

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Caritas Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 S Sheriden St Wichita, KS 67213	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>28560</p> <p>The facility reported a census of 18 residents with six selected for review for unnecessary medications. Based on observation, interview and record review, the facility failed to ensure staff administered an accurate dose of a topical (the surface area) pain medication for one Resident (R)8, of the six residents reviewed.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)8's electronic medical record, revealed diagnoses that included osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain) of both knees and after care of bilateral knee joint replacement.</li> </ul> <p>On 02/13/24, the physician instructed staff to administer Voltaren (a nonsteroidal anti-inflammatory medication) external gel 1% (percent) apply four grams (gm) to bilateral knees topically (on the skin) three times a day for pain.</p> <p>Observation, on 04/23/24 at 01:04 PM, revealed Certified Medication Aide (CMA) R prepared to administer diclofenac 1% gel to R8. CMA R placed a quarter size dollop of the medication in the palms of her gloved hands and proceeded to rub the medication onto R8's knees.</p> <p>Interview, on 04/23/24 at 01:15 PM, with CMA R, revealed she did not know that the medication came with a dosing card (measuring device) to accurately measure two to four grams of the medication. CMA R looked for the dosing card which she found in the box attached to the interior of the box.</p> <p>Interview, on 04/23/24 at 04:00 PM, with Administrative Nurse D, revealed she would educate staff on the use of the dosing card to provide accurate medication administration to ensure the full effectiveness of the medication as ordered by the physician.</p> <p>The facility policy Medication Orders implemented 03/18/21, instructed staff to administer medications by following the prescribed dosage/strength of the medication.</p> <p>The facility failed to ensure R8 received an accurate dose of this pain medication as ordered by the physician to ensure the full effectiveness for pain relief.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28560</p> <p>The facility reported a census of 18 residents with six residents selected for review for unnecessary medications. Based on observation, interview and record review, the facility failed to ensure as needed antianxiety medication did not exceed the 14-day reevaluation limit for one resident (R)18 of the six residents reviewed.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)18's electronic medical record revealed diagnoses that included end stage renal disease, chronic pain, and osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain)</li> </ul> <p>The Admission Minimum Data Set (MDS), dated [DATE], assessed the resident with a Brief Interview for Mental Status (BIMS) score of 15 which indicated normal cognitive status. The resident received antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension) medication.</p> <p>The Psychotropic Drug Use Care Area Assessment (CAA) dated 02/29/24, assessed the resident received lorazepam (an antianxiety medication) which is a high-risk medication and staff to monitor for adverse reactions.</p> <p>The Care Plan, reviewed 03/01/24, instructed staff the resident received lorazepam which had a black box warning (high risk classification from the Food and Drug Administration).</p> <p>On 02/20/24, the physician instructed staff to administer one milligram (mg) of lorazepam, every 24 hours as needed for anxiety, and may take one to two tablets at night and may self-administer.</p> <p>Review of the medical record lacked a physician reevaluation of the use of lorazepam beyond the 14-day limit as required.</p> <p>Interview, on 04/24/24 at 10:00 AM, with Administrative Nurse D, revealed she sent the physician a Medication Regimen Review Communication on 04/15/24 (55 days after the initial 14 days) and evaluated that R18 did not receive any medications that R18 would tolerate a reduction/or discontinuation. The Physician returned the document to the facility on [DATE] and changed the lorazepam to two milligrams every night.</p> <p>The facility policy Medication Regimen Review, dated 03/01/18, instructed staff as needed (prn) psychotropic drugs are limited to 14 days unless the attending physician or prescribing practitioner believes that it is appropriate for the prn order to be extended beyond 14 days then document their rationale in the resident's medical record and indicate the duration for the prn order.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to ensure the physician reevaluated R18's use of prn lorazepam beyond the 14-day reevaluation time frame, to ensure R18 did not receive unnecessary antianxiety medication as required to prevent adverse effects.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34056</p> <p>The facility reported a census of 18 residents. Based on observation, record review, and interview, the facility failed to prepare and serve food under sanitary conditions, to the residents of the facility appropriately to prevent the potential for food borne bacteria.