

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41302</p> <p>The facility reported a census of 49 residents with 13 residents sampled. Based on observation, interview, and record review the facility failed to protect the privacy and dignity of Resident (R) 36 when the indwelling catheter bag was left with no privacy cover. These practices had the potential to lead to negative psychosocial effects related to dignity.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The Electronic Health Record (EHR) for R36 included the diagnosis of neuromuscular bladder. <p>The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status score of 12, which indicated mildly impaired cognition. The assessment documented R36 as dependent on staff for all cares.</p> <p>The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA) dated 12/29/24 documented R36 required a urinary catheter and was dependent on staff.</p> <p>Observations on 03/10/25 at 04:58 PM, 03/11/25 at 11:02 AM, 03/12/25 at 08:38 AM, R36's indwelling catheter drainage bag was facing the window in his room with no privacy cover, covering it from the staff and public that parked in the parking lot and walking down the sidewalk right next to the window. The blinds on the window are open for each observation.</p> <p>Interview on 03/13/25 at 10:45 AM, CNA Q revealed if there were an enhanced barrier precautions sign on their door, she would wear a gown and gloves when providing close contact care. CNA Q would expect every indwelling urinary catheter drainage bag to have a privacy cover on it.</p> <p>Interview on 03/13/25 at 11:23 AM, Licensed Nurse (LN) K confirmed all urinary indwelling catheter drainage bags would have a privacy cover on them.</p> <p>Interview on 03/14/24 at 08:25 AM, Administrative Nurse B stated her expectation was to have a privacy cover on the urinary indwelling catheter drainage bag.</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: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Promoting/Maintaining Resident Dignity policy dated 2024 documented the facility would protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintained or enhanced resident's quality of life by recognizing each resident's individuality.</p> <p>The facility failed to protect the dignity of R36 when his indwelling catheter bag was left open to the public with no privacy cover. This deficient practice had the potential to lead to negative psychosocial effects related to dignity.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51332</p> <p>The facility reported a census of 49 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On [DATE] at 02:40 PM during an initial tour of the main kitchen, refrigerator and dry food storage areas with Kitchen Manager CC, the following areas of concern were observed: <p>One unsealed bag of ham open to air undated in walk in freezer.</p> <p>Two bag of undated and unlabeled chicken patties.</p> <p>Two bag of undated and unlabeled chicken nuggets.</p> <p>One bag of undated and unlabeled tater tots.</p> <p>One bag of undated and unlabeled French fries.</p> <p>Eight bottles of expired Lemon Juice dated [DATE].</p> <p>On [DATE] at 03:28 PM an interview with Kitchen Manager CC, revealed she expected staff to label, and date opened food items. Kitchen Manager CC, revealed that the above concerns identified with dry storage and freezer storage, which included undated and unsealed items were unacceptable.</p> <p>The facility's policy Food Receiving and Storage undated revealed that all foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). Foods will be rotated using a first in- first out system.</p> <p>The facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>51332</p> <p>The facility reported a census 49 residents. Based on observation, interview, and record review, the facility failed to maintain and/or dispose of garbage and refuse properly in a sanitary condition to prevent the harborage and feeding of pests.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Initial tour of the outside trash dumpsters on 03/10/25 at 02:40 PM with Kitchen Manager CC, revealed four dumpsters had the lids in the open position, one of which was missing the dumpster lid. Dumpster lids were all failed to completely cover the trash cans. <p>On 03/10/25 at 02:40 PM, Kitchen Manager CC, revealed she was not aware of the requirement to have trash covered.</p> <p>On 03/13/25 at 04:48 PM, Administrative Staff A stated that the dumpsters belonged to the city.</p> <p>The facility lacked a policy related to garbage and refuse handling and disposal.</p> <p>The facility failed to provide sanitary garbage and refuse containers that were maintained with lids closed or otherwise covered. This deficient practice had the potential to lead to harborage and feeding of pest animals.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41302</p> <p>The facility identified a census of 49 residents. The sample included 13 residents. The facility identified residents on Enhanced Barrier Precautions (EBP-infection control interventions designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high contact care). Based on observations, interviews, and record review, the facility failed to ensure the EBP residents were cared for by staff using appropriate precautions. Further the facility failed to ensure staff used appropriate hand hygiene and glove changes with resident care. These deficient practices placed the residents at risk for infectious diseases.