

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175505	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Mitchell County Hospital Health Systems Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE  400 W 8th Street Beloit, KS 67420	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26768</b></p> <p>The facility had a census of 33 residents. The sample included 12 residents with two reviewed for bed rail use. Based on observation, interview, and record review the facility failed to provide bed rails with gaps less than four and three-quarters inches per Food and Drug Administration (FDA) guidelines for safety. This deficient practice placed Resident (R) 2 and R13 at risk for injury.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R2's Electronic Medical Record documented diagnoses of dementia (a progressive mental disorder characterized by failing memory, and confusion), osteoporosis (abnormal loss of bone density and deterioration of bone tissue with an increased fracture risk), delusional disorders (untrue persistent beliefs held by a person although evidence shows it was untrue), anxiety disorder (a mental or emotional disorder characterized by apprehension, uncertainty, and irrational fear), and insomnia (inability to sleep).</li> </ul> <p>The Annual Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. The MDS documented R2 required moderate staff assistance for upper body dressing, transfers, maximum assistance for lying to sitting, and toileting, and was dependent on staff for lower body dressing. The MDS documented R2 had no falls since the prior assessment of 09/24/24.</p> <p>The Fall Care Area Assessment (CAA), dated 12/10/24, documented R2 received several medications that could cause dizziness, utilized a walker to ambulate, performed transfers with assistance, had urgency incontinence (involuntary passage of urine occurring soon after a strong sense of urgency to void), unsteady balance, and a history of falls.</p> <p>R2's Fall Care Plan, dated 12/10/24, documented the resident was at high risk for falls. The care plan directed staff to ensure the resident was wearing appropriate footwear when ambulating and educated R2 to use the call light when needing to get out of bed. The care plan lacked direction for the use of bed rails.</p> <p>The Fall Note dated 07/15/24 at 10:20 AM, documented R2 attempted to self-transfer into bed and her legs gave out. She stated she did not hit her head and had no noted injury.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/05/25 at 08:00 AM, R2 laid in bed with half rails up. The bed rails had long wide gaps. She was dressed, wore a left cam boot (orthopedic device used to immobilize and support the ankle joint after injuries), and right foot gripper sock.</p> <p>On 02/06/25 at 10:45 AM, Administrative Staff E verified the bed rail gaps measured four and three-eighths inches by twenty-one inches in the top rail and the bottom rail had a long wide gap of four and three-eighths inches by forty-two inches. Administrative Staff E stated when she did the bed rail assessments, she only measured the height of the gaps.</p> <p>The facility's Long Term Care Unit Resident Safety policy, dated 06/20/2018, stated all side rails must be assessed upon admission and recommendations would be made for transfer bar or use of a rail.</p> <p>The facility failed to provide bed rails with gaps less than four and three-quarters inches wide, placing R2 at risk for injury.</p> <p>27168</p> <p>- The Electronic Medical Record (EMR) for R13's diagnoses included diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin), hypertension (HTN-elevated blood pressure and chronic obstructive pulmonary disease (COPD - a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing).</p> <p>R13's Quarterly Minimum Data Set (MDS), dated [DATE], recorded the resident had a Brief Interview for Mental Status (BIMS) score of four, indicating severe cognitive impairment. The MDS documented R13 required substantial to maximum assistance with mobility-rolling left to right. The MDS lacked documentation the resident had side rails.</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA), dated 05/30/24, recorded R13 was able to verbalize needs and is very boisterous with requests frequently, can make daily decisions, is oriented to self, surroundings, questioning situations, has impaired safety awareness and a fear of falling.</p> <p>R13's medical record recorded a Side Rail Assessment completed on 11/19/24 documented the resident was not able to get out of bed and could not get out safely. The side rail safety documented the half rails the resident had requested while in bed. The side rail assessment documented the side rails are used on the left side of the bed and the resident verbalized understanding of the risk.</p> <p>On 02/05/25 at 01:50 PM, a one-half side rail was on the left side of R13's bed. The side rail gaps measured 4 and 3/8 inches by 21 and 1/2 inches between rails.</p> <p>On 02/06/25 at 10:45 AM, Administrative Nurse E verified the gaps measured greater than 4 3/4 inches between the bars and stated when she did the assessments, she only measured the width one way.