

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>27168</p> <p>The facility had a census of 37 residents. The sample included 12 residents. Based on record review and interview, the facility failed to provide Resident (R) 3, R14, and R36 or their representative, the completed Centers for Medicare and Medicaid (CMS) Skilled Nursing Facility Advanced Beneficiary Notices (ABN) Form 10055. This placed the resident at risk of uninformed decisions about their skilled services.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The Medicare ABN form 10055 informed the beneficiary that Medicare may not pay for future skilled therapy services. The form included an option for the beneficiary to receive specific services listed, and bill Medicare for an official decision on payment. The form stated 1) I understand if Medicare does not pay, I will be responsible for payment but can make an appeal to Medicare, (2) receive therapy listed, but do not bill Medicare, I am responsible for payment for services, (3) I do not want the listed services.</li> </ul> <p>Review of the ABN form provided to R3 revealed the form lacked the estimated cost of continued service and R3 received the wrong form. R3 received the CMS-R-131 instead of CMS Form 10055. The resident's skilled services ended on 09/09/24.</p> <p>Review of the ABN form provided to R14 revealed the form lacked the estimated cost of continued service and R14 received the wrong form. R14 received CMS -R-131 instead of CMS Form 10055. The resident's skilled services ended on 01/24/25.</p> <p>Review of the ABN form provided to R36 revealed the form lacked the estimated cost of continued service and R36 received the wrong form. R36 received CMS -R-131 instead of CMS Form 10055. The resident's skilled services ended on 01/24/25.</p> <p>On 03/05/25 at 10:00 AM, Administrative Staff A verified the facility provided the CMS-R-131 form to R3, R14, or R36, and/or their representative, and failed to provide the 10055 with the estimated amount it would cost the resident if they wished to continue services.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Advance Beneficiary Notices policy, dated September 2022, recorded residents were informed in advance when charges would occur to their bills. If the director of admissions or benefits coordinator believed (upon admission or during the resident's stay) that Medicare 9Part A of the fee for Service Medicare Program) would not pay for an otherwise covered skilled service(s), the resident (or representative) was notified in writing because the service(s) may not be covered and of the resident's potential liability of the non-covered service(s). If the facility issues the Skilled Nursing Facility Advanced Beneficiary Notice (CMS form 10055) for the following triggering events:</p> <p>A) Initiation- In the situation in which the director of admissions or benefits coordinator believes Medicare will not pay for extended care items or services that a physician has ordered, A SNB ABN is issued to the beneficiary before those noncovered extended items or services are furnished to the beneficiary.</p> <p>B) Reduction- In the situation in which the facility proposes to reduce a beneficiary's extended care items or services because it is expected that Medicare will not pay for a subset of extended care items or services, or any items or services at the current level and/or frequency of care that a physician had ordered the SBF ABN is issued to the beneficiary before items or services to the beneficiary are reduced.</p> <p>C) Termination- In the situation in which the facility proposes to stop furnishing all extended care items or services to a beneficiary because it is expects Medicare will not continue to pay for the items or services that a physician has ordered and the beneficiary would like to continue receiving the care, the SNF ABN is issued to the beneficiary before each extended care items or services are terminated.</p> <p>D) The resident (or representative) is informed that they may choose to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility.</p> <p>The facility failed to provide R3, R14, and R36 or their representatives, the correct 10055 form which included an estimated cost of continued services when discharged from skilled care. This placed the residents at risk of uninformed decisions about their services and the continuation of their skilled services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>27168</p> <p>The facility identified a census of 37 residents. Based on interviews and record review, the facility failed to conduct a criminal background check as required for one facility employee. The employee was allowed access to residents without knowing if they had been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law. This deficient practice placed the affected residents at risk for abuse, neglect, misappropriation, or mistreatment.