STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49634 The facility reported a census of 66 residents. The sample included 17 residents with three reviewed for accommodation of needs. Based on observations, interviews, and record review, the facility failed to provide wheelchair foot pedals for Resident (R) 40. This deficient practice placed the resident at risk impaired care and decreased quality of life. Findings included: - R40's Electronic Medical Record (EMR) documented diagnoses of hemiplegia (weakness and paralysis on one side of the body), 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), hypertension (high blood pressure), dementia (progressive mental disorder characterized by failing memory, confusion), overactive bladder (urine urgency), and glaucoma (abnormal condition of elevated pressure within an eye caused by obstruction to the outflow). R40's Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of seven which indicated severely impaired cognition. R40 required staff assistance with activities of daily living (ADLs). R40's Functional Care Area Assessment (CAA) completed 01/10/24 indicated she had self-care deficits related to impaired balance due to left-sided weakness and hemiplegia after a recent hospitalization due to a stroke. The CAA indicated she required assistance from staff for her ADLs. R40's Care Plan revised 01/18/24 indicated she was at risk for falls related to impaired balance and her medical diagnoses. The plan indicated she required extensive assistance with ADL tasks due to balance impairments. The plan indicated she used a wheelchair for mobility. The plan instructed staff to assist her with mobility if needed. The plan indicated staff were instructed to provide reminders for R40's feet placement during transfers. On 04/08/24 at 07:34 AM staff propelled R40 to the dining area for breakfast without foot pedals. She was holding her feet up as staff pushed her wheelchair. On 04/08/24 at 12:43 PM staff propelled R40 down the 300 hall to her room without her foot pedals on her wheelchair. The staff member asked R40 to keep her feet up. (continued on next page)

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
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/10/24 at 07:30 AM Licensed Nurse (LN) J stated residents needed foot pedals on wheelchairs if the chair was propelled by staff. On 04/10/24 at 07:45 AM Certified Nurse's Aide (CNA) M stated all wheelchairs should have foot pedals. CNA M stated nursing provide the foot pedals on the resident's wheelchair when the chair is propelled by the staff. On 04/10/24 at 11:30 AM Administrative Nurse D stated all residents should have foot pedals on their chairs when being pushed by a staff member. The facility's Accommodation of Needs policy approved 10/01/23 documented each elder has a right to reside and receive services at this facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the elder or other elders would be endangered. Interior spaces accommodate the use of equipment and assistive devices necessary to maximize each eider's functionality of activities of daily living. The facility failed to provide wheelchair foot pedals for R40. This deficient practice placed R40 at risk of impaired care and safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 45668 The facility identified a census of 66 residents. The sample included 17 with five reviewed for pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). Based on interviews, observations, and record reviews, the facility failed to ensure Resident (R)11's pressure-reducing interventions were implemented correctly when her low air-loss mattress pump was not set to the appropriate weight setting. This deficient practice placed the resident at risk for complications related to skin breakdown and pressure ulcers. Findings Included: - The Medical Diagnosis section within R11's Electronic Medical Records (EMR) included diagnoses of chronic obstructive pulmonary disorder (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), dementia (a progressive mental disorder characterized by failing memory, confusion), dysphagia (difficulty swallowing), repeated falls, and a pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). R11's Significant Change Minimum Data Set (MDS) completed 02/12/24 noted a Brief Interview for Mental Status (BIMS) score of zero indicating severe cognitive impairment. The MDS indicated she had no functional impairments to her upper and lower extremities. The MDS indicated she was dependent on staff for bed mobility, transfers, toileting, bathing, and dressing. The MDS indicated she was at risk for pressure ulcers and had an unstageable ulcer (the depth of the wound is unknown due to the wound bed being covered by a thick layer of other tissue and pus). The MDS noted she had pressure-reducing devices for her bed and chair, pressure ulcer care, a repositioning program, and nutrition/hydration interventions to manage her ulcer care. The MDS noted she received hospice care (end-of-life comfort