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- During an initial tour of the resident kitchenette, on 04/23/24 at 08:29 AM, the following areas of concern were noted in the kitchenette area of healthcare: <ul style="list-style-type: none"> <li>1. The top of the microwave had a layer of dust.</li> <li>2. The inside of the microwave had a heavy build-up of dried-on food.</li> <li>3. One beige, plastic, rolling two-tier cart had three large, melted areas on the top tier, making it an unsanitizable surface.</li> <li>4. One black, plastic, rolling three-tier cart had ground in food substances on the top tier, causing it to be discolored and all four corners of the top tier contained food debris.</li> <li>5. The front of the covered, silver trash can by the hand washing sink contained dried-on food and liquid.</li> <li>6. One large plastic cereal container, half full of dry cereal beneath the steam table lacked a lid.</li> <li>7. The bottom of one cabinet which contained plastic serving trays, had food debris.</li> <li>8. The cabinet holding the plate warmer, had a large build-up of food debris.</li> <li>9. Two drawers, which held silverware, scoops, tongs, and ladles, had food debris on the bottom.</li> </ul> </li> </ul> <p>On 04/24/24 at 08:03 AM, Dietary staff BB acknowledged the noted areas of concern.</p> <p>The facility policy for Sanitation Inspection, dated 03/01/2018, included: The Center will maintain a food service area which is clean and sanitary.</p> <p>The facility failed to prepare and serve food under sanitary conditions for the residents of the facility appropriately to prevent the potential for food borne bacterial.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28560</p> <p>The facility reported a census of 18 residents. Based on observation and interview, the facility failed to ensure housekeeping staff maintained proper isolation standards for transmission-based precautions.</p> <p>Findings included:</p> <p>- Interview, on 04/22/24 at 08:00 AM, with Administrative Nurse D, revealed four residents (R)5, R 6, R 9, and R 18 were on transmission-based precautions due to Covid infections.</p> <p>Observation, on 04/23/24 at 08:35 AM, revealed the housekeeping cart inside Resident (R)5's room Housekeeping Staff U and V were in Resident (R)5's room without gowns on. Housekeeping staff U stated the resident was not in the room at that time and they would spray the cart with a sanitizer upon exiting the room. The cart contained mops, sweeping and dusting equipment and other items that would require extended time for vaporized chemical to effectively sanitize.</p> <p>Interview, on 04/23/24 at 08:40 AM, with Administrative Nurse D, revealed R5 tested negative earlier in the morning. Administrative Nurse D stated she would expect housekeeping staff to follow transmission-based precautions to provide room cleaning and not place the housekeeping cart directly in the resident room for terminal cleaning.</p> <p>Interview, on 04/24/24 at 10:00 AM, with Administrative Nurse E, stated housekeeping staff may have placed the housekeeping cart in R5's room due to congestion in the hallway, but the resident tested negative for Covid earlier in the morning.</p> <p>The policy Novel Coronavirus Prevention and Response revised 07/30/20, instructed staff to dedicate disposable equipment when possible and clean and disinfect all other equipment used for care. The policy instructed staff to adhere to transmission-based precautions.</p> <p>The facility failed to ensure housekeeping staff adhered to transmission-based precautions when providing terminal cleaning to an isolation room to prevent the spread of infection.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>28560</p> <p>The facility reported a census of 18 residents. Based on interview and record review, the facility failed to verify residents/responsible parties were provided vaccine information/risk verses benefit information to document informed choices for Covid vaccinations for two Resident (R) 5 and R1, of the five residents reviewed for Covid vaccinations.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of Resident (R)5's electronic medical record Immunization Tab revealed lack of Covid vaccination since 09/23/22. The medical record lacked a declination for the 2023 vaccination.</li> </ul> <p>Interview, on 04/24/24 at 10:30 AM, with Administrative Nurse E revealed the facility did provide Covid vaccinations to the residents in October 2023, and most recently on 04/17/24. Administrative Nurse E confirmed a lack of declination for the Covid vaccination for R5 in 2023, and R5 currently had Covid infection. Administrative Nurse E thought she spoke to R5's responsible party and the responsible party decided to decline the vaccination because R5 rarely left the building.</p> <p>Review of Resident (R)1's electronic medical record Immunization Tab revealed lack of Covid vaccine in 2023.</p> <p>Interview, on 04/24/24 at 10:30 AM, with Administrative Nurse E, confirmed lack of Covid vaccination declination for 2023, and felt the resident may have been out of the facility on that day.</p> <p>The facility lacked a policy for vaccination declination.</p> <p>The facility failed to ensure documentation that residents/responsible parties received vaccine information sheets/risk verses benefits for Covid vaccinations to make informed decisions regarding their declinations/acceptance of vaccines.</p>