanitary tube feeding technique, and staff performed hand hygiene prior to insulin administration for one of two residents (R)9 related to insulin administration to prevent possible infections.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)1's electronic medical record revealed diagnoses that included cerebral vascular accident (CVA, 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) and swallowing disorder. <p>Observation on 05/01/24 at 08:21 AM, revealed Licensed Nurse (LN) G prepared to administer R1's medications through her percutaneous gastrostomy tube (PEG a tube that enters the stomach through a surgical opening in the resident's abdomen for the administration of medications and nutrition when a person is unable to swallow). The syringe for attaching to the PEG tube laid directly on a paper towel on the resident's bedside table. LN G did not clean/sanitize the PEG tube or syringe before administering the medications.</p> <p>Interview, on 05/02/24 at 12:54 PM, with Administrative Nurse D, revealed she would expect staff to cleanse/sanitize the tube/syringe before administering medications. Administrative Nurse D stated the resident often moved the syringe out of the storage box and placed it in various places in her room.</p> <p>The facility policy Care and Treatment of Feeding Tubes, undated, instructed staff to utilize infection control precautions and related techniques to minimize the risk of contamination.</p> <p>The facility failed to ensure staff provided medication administration through R1's PEG tube to prevent the spread of infection.</p> <ul style="list-style-type: none"> - Review of Resident (R)9's electronic medical record, revealed a diagnosis of diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). <p>Observation on 05/01/24 at 08:51 AM, revealed Licensed Nurse (LN) G administered insulin (a medication given beneath the skin into the fat layer to decrease/normalize the blood sugar level) to R27. LN G did not perform hand hygiene after the administration and picked up R9's Lispro insulin pen and dialed the pen to 12 units and proceeded to prepare to administer the insulin to R 9 however, LN G verified she should sanitize her hands and did so prior to administration of the insulin to R9.</p> <p>Interview, on 05/02/24 at 12:50 PM with Administrative Nurse D, revealed she would expect staff to perform hand hygiene between residents when administering insulin.</p> <p>The facility policy Insulin Pen, implemented 01/01/20, instructed staff to perform hand hygiene and don gloves prior to administration and remove gloves and perform hand hygiene afterwards.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to provide sanitary insulin administration for R9 to prevent the spread of infection.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>28560</p> <p>The facility reported a census of 34 residents with five residents reviewed for immunizations. Based on interview and record review, the facility failed to ensure staff provided education for informed decision making for the 2023 influenza vaccine for two of the five residents, Resident (R)21 and R11. The facility failed to ensure one of the five residents received education for informed decision making for the pneumococcal vaccine, R21. The facility failed to ensure three of the five residents received education for informed decision making for the Covid-19 vaccination.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of Resident (R)21's electronic medical record revealed the resident admitted to the facility 01/19/24. <p>The Immunization tab documented the last influenza vaccine as 12/12/22 and the last covid-19 vaccine as 12/03/21. The medical record lacked documentation of pneumonia vaccine status. The medical record lacked evidence of education provided for informed decision making for receipt/declination for the vaccines.</p> <p>Review of R11's electronic medical record revealed the resident admitted to the facility 03/31/22. The Immunization tab documented the resident refused the influenza vaccine. The declination for the influenza vaccine lacked a date. The received the covid-19 vaccine on 10/21/22. The medical record lacked evidence the resident received education for informed declinations for 2023 or 2024.</p> <p>Review of R3's electronic medical record revealed the resident admitted to the facility 01/05/22. The Immunization tab documented the resident received a covid-19 vaccine 10/21/22. The medical record lacked evidence the resident received education for informed declinations for the 2023/2024 vaccines.</p> <p>Interview, on 05/02/24 at 11:40 AM with Administrative Nurse D, confirmed lack of declinations/undated declinations for the above-mentioned residents.</p> <p>The facility policy Influenza Vaccination implemented 11/01/19, instructed staff to offer residents the annual immunization against influenza.</p> <p>The facility policy Pneumococcal Vaccine implemented 11/01/19, instructed staff to offer residents the immunization against pneumococcal disease in accordance with the Center for Disease Control (CDC) guidelines and recommendations.</p> <p>The facility policy Covid-19 Vaccination dated 09/06/22, instructed staff the to educate and offer residents the covid-19 vaccine to minimize the risk of acquiring, transmitting, or experiencing complications from covid-19.</p> <p>The facility failed to provide/ensure R21, R11 and R 3 education to make informed decision and opportunity to accept/decline the influenza, pneumococcal and/or covid-19 vaccine as per their preference as required.</p>		