care). R11's Pressure Ulcer Care Area Assessment [CAA] completed 02/16/24 indicated she was at risk for skin breakdown and pressure related injuries. The CAA indicated staff were to turn and reposition her every two to three hours. The CAA noted she had a low air-loss mattress (LAL- air mattress designed to alternate air between surfaces of the body and prevent pressure related injuries) and pressure relieving cushion for her wheelchair. The CAA indicated she had a Braden (a scale used to assess the risk of developing pressure ulcers) score of 11 indicating a moderate risk. R11's Care Plan initiated 02/25/22 indicated she was at risk for impaired skin integrity related to her medical diagnoses. The plan indicated she had an existing pressure injury on her sacrum (triangular bone/area between the two hip bones). The plan instructed staff to ensure adequate nutrition. The plan noted she was on enhanced barrier precautions due to her existing wound. The plan indicated she had a pressure-reducing low air-loss mattress for the prevention of further wounds (02/16/24). The care plan lacked instruction of related to the monitoring and settings for the LAL mattress pump. R11's EMR under Physician's Orders noted an order for a low air-loss mattress related to her impaired skin integrity starting 01/30/24. The order lacked instructions related to monitoring and settings for the mattress pump. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of EMR indicated no documented LAL mattress checks, preferences, or notes indicating R11 preferred her bed firmer. R11's EMR indicated she weighed 111.4 lbs. on 04/01/24. The Operator's Manual Drive 14026 documented the mattress was indicated for the prevention and treatment of any and all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. The Operating Instructions, step six, directed to determine the patient's weight and set the control knob to that weight setting on the control unit. On 04/08/24 at 07:10 AM R11 rested in her bed. Her bed was in a low position. R11's low air-loss mattress was set between 200 pounds (lbs.) to 210 lbs. On 04/09/24 at 07:08 AM R11 slept in her bed. R11's bed was left in the high position with the head of her bed inclined upward. Her low air-loss mattress pump was set at 180 lbs. At 07:22 AM staff entered her room and lowered the bed to the lowest position. The mattress pump remained set at 180 lbs. On 04/10/24 at 08:21 AM R11 slept in her bed. Her low air-loss mattress pump was set between 180 (lbs.). On 04/10/24 at 08:21 AM Licensed Nurse (LN) J stated the beds were set to the resident's weight. She stated she was not sure if the care plan covered instructions for the low air loss mattress setting. She stated nurses should be checking the bed and equipment each shift. On 04/10/24 at 08:26 AM Administrative Nurse D stated the LAL mattress were set by weight. She stated R11's Care Plan addressed the low air-loss mattress but not the setting instructions. She stated she expected staff to check the setting of the bed each shift. Administrative Nurse D stated the bed can be set up to 50 lbs. above the resident's actual weight. The facility's Low air loss mattress Policy approved 12/29/24 [sic] documented Low air loss mattresses will be used when appropriate for maintenance, and management. The patient would need to benefit from a low air loss mattress, after assessing and monitoring patients' skin integrity, guidelines for mattress setup and adjustments, protocols for cleaning and disinfecting the mattress, and instructions for staff training on proper usage. This mattress will aim to ensure the safe and effective implementation of low air loss mattresses to promote patient comfort and prevent pressure ulcers. Low air loss mattress should be adjusted no less than 50 pounds above the patients weight or to the patients preference or comfort level. The facility failed to ensure R11's pressure-reducing interventions were implemented correctly when her low air-loss mattress was set for an inaccurate weight. This deficient practice placed the resident at risk for complications related to skin breakdown and pressure ulcers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 45668 The facility had a census of 66 residents. The sample included 17 residents with two reviewed for accidents. Based on observation, record review and interview, the facility failed to secure pressurized oxygen cylinders in a safe, locked location and out of reach of the six cognitively impaired independently mobile residents. The facility additionally failed to maintain Resident (R)11's bed at a safe height while she was unsupervised in her room. These deficient practices placed the residents at risk for preventable accidents and injuries. Findings Included: - On 04/08/24 at 07:03 AM a walkthrough of the facility was completed. Upon inspection of the facility's Clean Room in between the 100 and 200 hallways, the entry door was propped open. The room contained 37 pressurized oxygen cylinders placed in racks marked full. At 07:07 