</p> <p>Findings included:</p> <p>- On 03/05/25 at 11:30 AM a review of staffing for background checks was completed for facility Staff. Upon request and review the facility was unable to provide evidence a criminal background check had been completed for Maintenance staff U, who had worked at the facility since 05/21/2020.</p> <p>On 03/05/25 at 11:35 AM, Administrative Staff A stated the business manager would obtain criminal background/record checks on all employees prior to the employee working at the facility. Administrative Staff A verified she could not find a criminal record check for Maintenance Staff U and the business office manager who was at the facility when he was initially hired no longer worked at the facility. Administrative Staff A verified Maintenance Staff U would be placed on suspension and not work in the building until they obtained a criminal background check.</p> <p>The facility's Background Screening Investigation dated March 2019 documented the facility conducts employment background screening checks, reference checks, and criminal conviction investigation checks on all applicants for positions with direct access to residents(direct access employees). For purposes of the policy direct access employee means any individual who has access to a resident of a long-term care facility or provider through employment or through a contact and has duties that involve (or may involve) one-on-one contact with a resident of the facility or provider, as determined by the state for purposes of the national background check program. The director of personnel, conducts background checks, reference checks, and criminal conviction checks on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement and completed prior to employment. Should the background investigation disclose any misrepresentation on the application form or information indicating that the individual has been convicted of abuse, neglect, mistreatment of individuals, and/or misappropriation of property, the applicant is not employed or contracted.</p> <p>The facility failed to conduct a criminal background check as required for Maintenance Staff U prior to employment at the facility. The employee was allowed access to residents without knowing if they had been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law. This deficient practice placed the affected residents at risk for abuse, neglect, misappropriation, or mistreatment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27168</p> <p>The facility had a census of 37 residents. The sample included 12 residents with two reviewed for accidents. Based on observation, interview, and record review the facility failed to thoroughly investigate the causative factor to prevent further falls for Resident (R)1 after she slid out of her wheelchair. This deficient practice placed R1 at risk for injuries related to falls. The facility failed to promote an environment free of hazards for Resident (R) 6 who smoked cigarettes but lacked a smoking assessment since admission to the facility. This placed the resident at risk for avoidable injuries and fire-related hazards</p> <p>Findings included:</p> <p>- R1's Electronic Medical Record (EMR) documented diagnoses of intellectual disabilities (IDD - a significantly below-average score on a test of mental ability or intelligence and limitations in the ability to function in areas of daily life), epilepsy (brain disorder characterized by repeated seizures), anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), and restless leg syndrome (is a condition that causes a very strong urge to move legs).</p> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of nine which indicated moderately impaired cognition. The MDS documented R1 required supervision for eating and extensive staff assistance for bed mobility, transfers, toileting, and dressing; R1 did not walk. The MDS documented R1 used a wheelchair and received opioid (class of drug used to reduce moderate to severe pain) medications seven days of the look-back period.</p> <p>The Fall Care Area Assessment (CAA), dated 02/27/25, documented R1 was at risk for falls due to diagnoses, behaviors, and weakness.</p> <p>The Fall Care Plan, dated 02/27/25, documented R1 had safety needs due to weakness, was at risk for falls, and stated staff would perform hourly checks in order to ensure the resident's safety. The care plan documented the resident would be laid down as soon as possible following long periods of time being up due to weakness. The care plan documented the resident had a self-care deficit, required assistance with activities of daily living, and had limited range of motion in her shoulders and knees that placed her at risk for injury. The care plan documented R1 was nonambulatory, transferred with a sling lift with two staff, and utilized a Panacea tilt chair (a mobile, pressure redistributing chair that can tilt and recline) for positioning and safety.