</p> <p>Findings included:</p> <p>- On 03/10/25 at 04:58 PM, observation of two unidentified Certified Nurse Aides provided care for an unidentified resident. Resident (R) had enhanced barrier precaution (EBP) sign on the door instructing staff to gown and glove when providing close contact care for the resident. Both CNAs were not wearing gowns while taking the resident, with an indwelling catheter, to the restroom.</p> <p>On 03/11/25 at 11:02 AM, observation of CNA N and CNA O provided toileting care for R36. R36 had a sign on his door instructing staff to use EBP when performing close contact care. Both CNAs were not wearing the appropriate personal protective equipment (PPE).</p> <p>On 03/11/25 at 11:02 AM, CNA N revealed she had not been educated to wear a gown with close contact care with a resident with an indwelling catheter. CNA N confirmed the sign on the door and that she should have worn a gown with her gloves.</p> <p>On 03/11/25 at 11:02 AM, CNA O revealed she should have had a gown on during the care for R36.</p> <p>On 03/12/25 at 10:40 AM, Licensed Nurse (LN) I performed percutaneous endoscope gastrostomy tube (PEG - a tube inserted through the wall of the abdomen directly into the stomach) for R6, not wearing appropriate PPE. CNA P entered the room to assist with care for R6, not wearing appropriate PPE.</p> <p>On 03/12/25 at 11:03 AM, LN I confirmed he should have worn a gown for the peg tube feeding and that he had not. LN I confirmed the sign on the door instructed staff to use EBP for close contact care with R6.</p> <p>On 03/05/25 at 09:05 AM CNA P confirmed she should have worn a gown as instructed on the resident's door.</p> <p>On 03/12/25 at 01:04 PM, CNA M and CNA N were performing peri care on an unknown resident. CNA M cleans resident peri area with a wipe, then with the same gloved hands touches the residents head, pillow, blanket, and oxygen tubing.</p> <p>On 03/12/25 at 01:20 PM, CNA M confirmed she did not change gloves from dirty to clean and should have. CNA M confirmed she had been educated to do so.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/05/25 at 09:45 AM, Licensed Nurse (LN) I confirmed each resident with EBP should have a sign on their door instructing staff to use EBP with close care of those residents. LN I revealed the supplies were in the closets right on both ends of the hallways.</p> <p>On 03/12/25 at 06:56 AM, Administrative Nurse D revealed every resident with EBP should have a sign on their door. She confirmed she would expect all staff providing close care for those residents to wear the appropriate PPE. Administrative Nurse D stated they had the supplies in two closets on all the halls and that they were looking into hanging storage on the doors for the PPE. Administrative Nurse D stated they had put the PPE on the halls as they felt the carts in the hallway would have cluttered the halls.</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy dated 2025 documented that the policy of the facility was to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms, that employ targeted gown and glove use during high contact resident care activities.</p> <p>The facility failed to ensure staff followed EBP protocol with tube feedings, catheter care and glove use. This deficient practice placed the residents at risk for infection.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Grand Plains Skilled Nursing by Americare		STREET ADDRESS, CITY, STATE, ZIP CODE 331 NE State Road 61 Pratt, KS 67124	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>51332</p> <p>The facility reported a census of 49 residents. Based on observation, interview, and record review, the facility failed to ensure the availability of proper maintenance equipment for the dishwasher and appropriate monitoring to automatic sanitizing to maintain properly functioning equipment.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 03/10/25 at 03:28 PM Kitchen Manager CC was observed making sanitizer water that registered at 50 parts per million. Kitchen Manager CC was unable to provide chlorine test strips to test the chlorine level in the dishwasher. <p>Interview on 03/10/25 at 03:54 PM with Kitchen Manager CC revealed dietary staff were expected to test the sanitizer level daily. There was no written log of the results of the sanitizer test as staff were trusted to be testing it as expected. Kitchen Manager CC revealed, sanitizer was working 03/06/25 to her last knowledge. Kitchen Manager CC revealed, being unaware how long kitchen staff have been without chlorine testing strips for the dishwasher. Staff had not brought either of these issues to Kitchen Manager CC's attention.</p> <p>The facility failed to provide a policy related to maintaining properly functioning equipment.</p> <p>The facility failed to maintain mechanical equipment in safe operating condition.</p>		