</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Long Term Unit Resident Safety, policy, dated 06/20/18, documented safety and handling of residents are the nursing staff's highest priority. The policy documented bed rails shall be elevated to the proper level when transferring the resident to/from the bed to the chair. The policy documented the bed rails may be up on those residents under the influence of sedation, immediate postoperative residents, and those who in the judgment of the charge nurse or supervisor feel that rails must be up for safety measures. All side rails would be assessed upon admission. Recommendations would be made for a transfer bar or the use of rails.</p> <p>The facility failed to adequately assess R13's actual rail in use to ensure safe openings and failed to assess for safe use a side rail prior to placing on R13's bed. This deficient practice placed R13 at risk for preventable entrapment, accident, or injury.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>27168</p> <p>The facility had a census of 33 residents. Based on record review and interview, the facility failed to ensure the staff person designated as the Infection Preventionist, who was responsible for the facility's Infection Prevention and Control Program, completed the specialized training in infection prevention and control. This placed the residents at risk for lack of identification and treatment of infections.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 02/07 /25 at 01:30 PM, Administrative Nurse F stated she was responsible for the Infection Prevention and Control Program and lacked certification as an Infection Preventionist. Administrative Nurse E stated she had enrolled in the program, and completed the training modules, but had not received the certification.</li> </ul> <p>The Infection Prevention Plan policy dated 09/24/24, documented the infection prevention committee including the Infection Preventionist would implement, develop, and update the infection prevention policies and procedures, and educate and train faculty and staff. The Infection Preventionist would also assess competency of tasks, compliance with hand hygiene, and personal protective equipment. The policy documented the Infection Prevention Committee would ensure proper EVS cleaning and disinfection policies and procedures were in place to determine when to implement respiratory hygiene measures and implement and update employee health policies. The Infection Preventionist would handle collection management and analysis of quality measures including Antibiotic Stewardship, central lines, catheters, and surveillance. The Infection Preventionist would provide notification to State and local health departments of reportable diseases and conditions. The Infection Preventionist would prepare, collect, manage, and distribute reports; as well as assess patients with symptoms and active infection to determine placement of transmission-based precautions. The Infection Preventionist would handle the determination of appropriate cleaning and disinfectant supplies, for healthcare workers exposed to contagious pathogens, and preparation for re-emerging diseases or future pandemics.</p> <p>The Infection Preventionist policy, dated 09/24/24, documented the Strategies of the Infection Preventionist would include the following:</p> <ul style="list-style-type: none"> <li>-Employment of an individual with appropriate infection control and prevention knowledge to manage the program.</li> <li>-Incorporate appropriate regulatory and accreditation requirements into the organizational processes.</li> <li>-Referencing and resourcing guidelines from relevant organizations regarding current inpatient, outpatient, long-term care infection control practices,</li> <li>-Participate in effective risk management and performance improvement activities designed to improve patient care, education, and research, encouraging adherence to sound principles and organizational polices.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>-Provide Infection Prevention and Control education regarding regulation, guidelines, risk management concerns, and performance improvement initiatives.</li> <li>-Conduct surveillance, monitoring, and reporting of infection control practices in clinical areas.</li> <li>-Annual TB surveillance and report to the Employee Health Nurse.</li> <li>-Annual Review of the Infection Control Plan to assess risk and establish program priorities.</li> <li>-Provide written assessment annually to the Patient safety committee.</li> <li>-Quarterly data analysis including tracking and trending of infection diseases and potential for acquisition and transmission within the organization and committee through the Infection Control Committee.</li> <li>-Periodic notifiable reporting audits</li> <li>-Surveillance rounds through all clinic sites at least every six months and as needed</li> </ul> <p>The facility failed to ensure the person designated as the Infection Preventionist completed the required certification. This deficient practice placed the residents at risk for lack of identification and treatment of infections.</p>		