</p> <p>The Fall Progress Note dated 11/14/24 at 11:11 PM, documented the resident was in a wheelchair and a Certified Nurse Aide and a Certified Medication Aide found the resident face down on the floor with the wheelchair beside her. The notes documented the resident denied hitting her head and denied pain. The facility implemented neurological checks every 15 minutes for the first hour per physician assistant order. The nurse completed a head-to-toe assessment and the resident had full range of motion to all four extremities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Nurse's Note, dated 11/15/24 at 01:01 PM, documented R1 had an unwitnessed fall on 11/14/24 at 09:55 PM in her room. The nurse's notes documented the resident fell out of her wheelchair, with no injuries noted, vital signs were obtained, and the resident denied pain with no injuries noted.</p> <p>The Risk Investigation, dated 11/14/24, documented the nurse was called to R1's room after staff reported the resident was on the floor. Upon entering the resident's room, the nurse noted the resident was being assisted by staff to her bed, and a registered nurse was present with the transfer. The nurse documented the resident had been in the emergency room earlier and upon return ate a late supper staff then pushed the resident to her room in a transport manual wheelchair. The investigation report documented when staff returned to R1's room she had slid from the wheelchair to the floor. The staff documented new interventions for the staff to return the resident to her Panacea wheelchair after transport in a regular wheelchair. The investigation documented no injuries noted at the time of the accident.</p> <p>On 03/05/25 at 07:15 AM, R1 sat in her Panacea wheelchair in her room with a call light on the left side of the wheelchair.</p> <p>On 03/03/25 at 04:20 PM, Administrative Nurse E stated R1 went to the emergency room and upon return, at approximately 09:00 PM, ate a late supper. Staff then pushed R1 into her room and she was still in the manual transport wheelchair. Administrative Nurse E was unable to provide a timeline of how long the resident was in her room until staff summonsed the nurse the resident had slid out of her wheelchair. Administrative Nurse E stated the facility had done an investigation and remembers interviewing staff but was unable to provide written documentation of the witness interviews and documentation of the investigation and verify no abuse was suspected.</p> <p>On 03/05/25 at 09:20 AM, Administrative Staff A stated she had located a Risk Evaluation on the resident's 11/14/24 fall, but lacked a witness statement. Administrative Staff A stated she remembered interviewing staff, but failed to get written witness statements documentation and failed to view the camera footage to see if anyone walked in the room when the resident had the fall.</p> <p>The facility's Falls-Clinical Protocol policy, dated March 2018, documented the facility would help identify individuals with a history of falls and risk factors for falling. The staff and the practitioner would review each resident's risk factor for falling and document it in the medical record. The physician would identify medical conditions affecting fall risk and the risk for significant complications after a fall. The staff would evaluate, and document falls that occur while the individual is in the facility, for example, when and where they happen, and observations of the event. Falls should be identified as witnessed or unwitnessed events. After a resident has fallen the staff and practitioner would begin to try and identify possible causes within the first 24 hours. If the cause of the fall is unclear, or if any fall may have a significant medical cause such as a stroke or an adverse drug reaction, or if the individual continues to fall despite attempted interventions, a physician would review the situation and help further identify the cause and contributing factors. The staff and the physician would continue to collect and evaluate information until either the cause of the fall is identified, or it is determined that the cause is not found. As needed, and after an appropriate through review, the physician would document any uncorrectable risk factors and underlying causes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to provide information and investigations that addressed the causative factor to prevent further falls for R1 after she slid out of a manual transport wheelchair. This deficient practice placed R1 at risk for injuries related to falls.</p> <p>- R6's Electronic Medical Record (EMR) recorded diagnoses include 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), hemiplegia (paralysis of one side of the body), hemiparesis (muscular weakness of one half of the body), nicotine dependence (a chronic characterized by a compulsive craving for nicotine), and generalized muscle weakness.</p> <p>R6's Quarterly Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS documented R6 required staff assistance with activities of daily living (ADL), lower extremities had impairment on both sides, and used a wheelchair for mobility.