AM, Licensed Nurses (LN) I closed the door upon request. She stated the door should have been closed and should always be locked. On 04/10/24 at 11:39AM Administrative Nurse D stated the oxygen storage room should be locked and secured. She stated she expected staff to ensure the door was closed and locked after exiting the room. The facility's Oxygen Storage policy revised 12/2024 indicated oxygen cylinder tanks must be stored in a secured room with proper ventilation. The policy stated oxygen cylinders will not be left unsupervised in open rooms, hallways, corridors, or stairways. The facility failed to secure 37 pressurized oxygen cylinders in a safe, locked area, and out of reach of the six cognitively impaired independently mobile residents. This deficient practice placed the residents at risk for preventable accidents and injuries. - The Medical Diagnosis section within R11's Electronic Medical Records (EMR) included diagnoses of chronic obstructive pulmonary disorder (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), dementia (progressive mental disorder characterized by failing memory, confusion), dysphagia (difficulty swallowing), repeated falls, and a pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). R11's Significant Change Minimum Data Set (MDS) completed 02/12/24 noted a Brief Interview for Mental Status (BIMS) zero indicating severe cognitive impairment. The MDS indicated she had no functional impairments to her upper and lower extremities. The MDS indicated she was dependent on staff for bed mobility, transfers, toileting, bathing, and dressing. The MDS indicated no falls since her admission. The MDS noted she received hospice care (end of life comfort care). R11's Dementia Care Area Assessment (CAA) completed 02/16/24 indicated she had severe cognitive impairment with short and long-term memory loss. The CAA noted she had impaired decision-making abilities. The CAA instructed staff to anticipate her needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R11's Communication CAA completed 02/16/24 indicated she had severely impaired decision-making abilities. The CAA noted she could only answer yes and no to make her needs and wants known. The CAA indicated she started hospice services on 02/13/24. R11's Care Plan initiated 02/15/22 indicated she was at risk for falls related to weakness, unsteadiness, and her medical diagnoses. The plan instructed staff to ensure her call light remained within reach while unsupervised in her room, ensure the use of non-skid footwear during ambulation and transfers, encourage her to participate in exercise, physical activity for improved mobility. The plan indicated grab assist bars were installed to promote independence and stability with transfers (02/15/22). R11's plan was updated on 10/03/23 indicating she was dependent on two staff for bed mobility using her bed's grab bars. A review of R11's EMR under Progress Notes indicated her last fall was on 06/21/23. The note indicated she was found on the floor by staff next to her wheelchair. The noted indicated she was attempting to reach for her television remote that fell next to her feet. R11's Fall Risk assessment indicated she was a moderate fall risk on 02/12/24. On 04/09/24 at 07:08AM R11 slept in her bed. R11's bed was left in the high position with the back of her bed inclined upward. Her low air-loss mattress pump was set between 180 and 200 pounds (lbs.). At 07:22 staff entered her room and lowered the bed to the lowest position. On 04/10/24 at 08:00AM Certified Nurse Aid (CNA) M stated beds should never be left in the high position for residents with severe cognitive impairment. She stated staff should check the resident's positioning and beds during each encounter for safety. On 04/10/24 at 08:12AM Licensed Nurse (LN) J stated staff were expected to check R11's bed during each round or interaction. She stated the beds should be left in the low position when unsupervised. On 04/10/24 at 11:21AM Administrative Nurse D stated R11's bed should never be left in the high position while she was unsupervised or alone. She stated staff should lower the bed after performing cares or leaving the room. The facility's provided Fall revised 03/2024 indicated the facility will assess each resident for risk factors related to falls and identify interventions to prevent accidents and injuries. The policy indicated the facility elderly/frail residents were at greater risk for falls and injuries. The policy indicated the residents will be screened for risks related to physical, environmental, and medications to avoid preventable accidents and injuries. The facility failed to ensure R11's bed was maintained at a safe height while unsupervised in her room. This deficient practice placed R11 at risk for preventable falls and injuries.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 66 residents. The sample included 17 residents with four residents reviewed for respiratory care. