

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025
NAME OF PROVIDER OR SUPPLIER Mount St Mary		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 E Lincoln St Wichita, KS 67218	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 22 residents with 15 residents sampled. Based on interviews and record review, the facility failed to complete a thorough baseline care plan for Resident (R) 17 regarding the use of a non-invasive ventilator (a mechanical ventilation technique that delivers oxygen through a face mask without the use of endotracheal (in the throat) intubation). This placed the resident at risk for respiratory complications due to uncommunicated care needs</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of R17's electronic medical record (EMR) revealed a diagnosis of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). <p>The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. She utilized a non-invasive mechanical ventilator.</p> <p>The Functional Abilities Care Area Assessment (CAA), dated 01/20/25, documented the resident required fluctuating levels of staff assistance due to her respiratory function.</p> <p>R17's Care Plan, revised 03/09/25, lacked staff instruction regarding the non-invasive ventilator.</p> <p>A review of the resident's EMR lacked a physician's order for the use of the non-invasive ventilator.</p> <p>On 03/31/25 at 07:07 AM, Administrative Nurse D stated the resident required a non-invasive ventilator since admission and cared for the device herself. Administrative Nurse D stated it was the expectation for a non-invasive ventilator to be included in the resident's care plan and confirmed it was not.</p> <p>The facility policy for Baseline Care Plans, revised 11/21/24, included: The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective care of the resident.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 22 residents with 15 residents sampled, including one resident reviewed for respiratory care. Based on observation, record review, and interview, the facility failed to obtain a physician's order for the use of a non-invasive ventilator (a mechanical ventilation technique that delivers oxygen through a face mask without the use of endotracheal (in the throat) intubation) for Resident (R) 17. This placed R17 at risk for respiratory complications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R17's electronic medical record (EMR) revealed a diagnosis of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). <p>The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. She utilized a non-invasive mechanical ventilator.</p> <p>The Functional Abilities Care Area Assessment (CAA) dated 01/20/25 documented the resident required fluctuating levels of staff assistance due to her respiratory function.</p> <p>R17's Care Plan, revised 03/09/25, lacked staff instruction regarding the non-invasive ventilator.</p> <p>R17's EMR lacked a physician's order for the use of the non-invasive ventilator.</p> <p>On 03/26/25 at 11:35 AM, R17 stated she has had a non-invasive ventilator since admission into the facility.</p> <p>On 03/27/25 at 12:41 PM, Licensed Nurse (LN) G confirmed the facility lacked a physician's order for the non-invasive ventilator.</p> <p>On 03/31/25 at 07:07 AM, Administrative Nurse D confirmed the facility lacked a physician's order for the non-invasive ventilator and stated it was the expectation for the facility to have an order.</p> <p>The facility policy for Noninvasive Ventilator implemented 12/01/24, included, the facility will obtain an order for the use of the noninvasive ventilator and settings from the resident's physician. The facility will document the use of the machine, the resident's tolerance, any skin, respiratory or other changes, and the response. The facility shall follow the manufacturer's instructions for the frequency of cleaning the device.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34056</p> <p>The facility reported a census of 22 residents with 15 residents sampled, including two residents reviewed for pain. Based on interview and record review, the facility failed to offer non-pharmaceutical interventions for pain for Resident (R)18, who had chronic pain (pain that lasts longer than three months). This placed R18 at risk for untreated pain.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of R18's electronic medical record (EMR) revealed a diagnosis of chronic pain. <p>The Significant Change Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BIMS) score of five, indicating severe cognitive impairment. She received scheduled and as-needed (PRN) pain medications and had no non-pharmacological interventions for pain.</p> <p>The Pain Care Area Assessment (CAA), dated 11/19/24, documented the resident had chronic pain and required PRN pain medication.</p> <p>The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of five, indicating severe cognitive impairment. She received scheduled and PRN pain medications and had no non-pharmacological interventions for pain.</p> <p>R18's Care Plan, revised 03/11/25, lacked non-pharmacological pain interventions.</p> <p>R18's EMR included the following physician orders:</p> <p>Tramadol (an opioid pain medication), 50 milligrams (mg), by mouth (PO), every (Q) four hours, as needed (PRN), for pain, ordered 11/17/23.</p> <p>A review of the resident's Medication Administration Record (MAR) for March, revealed the resident received the PRN order of Tramadol 13 times, from 03/04/25 through 03/25/25, for pain rated three to nine on the one to 10 pain scale (a 10-point system to assess resident's pain level with 10 being the worse pain imaginable).</p> <p>On 03/27/25 at 08:57 AM, Certified Nurse Aide (CNA) N stated the resident had pain medication for when she had pain. CNA N stated she was unsure of non-pharmacological interventions to help the resident with pain.</p> <p>On 03/31/25 at 01:37 PM, Certified Medication Aide (CMA) R stated the only pain intervention the resident had was her pain medication.</p> <p>On 03/31/25 at 09:17 AM, Administrative Nurse D confirmed the resident's care plan lacked non-pharmacological pain interventions. Administrative Nurse D confirmed the resident had quite a bit of pain and received PRN pain medication on an almost daily basis.</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy for Pain Management, revised 10/07/24, included: The facility must ensure pain management is provided to residents who require such services, consistent with professional standards of practice and the residents' goals and preferences. The facility must include non-pharmacological pain management interventions.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>34056</p> <p>The facility reported a census of 22 residents. Based on interviews and record review, the facility failed to complete an annual performance review at least once every 12 months for Certified Nurse Aide (CNA) M and Certified Medication Aides (CMA) S and CMA T. This placed the residents at risk for decreased quality of care.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - A review of five employee personnel files, employed by the facility for greater than one year, revealed the following concerns: <p>CNA M, hired on 10/11/23, lacked an annual performance review in her personnel file.</p> <p>CMA S, hired on 12/21/23, lacked an annual performance review in his personnel file.</p> <p>CMA T hired on 1/18/23, lacked an annual performance review in her personnel file.</p> <p>On 03/27/25 at 11:03 AM, Administrative Nurse D stated CNA evaluations were to be done annually. Administrative Nurse D confirmed the three staff members (listed above) lacked an annual evaluation.</p> <p>The facility policy for Evaluation Process, revised 01/02/25, included the Center shall review the work performance of employees with a formal written evaluation annually.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>34056</p> <p>The facility reported a census of 22 residents. Based on record review and interviews, the facility failed to display accurate, publicly accessible, and identifiable staffing information on a daily basis for the 22 residents who reside in the facility.</p> <p>Findings included:</p> <p>- A review of the facility's Daily Staffing Sheets from 02/01/25 through 03/25/25, revealed the actual hours worked were not completed on the daily staffing sheets.</p> <p>On 03/27/25 at 11:03 AM, Administrative Nurse D confirmed the actual hours worked were not completed on the daily staffing sheets.</p> <p>The facility policy for Daily Staff Posting, revised 10/07/24, included: The facility will post specific information regarding nurse staffing including the total number of staff and the actual hours worked per shift.</p>		