</p> <p>R6's Activities of Daily Living Care Area Assessment (CAA), dated 04/21/24, documented the resident had a stroke affecting his right side, had difficulty walking, unsteadiness on feet, and was nicotine-dependent on cigarettes. The CAA documented R6 had functional limitations to the right upper and lower extremity (right dominant side) with contracture to his right hand. The CAA documented R6 required staff assistance with dressing, hygiene, and transfers.</p> <p>R6's Care Plan, dated 12/31/24, documented the resident had contractures of the right hand, staff would provide skin care to keep the skin clean, and prevent skin breakdown. The care plan documented R6 was nonambulatory and utilized a wheelchair for mobility and was independent with an electric scooter.</p> <p>R6's Care Plan for smoking, dated 03/03/24 recorded R6 was independent with tobacco products and would sign himself out of the building, off the property through the back door, and smoke five times a day. The care plan documented the resident's cigarettes we kept at the nurse's station.</p> <p>R6's Smoking Safety Evaluation, dated 03/03/25, documented the resident did not have any cognitive loss, no loss or limitation with a range of motion in arms or hands. The assessment documented the resident was able to light a cigarette, hold a cigarette, extinguish a cigarette, and able to use an ashtray safely.</p> <p>On 03/03/25 at 12:30 PM, R6 exited the dining room dressed in street clothes, a jacket, and a ball cap on an electric scooter. At 12:45 PM staff stated R6 exited the building through the North patio doors to the driveway to go smoke.</p> <p>On 03/03/25 at 02:20 PM, Administrative Nurse E verified that R6 was admitted to the facility in April 2024 and the last Director of Nursing allowed the resident to go outside and smoke. Administrative Nurse E verified the facility was a smoke-free facility and the resident had to go off the premises to smoke. Administrative Nurse E stated R6 would go smoke behind the facility where a shed was located or next door at the city park. Administrative Nurse E verified the resident did not have a smoking assessment completed until the first day of the survey 03/03/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Employee and Tenant Smoking policy dated October 2022, documented that smoking by residents is prohibited throughout the Park Lane Nursing Home and on Park Lane Nursing Home grounds for all current and future residents. All vehicles used in connection with Park Lane Nursing Home are also smoke-free. Smoking materials, cigarettes, matches, lighters, or any other incendiary devices may not be kept in the resident's room or nursing home commons area. Employees and tenants of the facility who choose to smoke or use tobacco must smoke only in the areas outside where smoking or tobacco is permitted. The permitted area for the employees is located on the North end of the building underneath the carport. Failure to comply with the Smoking Policy will result in revocation of smoking privileges.</p> <p>The facility failed to assess and promote a safe environment for R6 and all the residents residing in the facility. The deficient practice placed the residents at risk for smoke or fire.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26768</p> <p>The facility had a census of 37 residents. The sample included 12 residents, with five reviewed for unnecessary medication. Based on observation, interview, and record review, the facility's consultant Pharmacist failed to obtain an approved indication for use for Seroquel (antipsychotic -class of medications used to treat psychosis and other mental-emotional conditions) for Residents (R) 23, R24, and Zyprexa (antipsychotic) for R15 This deficient practice placed the three residents at risk to receive unnecessary antipsychotic drugs.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R24's Electronic Medical Record included diagnoses of insomnia (inability to sleep), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), restlessness, agitation (feeling of aggravation or restlessness brought on by a provocation or a medical condition), generalized anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) disorder, dementia (a progressive mental disorder characterized by failing memory, confusion), fibromyalgia (condition of musculoskeletal pain, spasms, stiffness, fatigue, and severe sleep disturbance), and paranoid personality disorder (a mental health condition characterized by a pervasive and unjustified pattern of distrust and suspicion of others).</li> </ul> <p>The Quarterly Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment. The MDS documented R24 was independent with activities of daily living, R24 received antipsychotic and antianxiety (class of medications that calm and relax people) medications.