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 35's continuous positive airway pressure (CPAP- ventilation device that blows a gentle stream of air into the nose to keep the airway open during sleep) and oxygen tubing was stored in a sanitary manner to decrease exposure and contamination. This deficient practice placed R35 at increased risk of developing respiratory infection and complications. Findings included: - R35's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of obstructive sleep apnea (a disorder of sleep characterized by periods without respirations), respiratory failure with hypoxemia (abnormal deficiency in the concentration of oxygen in arterial blood), and hypertension (HTN-elevated blood pressure). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of six which indicated severely impaired cognition. The MDS documented R35 received oxygen therapy and a non-invasive mechanical ventilator during the observation period. The MDS documented R35 received a diuretic (medication to promote the formation and excretion of urine) during the observation period. R35's Cognitive Loss/Dementia Care Area Assessment (CAA) dated 03/29/24 documented R35 suffered from chronic confusion. R35's Care Plan dated 01/07/24 documented that staff would apply R35's CPAP mask at 09:00 PM every night. The care plan lacked direction to staff on cleaning and storing the CPAP mask. R35's EMR under the Orders tab revealed the following physician orders: CPAP mask every night at 09:00 PM, with setting 16 centimeters (cm) at bedtime dated 04/13/23. Oxygen therapy at two liters (L) per nasal cannula at bedtime for hypoxia dated 05/10/23. On 04/08/24 at 11:47 AM R35 sat reclined in his Broda chair (specialized wheelchair with the ability to tilt and recline) near the foot of his bed. R35's CPAP mask lay directly on the bedside table next to the head of the bed. Undated and unbagged oxygen tubing lay directly on the floor in front of the oxygen concentrator. On 04/10/24 at 09:40 AM, Certified Nurse Aide (CNA) M stated oxygen nasal cannulas and CPAP masks should always be stored in a plastic bag when not in use. On 04/10/24 at 09:48 AM, Licensed Nurse (LN) K stated oxygen nasal cannulas and CPAP masks should always be stored in a plastic bag when not in use. LN K stated the oxygen tubing should never be placed on the floor and if it touches the floor, it should be replaced. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/10/24 at 11:19 AM, Administrative Nurse D stated she expected the staff to follow the facility policy related to respiratory care for the storage of oxygen tubing and CPAP masks. Administrative Nurse D stated the oxygen tubing was to be changed weekly, dated, and placed in a plastic bag when not in use. The facility's CPAP/Bi-Level Respiratory Care dated 12/24/24 documented obstructive sleep apnea is a sleep disorder that occurs when the airway is obstructed or blocked and as a result, no air moves into or out of the lungs. The obstruction may be due to a variety of factors including loss of muscle control over the tongue which may cause the tongue to fall back against the airway and/or the collapse of the soft palate over the airway. Any/all use of CPAP or Bi-Level respiratory care procedures requires specific physician orders and the ordered level of air pressure to keep the airway open during sleep may not be changed without consulting the ordering physician with resultant change in settings orders. The facility failed to ensure R35's CPAP mask and oxygen tubing were stored in a sanitary manner to decrease exposure and contamination. This deficient practice placed R35, at increased risk of developing respiratory infection and related complications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 41037 The facility identified a census of 66 residents. Based on observation, record review, and interviews, the facility failed to ensure the posted nursing hours included the required information and were posted in a prominent, readily accessible location for residents or visitors. Findings included: - Review of 18 months of posted nurse staffing information provided by the facility lacked evidence of the daily census on the posted staff sheet. On 04/19/24 at 10:30 AM Administrative Staff A stated the posted nursing staff information was posted on the wall outside the assistant director of nursing's office under the folder. Administrative Staff A confirmed the posted staffing was covered and stated all visitors and residents would need to do was flip the folder up to see the information. The facility was unable to provide a policy related to posted nursing information. The facility failed to include required posted nursing staffing information that included the daily census and failed to post that information in a readily accessible location for all residents and visitors to review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 66 residents. The sample included 17 residents with five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed to administer as needed diuretic (medication to promote the formation and excretion of urine) as ordered for Resident (R) 35. The facility also failed to follow a physician's order for monitoring R40's metoprolol (beta-blocker used to lower blood pressure or pulse). This deficient practice had the potential of unnecessary medication side effects or ineffective therapeutic regimen. Findings included: - R35's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of obstructive sleep apnea (a disorder of sleep characterized by periods without respirations), respiratory failure with hypoxemia (abnormal deficiency in the concentration of oxygen in arterial blood), and hypertension (HTN-elevated blood pressure). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of six which indicated severely impaired cognition. The MDS documented R35 received oxygen therapy and a non-invasive mechanical ventilator during the observation period. The MDS documented R35 received a diuretic during the observation period. R35's Dehydration Care Area Assessment (CAA) dated 03/29/24 documented R35 experienced constipation related to decreased mobility. R35's Care Plan dated 02/11/24 documented staff would administer medications as ordered. The plan of care also documented staff would ask the physician to review medication for possible dose reduction every three months. The plan of care directed staff to monitor the dose which may require a modification to achieve the desired effects to minimize the adverse consequences, especially when multiple antihypertensives medication are prescribed simultaneously. R35's EMR under the Orders tab revealed the following physician orders: Bumetanide oral tablet (diuretic medication) 1mg give one tablet by mouth in the morning for edema 04/13/23. Metolazone oral tablet (diuretic medication) 2.5mg give 1 tablet by mouth every 24 hours as needed for weight gain equal to or greater than (>) two pounds (lbs.) dated 02/09/24. Obtain weight prior to breakfast on Monday, Wednesday, and Friday, see as needed metolazone order if weight gain of two lbs. dated 03/01/24. A review of R35's EMR under the Medication Administration Record (MAR) and Treatment Administration Record (TAR) from 02/09/24 to 04/09/24 lacked evidence the as-needed metolazone was administered as ordered by the physician on the following dates when R35's weight indicated administration: 02/12/24, 022/16/24, 02/21/24, 02/26/24, and 04/01/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/08/24 at 11:47 AM R35 sat reclined in his Broda chair (specialized wheelchair with the ability to tilt and recline) near the foot of his bed. R35's CPAP mask lay directly on the bedside table next to the head of the bed. Undated and unbagged oxygen tubing laid directly on the floor in front of the oxygen concentrator. On 04/10/24 at 11:19 AM, Administrative Nurse D stated she expected the staff to follow the physician's orders. Administrative Nurse D stated she expected the nurses to administer any as-needed diuretic medications if there was a two-pound weight gain for R35. The facility's Physician Orders for Medications and Treatments policy dated 12/01/24 documented all medications would be administered as ordered by a healthcare professional authorized by the state to order medications. All physician orders would be signed and dated, including the facility standing orders. The facility failed to administer R35's as-needed diuretic as ordered. This deficient practice had the potential of unnecessary medication side effects or ineffective therapeutic regimen. 49634 - R40's Electronic Medical Record (EMR) documented diagnoses of hemiplegia (weakness and paralysis on one side of the body), 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), hypertension (high blood pressure), dementia (progressive mental disorder characterized by failing memory, confusion), overactive bladder (urine urgency), and glaucoma (abnormal condition of elevated pressure within an eye caused by obstruction to the outflow). R40's Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of seven which indicated moderately impaired cognition. R40 required staff assistance with activities of daily living (ADLs). R40's Functional Care Area Assessment (CAA) completed 01/10/24 indicated she had self-care deficits related to impaired balance due to left-sided weakness and hemiplegia after a recent hospitalization due to a stroke. The CAA indicated she required assistance from staff for her ADLs. R40's Care Plan initiated 05/24/22 indicated she received medications with Black Box Warnings (BBW-highest safety-related warning that medications can have assigned by the Food and Drug Administration). The plan indicated she received metoprolol and instructed staff to monitor her pulse (heart rate) and blood pressure. R40's EMR under Physician's Order documented an order for metoprolol 25 milligrams (mg) by mouth daily for hypertension. The order instructed staff to hold the medication if R40's systolic blood pressure (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) was less than (<) 110 millimeters of mercury (mmHg) or pulse (heart rate) < 55 beats per minute (bpm). Review of R40's Medication Administration Report (MAR) and clinical record lacked evidence R40's blood pressure was monitored consistently before the administration of her metoprolol. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/08/24 at 07:26 AM R40 slept in her recliner with her feet extended. On 04/10/24 at 07:30 AM Licensed Nurse (LN) J stated that R40's blood pressure should be monitored and documented before the metoprolol was given. She stated if the medication had parameters, nursing would not be able to document the medication given until a blood pressure was entered on the EMR. On 04/10/24 at 11:19 AM, Administrative Nurse D stated she expected the nursing staff to follow the facility policy, or the physician order related to monitoring blood pressures related to certain medications. The facility's Medication Monitoring policy reviewed 12/29/23 documented residents will be monitored for adverse drug reactions including Black Box Warnings and the resident's physician will be promptly notified if the resident becomes symptomatic. Parameters for recommended monitors will be established per facility protocol with the approval of the Medical Director on the prescribing recommendations, parameters will be maintained in the resident's clinical record per facility protocol. The facility failed to consistently monitor R40s blood pressure as ordered prior to administration of R40's beta-blocker medication. This deficient practice placed R40 at increased risk for unnecessary medication and side effects.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 41037 The facility identified a census of 66 residents. The sample included 17 residents, four medication carts, and four medication rooms. Based on observation, record review, and interviews, the facility failed to properly label and store medications in one of four medication carts and one medication room. This placed the residents at risk for adverse outcomes or ineffective medication regimens. Findings included: - Observation on 04/08/24 at 07:06 AM Licensed Nurse (LN) I walked away from the nurse's station on the 100-hallway and left the medication cart unlocked. LN I returned and secured the cart upon request. On 04/09/24 at 07:16 AM the treatment cart contained: Three opened, undated insulin (a hormone that lowers the level of glucose in the blood) pens. On 04/09/24 at 09:36 AM the 100-hallway medication room contained: Two opened, undated vials of tuberculin vaccine serum. The medication refrigerator temperature log lacked evidence staff measured and documented a temperature for the following dates: 03/01/24, 03/02/24, 03/03/24, 03/07/24, 03/19/24, 03/20/24, 03/24/24, 03/27/24, 03/28/24, 04/02/24, 04/03/24, 04/04/24, 04/05/24, and 04/0624. On 04/09/24 at 07:16 AM, LN G stated all insulin pens should be labeled and dated at the time of opening. LN G stated the insulin pens should be stored in the refrigerator until they are opened. On 04/11/24 at 09:46 AM, LN K stated the medication refrigerator temperature was to be monitored and documented daily. LN K stated tuberculin vaccine serum and insulin pens were supposed to be labeled with the open date when opened. On 04/10/24 at 11:19 AM, Administrative Nurse D stated she expected all insulin pens and tuberculin vaccine serum vials to be labeled and dated when opened. Administrative Nurse D stated she expected the medication refrigerator temperatures to be checked and recorded. The facility's Storage of Medications policy dated April 2007 documented the facility would store all drugs and biologicals in a safe, secure, and orderly manner. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators. carts, and boxes) containing drugs and biologicals would be locked when not in use, and trays or carts used to transport such items would not be left unattended if open or otherwise potentially available to others. Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications must be stored separately from food and must be labeled accordingly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility failed to properly label and store medications which could potentially cause adverse consequences or ineffective treatment to the affected residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49634 The facility identified a census of 66 residents. The facility had two kitchens. Based on observation, record review, and interviews, the facility failed to follow sanitary dietary standards related to food labeling, storage, and preparation. This placed all residents who ate food from the facility at risk for food-borne illness. Findings included: - During the initial tour on 04/08/24 at 07:13 AM, observation revealed the following: Mixed fruit in a white container in the small refrigerator with no label or date. A small steam table pan containing fruit in the refrigerator with no label or date. A large white canister of flour had no label or date. The freezer in the kitchen area contained opened fish, sausage, potatoes, and