</p> <p>R24's Care Plan, dated 02/19/25, stated R24 had a history of mental health and mood disorders and exhibited signs of frustration, such as being short-tempered with staff and easily agitated with staff questioning which impacts the ability to ascertain accurate assessment details. R24 had a history of impulsive behavior and poor decision-making related to her health needs as she was failing to take her prescribed medications to help stabilize her moods and improve her mental health state. The care plan directed staff to distract R24 from wandering by offering pleasant diversions, structured activities, food, conversation, television, and books. The care plan stated R24 preferred to walk around or do word search puzzles. The care plan directed staff to cue, reorient, and supervise R24 as needed, initiated 07/03/2023. The care plan stated R24 understood consistent, simple, and directive sentences and staff were to provide her with necessary cues, stop and return if agitated, initiated 06/12/2024. The care plan directed staff to administer psychotropic medications as ordered by the physician and to monitor for side effects and effectiveness every shift, initiated 07/03/2023. The care plan stated R24 used antipsychotic medications related to depression and anxiety and directed staff to consult with the pharmacy and her physician to consider dosage reduction when clinically appropriate at least quarterly, initiated 06/12/2024.</p> <p>The Physician Order, dated 06/20/23, directed staff to administer Seroquel 300 milligrams (mg) at bedtime, for depression.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The monthly Pharmacist Consultant reviews from 2024 and 2025 did not request an approved diagnosis or indication for the use of the antipsychotic Seroquel for R24.</p> <p>On 03/03/25 at 09:45 AM, R24 laid in bed, call light in reach. R24 stated she did not want to be bothered and did not want to talk later either.</p> <p>On 03/04/25 at 08:41 AM, Certified Medication Aide (CMA) R administered medication to R24 who was in bed. R24 took the pills whole without problems and requested an as needed Tylenol for pain rated at 7-8 in her left shoulder area. CMA R administered a Tylenol 500 mg and R24 was polite to the CMA.</p> <p>On 03/04/25 at 08:41 AM, CMA R stated the resident had never become upset or yelled at her. She was usually polite.</p> <p>On 03/05/25 at 08:50 AM, Administrative Nurse E verified depression was not an approved diagnosis for Seroquel and the consultant pharmacist had not requested an approved diagnosis for the use of Seroquel either.</p> <p>The facility's Pharmacy Services-Role of the Consultant Pharmacist policy, dated April 2019, stated the consultant pharmacist would provide consultation on all aspects of pharmacy services in the facility and collaborate with the facility and medical director with written or electronic reports and recommendations related to all aspects of medication and pharmaceutical services review. The consultant pharmacist may help to develop procedures or guidance regarding when to contact a prescriber about a medication issue.</p> <p>The facility's pharmacist consultant failed to obtain an approved indication or thorough rationale from the physician of why the antipsychotic Seroquel was necessary to treat R24, placing her at risk of receiving an unnecessary antipsychotic drug.</p> <p>- R23's Electronic Medical Record included diagnoses of viral encephalitis (inflammatory condition of the brain), major depressive disorder (major mood disorder which causes persistent feelings of sadness), insomnia (inability to sleep), and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder.</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 11 indicating moderate cognitive impairment. The MDS documented R23 was independent or required supervision for all activities of daily living. The MDS documented R23 received antipsychotic (a class of medications used to treat major mental conditions which cause a break from reality) and antidepressant (a class of medications used to treat mood disorders) medication.</p> <p>The Behavior Care Area Assessment (CAA), dated 01/24/25, stated R23 had an episode of scratching staff and cursing them. The CAA stated R23 had ineffective coping as evidenced by verbal outbursts with anger or frustration and attention-seeking behaviors. He received Seroquel (an antipsychotic - a class of medications used to treat major mental conditions which cause a break from reality) for nicotine dependence (a compulsive need for nicotine), and the antidepressant Trazodone for restlessness and agitation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan, dated 01/29/25, documented R23 exhibited behavioral problems secondary to a history of encephalopathy and ineffective coping as evidenced by verbal outbursts with anger or frustration and attention-seeking behaviors. R23 was known to make inappropriate comments and jokes aimed at provoking reactions from others such as staff, friends, and family. These behaviors have been observed consistently during interactions. The care plan directed staff to assist R23 to develop more appropriate methods of coping and interacting such as exercising and walking when he is frustrated. The care plan directed staff to remind R23 to talk in a normal voice range and remind him that there are others in the facility who become scared when they hear people yelling. When he became upset direct him to a private room and shut the door to converse with him about the reason he was upset, initiated 09/09/2024.</p> <p>The Physician Order, dated 11/07/24, directed staff to administer Seroquel, 25 milligrams (mg), twice daily, for restlessness and agitation.</p> <p>The Consultant Pharmacist Review on 02/05/25 (three months after the order) requested an approved diagnosis for the use of the antipsychotic Seroquel.</p> <p>On 03/03/25 at 11:24 AM, R23 was sitting in his recliner in his room. When the surveyor knocked on his door and spoke to him, R23 got up and walked to the doorway without his walker. R23 seemed confused and did not answer any questions. He looked out in the hall, mumbled something about staff, then got his walker and walked to the dining room.</p> <p>On 03/05/25 at 08:50 AM, Administrative Nurse E verified restlessness and agitation was not an approved diagnosis for the use of antipsychotic medications. She verified the consultant pharmacist had not obtained an approved diagnosis for the use of the Seroquel.</p> <p>The facility's Pharmacy Services-Role of the Consultant Pharmacist policy, dated April 2019, stated the consultant pharmacist would provide consultation on all aspects of pharmacy services in the facility and collaborate with the facility and medical director with written or electronic reports and recommendations related to all aspects of medication and pharmaceutical services review. The consultant pharmacist may help to develop procedures or guidance regarding when to contact a prescriber about a medication issue.</p> <p>The facility's pharmacist consultant failed to obtain an approved indication or thorough rationale from the physician of why the antipsychotic Seroquel was necessary to treat R23, placing him at risk of receiving an unnecessary antipsychotic drug.</p> <p>41713</p> <p>- R15's Electronic Medical Record (EMR) recorded diagnoses of dementia (a progressive mental disorder characterized by failing memory and confusion) with mood and behavioral disturbance, Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), major depressive disorder (major mood disorder that causes persistent feelings of sadness), and cellulitis (skin infection caused by bacteria).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R15's Annual Minimum Data Set (MDS) date 07/12/24 documented she was unable to recall the current season, the location of her room, any staff names, or faces, or that she was in a nursing facility. R15 displayed physical behavioral symptoms directed toward others on one to three days during the look-back period. R15 was dependent on staff for all functional abilities and activities of daily living (ADL). R15 took an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) and an antidepressant (a class of medications used to treat mood disorders) on a regular basis.</p> <p>R15's Psychotropic Drug Use Care Area Assessment (CAA) dated 07/21/24 documented she was at risk for adverse effects from Zyprexa (an antipsychotic medication) and citalopram (a medication used to treat depression).</p> <p>R15's Care Plan revised on 7/21/24 documented that she used the psychotic medication Zyprexa related to major depressive disorder. R15's care plan directed staff to administer medications as ordered by the physician. Staff were directed to consult with the pharmacy and physician to consider dosage reduction when clinically appropriate at least quarterly.</p> <p>R15's Order Summary Report documented a physician's order for Zyprexa 2.5 milligram (mg) tablet by mouth at bedtime for psychosis related to major depressive disorder.</p> <p>Review of the consultant pharmacist (CP) monthly regimen review (MRR) form Note to Attending Physician/Prescriber from January 2024 to the present for R15 lacked a recommendation to the physician for a CMS-appropriate indication for use of the antipsychotic medication Zyprexa.</p> <p>The 12/02/24 physician response to the Note to attending Physician/Prescriber dated 11/11/24 recommending a gradual dose reduction (GDR) of R15's Zyprexa. The physician declined the recommendation due to a good response to the medication.</p> <p>On 03/04/25 at 07:30 AM, R15 sat in her wheelchair in the common area of the 200 hall. R15 had a stuffed cat on her lap that she was petting.</p> <p>On 03/05/25 at 10:05 AM, Administrative Nurse E stated the pharmacist had not identified and recommended a CMS-appropriate diagnosis for R15's Zyprexa. Administrative Nurse E stated that the facility had done education with both the pharmacy and the physician about the use of the antipsychotic medication and the importance of an appropriate indication for use or the risk versus benefit of the medication.