chicken. The bags were opened to air, and unsealed, with no label or date on the bags. A storage container of mashed potatoes in the small freezer had no lid, label, or date. On 04/08/24 during lunch service, dietary staff carried multiple residents' fruit cups while touching the tops of the opened containers. On 04/09/24 at 11:08 AM, Dietary Staff CC touched the probe of the food thermometer with his bare hands without cleaning the probe before completing temperature checks on the food. On 04/10/24 at 08:30 AM Dietary Staff BB stated foods should be labeled and dated. He stated staff were expected to know how to properly take the temperatures of food items being served. The facility did not provide a policy related to food storage and preparation as requested. The facility failed to follow sanitary dietary standards related to food labeling, storage, and preparation. This placed all residents who ate food from the facility at risk for food-borne illness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 45668 The facility identified a census of 66 residents. The sample included 17 residents with one resident reviewed for hospice services. Based on observation, record review, and interviews, the facility failed to maintain ongoing communication with hospice services related to R11's bi-weekly hospice visits. The facility additionally failed to ensure collaboration between the nursing home and hospice services to identify hospice-supplied services, supplies, medication, and equipment for R11. This deficient practice placed both residents at risk for delayed services and uncommunicated care needs. Findings Included: - The Medical Diagnosis section within R11's Electronic Medical Records (EMR) included diagnoses of chronic obstructive pulmonary disorder (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), dementia (a progressive mental disorder characterized by failing memory, confusion), dysphagia (difficulty swallowing), repeated falls, and a pressure ulcer (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). R11's Significant Change Minimum Data Set (MDS) completed 02/12/24 noted a Brief Interview for Mental Status (BIMS) score of zero indicating severe cognitive impairment. The MDS indicated she had no functional impairments to her upper and lower extremities. The MDS indicated she was dependent on staff for bed mobility, transfers, toileting, bathing, and dressing. The MDS indicated no falls since her admission. The MDS noted she received hospice care (end-of-life comfort care). R11's Dementia Care Area Assessment (CAA) completed 02/16/24 indicated she had severe cognitive impairment with short and long-term memory loss. The CAA noted she had impaired decision-making abilities. The CAA instructed staff to anticipate her needs. R11's Communication CAA completed 02/16/24 indicated she had severely impaired decision-making abilities. The CAA noted she could only answer yes and no to make her needs and wants known. The CAA indicated she started hospice services on 02/13/24. R11's Care Plan initiated on 02/14/24 indicated she was on hospice services. The plan instructed staff to ensure comfort, dignity, and autonomy were maintained at the highest level. The plan instructed staff to keep her environment calm and quiet. The plan instructed staff to assess R11's pain and provide medication as ordered. The plan instructed staff to cooperate with the hospice team to ensure R11's spiritual, emotional, intellectual, physical, and social needs were met. The plan lacked contact information for the designated hospice service including telephone and address. The plan lacked information regarding the services provided by hospice including medications, equipment, and supplies. The plan additionally failed to identify the frequency of visits from the hospice nursing staff. R11's EMR under Miscellaneous revealed her hospice Plan of Care Order which indicated hospice provided two weekly visits from both skilled nursing and hospice aides. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R11's EMR on 04/09/24 lacked the scanned hospice communications showing the bi-weekly visits were being completed and what services were provided at the time of the visits. On 04/08/24 at 07:10 AM R11 rested in her bed. Her bed was in a low position. R11's low air-loss (mattress designed to prevent and treat pressure wounds) mattress was set to 200 pounds. On 04/10/24 at 08:23 AM Licensed Nurse (LN) J stated she was not sure where the hospice documentation for R11 was located. She stated the documentation was not at the desk or in the nursing office. She stated the hospice contact information and the information regarding what was provided by hospice were not in the care plan. She stated she was not sure what services, medication, and equipment were provided by hospice. She stated hospice comes weekly but she was not sure if communication sheets were filled out. She stated hospice would just tell the nurse the orders. On 04/10/24 at 08:35 AM Administrative Nurse D stated R11 did not have a hospice book or other communication tool. She stated the facility stopped using communication books. She stated the communication forms were scanned in under miscellaneous in the EMR. She stated the facility did not put the hospice-provided medications, equipment, and staffing in the care plan. She stated staff could look in the EMR for the hospice-provided Plan of Care. On 04/10/24 at 12:01 AM Administrative Staff E stated R11's hospice documentation was delivered to the building the morning of 04/10/24 for review after it was requested for the survey. The facility's End of Life, Palliative and Hospice Care policy revised and approved 12/03/23 indicated the facility would collaborate with hospice services to provide the appropriate treatment, symptom management, prevention of complications, and meet the resident's preferences. The policy indicated the facility would collaborate with hospice to implement a comprehensive plan of care reviewed by the interdisciplinary team. The facility failed to maintain ongoing communication with hospice services related to R11's bi-weekly hospice visits. The facility additionally failed to ensure collaboration between the nursing home and hospice services to identify hospice-supplied services, supplies, medication, and equipment for R11. This deficient practice placed both residents at risk for delayed services and uncommunicated care needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49634 The facility identified a census of 66 residents. Based on observation, record review, and interviews, the facility failed to a functional and fully operational call light system for each resident. This deficient practice placed the residents at risk for delayed care and decreased psychosocial well-being. Findings Included: - On [DATE] at 08:59 AM Resident (R)212 sat in her room for breakfast. She stated her call light had not worked since she was admitted on [DATE]. She stated nursing instructed her to yell out for help if she needed anything. She stated she did not receive a bell and was unsure if staff completed frequent checks on her. She stated she was afraid of falling with no way to alert anyone to come help her. On [DATE] at 09:05 AM a call light inspection and test revealed R212's call light did not work upon pushing the button. Certified Nurse Aide (CNA) N confirmed the call button was not functioning in R212's room. On [DATE] at 03:55 PM, R6 reported she felt her call light did not work. An inspection and test of the call light revealed the call button was not functioning. Administrative Nurse F reported the non-functioning call light to maintenance. On [DATE] at 08:48 AM Maintenance Staff U stated the facility had a new call light system and the system is checked every week. Maintenance Staff U stated the facility has a maintenance staff person on call on the weekends to take care of any issues that would come up. He said he was unaware of what the protocol would be if maintenance personnel could not get the call light to work right away. On [DATE] at 07:30 AM Licensed Nurse (LN) J stated if there was a problem with the call lights nursing would call maintenance personnel first. She stated staff would then start 15-minute checks on the resident until the issue was fixed. On [DATE] at 08:05 Certified Medication Aide (CMA) M stated direct care staff would alert maintenance on any call light not functioning. She stated the facility would provide the residents bells to utilize and nursing would complete increased frequency checks on the residents every ten to fifteen minutes. On [DATE] at 11:12 AM Administrative Nurse D stated she was aware the call lights system had some issues due to it being a new system. She stated staff were expected to notify the on-call supervisor and maintenance for any outages. She stated direct care staff were to increase the frequency of checks to ensure resident safety. She stated the facility was ordering call bells just in case. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175527	A. Building B. Wing	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regent Park Rehabilitation and Healthcare	10604 East 13th Street Wichita, KS 67206

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Call Light policy dated [DATE] documented the electronic call system throughout the facility will be operational so that residents may summon and receive assistance when needed. The facility provides a system that each resident may call for staff assistance from each resident's bedside and the resident's toilet and bathing room through a call light communication system that relays the call directly to a staff or a centralized staff work area. If a malfunctioning call light occurs which cannot be immediately remedied , the nursing staff will initiate 15-minute resident checks. The facility failed to ensure two of the four hallways had operational call lights for each resident to call for assistance. This deficient practice placed the residents at risk for delayed care and decreased psychosocial well-being.