</p> <p>The Pharmacy Services - Role of the Consultant Pharmacist policy revised on April 2019, documented the CP would provide specific activities related to medication regimen review including a documented review of the medication regimen of each resident at least monthly, or more frequently under certain conditions, based on applicable federal and state guidelines. The CP would provide appropriate communication of information to prescribers and the facility leadership about potential or actual problems related to any aspect of medications and pharmacy services, including medication irregularities, and pertinent resident-specific documentation in the medical record, as indicated.</p> <p>The facility failed to ensure the CP identified and reported R15's Zyprexa failed to have an adequate CMS</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 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>41713</p> <p>The facility identified a census of 37 residents. The sample included 12 residents, with five residents reviewed for immunizations. Based on record review and interview the facility failed to ensure that Resident (R) 8, R5, R19, R23, and R24 were offered and educated regarding the Prevnar 20 (PCV20) pneumococcal (type of bacterial infection) vaccination (a pneumococcal conjugate vaccine that protects against 20 different strains of pneumonia) or assessed and deemed contraindicated as recommended by the Centers for Disease Control and Prevention (CDC). This deficient practice placed these residents at risk of acquiring, transmitting, or experiencing complications from pneumococcal disease.</p> <p>Finding included:</p> <ul style="list-style-type: none"> <li>- Review of R8's Long-Term Care Resident and Staff Annual Vaccination Acknowledgement Consent / Declination Form dated 09/19/24 was signed by R8's power of attorney (POA) declining to be vaccinated for pneumonia a (two-dose series). The form lacked distinction of all the pneumococcal vaccinations offered.</li> </ul> <p>Review of R15's Immunizations tab of the EMR indicated the PCV 20 had been offered to R15 but was refused. The facility was unable to provide documentation that R15 had been offered and declined specifically the PCV 20 vaccination. R15 had received the pneumococcal polysaccharide (PPSV23) on 10/11/08.</p> <p>Review of R19's Immunizations tab of the EMR indicated that he had received the PPSV23 vaccination on 12/06/18 and had received the Prevnar 13 (PCV13) vaccination on 09/14/17. R19's Immunizations tab or Misc. tab lacked documentation that he had been offered nor had he declined the PCV20 vaccination.</p> <p>Review of R23's Immunizations tab of the EMR indicated he had received the PCV 13 vaccination on 09/22/20. R23's Immunizations tab or Misc. tab lacked documentation that he had been offered nor had he declined the PCV20 vaccination.</p> <p>Review of R24's Immunizations tab of the EMR indicated she had received the PCV 13 on 01/31/23. R24's Immunizations tab or Misc. tab lacked documentation that he had been offered nor had declined the PCV20 vaccination.</p> <p>On 03/05/24 at 09:06 AM, Administrative Nurse E stated the PCV 20 she assumed was being offered to the residents. Administrative Nurse E stated the resident immunization information was sent to the pharmacy on admission and yearly and had just assumed that the PCV20 was being offered and provided per the CDC guidelines. Administrative Nurse E stated the facility would update the acceptance and declination form to include the different types of pneumococcal vaccinations. Administrative Nurse E stated the facility would talk to the pharmacy to ensure that the PCV 20 was being recommended and received by the residents as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Park Lane Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  210 E Park Lane Scott City, KS 67871	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Pneumococcal Vaccine policy revised on October 2023 documented all residents were offered pneumococcal vaccines to aid in preventing pneumonia or pneumococcal infections. Prior to or upon admission, the resident was assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, was offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident had completed the current recommended vaccine series. Before receiving a pneumococcal vaccine, the resident or legal representative received information and education regarding the benefits and potential side effects of the vaccine. The pneumococcal vaccines were administered to residents per the facility's physician-approved pneumococcal vaccination protocol. Administration of the pneumococcal vaccines was made in accordance with current CDC recommendations at the time of the vaccination.</p> <p>The facility failed to offer PCV20 vaccination as recommended by the CDC to R8, R15, R19, R23, and R24. This placed the facility residents at risk of acquiring, transmitting, or experiencing complications from pneumococcal disease.</p>		