STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 35 residents. The sample included 13 residents, with three reviewed for abuse. Based on observation, record review, and interview, the facility failed to prevent an incident of resident-to-resident abuse of Resident (R) 14, when R29 grabbed her knee, would not let go, and caused her knee to become reddened. This placed R14 at risk for injury and ongoing abuse. Findings included: - The Electronic Medical Record (EMR) for R14 documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), dementia (a progressive mental disorder characterized by failing memory and confusion), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and hypertension (high blood pressure). The Quarterly Minimum Data Set (MDS), dated [DATE], documented R14 had moderately impaired cognition. R14 required partial assistance from staff for transfers, ambulation, personal hygiene, showers, and oral hygiene. R14 was independent with mobility and used a wheelchair. The Annual MDS, dated 04/18/25, documented R14 had moderately impaired cognition. R14 required substantial assistance from staff for showers, dressing, personal hygiene, transfers, and ambulation. R14 was independent with mobility and used a wheelchair. R14's Care Plan, dated 04/25/25, initiated on 05/05/25, directed staff to observe and notify the nurse for unexplained changes in mood, psychosocial status, or behavior. Staff were further directed to observe for increased confusion, odd/uncharacteristic behaviors, and changes in the amount of time spent with facility friends. The care plan further directed staff to observe R14 for increased anxiety, eating and dietary changes, tearfulness and crying episodes, and sleep disturbances. The Nurse's Note dated 02/17/25 at 01:46 PM documented that R14 was grabbed by R29, who had severely impaired cognition. R14 had been grabbed above the right knee. R14 had redness above the right knee but had no bruising noted. The Nurse's Note dated 02/17/25 at 02:09 PM documented R14 was removed from the situation, taken to her room, and assisted into her recliner. R14 stated she was fine and denied any pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The EMR lacked documentation, further assessment, or any follow-up after the altercation. The EMR lacked documentation the nursing administration, family, or physician was notified of the resident-to-resident altercation. On 06/03/25 at 09:09 AM, Administrative Nurse D stated she was unaware of the resident-to-resident altercation. Administrative Nurse D stated staff are to tell her immediately when there is any type of altercation between residents so she could start the investigation. Administrative Nurse D further stated she would notify the physician and families of both residents and start an investigation. On 06/03/25 at 02:30 PM, R14 sat in her recliner, stated she was not afraid of any residents in the facility, and stated she received good care. On 06/03/25 at 12:40 PM, Certified Nurse Aide (CNA) M stated that on the day of the incident, she took R14 down the hall to her room to rest, which was down the South Hall. R14's room was at the end of the hall, and R29 was by the exit door, which was right next to R14's room. CNA M further stated that R14 told R29 hello, and R29 turned around quickly and grabbed R14's knee. R29 would not let go of R14's knee, and R14 stated, Ow, you're hurting me. CNA M stated she had to put her fingers under R29's hand so he would let go. CNA M stated that R29 left and propelled himself down the hallway. CNA M went to get the nurse to assess R14 because R14's knee was red but had no bruising. CNA M stated she talked to R14, about 30 minutes later, and there was slight redness to her knee but no bruising. CNA M stated that R29 did not have any further interaction with R14 that day or since that event. CNA M stated staff received abuse and behavior training at least yearly, and as needed. CNA M further stated that when a resident-to-resident altercation occurred, staff were trained to separate the residents and let the nurse know so the residents could be assessed for injury. On 06/04/05 at 08:35 AM, Social Service X stated she was unaware of the resident-to-resident altercation up until yesterday when Administrative Nurse D talked to her about it. Social Service X stated that she would have spent time with R14 to follow up and to see if she had any fears or concerns. Social Service X stated that she had not seen any changes in R14's behavior around the time of the incident or since. On 06/04/25 at 09:35 AM, Licensed Nurse (LN) G stated the CNA told her that R29 had grabbed R14 by the knee, so she went to R14's room to assess her for injury. LN G stated that R14's knee was a little red, but there was no bruising or any other injury. LN G stated she should have filled out an incident report and notified the administration per protocol but did not. LN G further stated she had notified the family but failed to document the conversation. LN G stated that staff received training on behaviors, and if there were any incidents, they had team huddles. The team would talk about the incident and discuss ways to prevent future incidents. The facility always had ongoing training for abuse and dementia with behaviors. LN G stated she passed information regarding the incident to the next shift, and R14 did not act afraid or concerned about the incident. On 06/04/25 at 10:00 AM, Administrative Nurse D stated she had reported the incident to the state agency. Administrative Nurse D stated she had taken the Abuse and Neglect policy around to the staff to do education and reminders of the protocol when there was any type of resident-to-resident altercation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Abuse and Neglect policy, dated 05/05/25, documented that all residents had the right to be free from neglect and abuse. Any person, including but not limited to physicians, professionals, practical nurses, social workers, or any other personnel who know or have reasonable cause to suspect that a resident has been abused, neglected, or exploited, shall immediately report it to the supervisor. The policy further stated that all incidents were investigated and may be reported to the state agency. If there was any resident-to-resident abuse, the resident must be protected from each other to prevent any occurrence. The facility's Resident to Resident Altercations undated policy documented that the goal was to keep residents and staff safe. The facility would do whatever possible to prevent and control resident-to-resident altercations to prevent mental, physical, sexual, and verbal abuse or exploitation of personal property from occurring, The Director of Nursing (DON) or designee would be immediately notified when a resident-to-resident abuse incident had occurred, and the primary care physician would also be notified. The Assistant Director of Nursing (ADON) or DON would immediately begin an investigation of the incident and would report the incident to the state reporting agency as required within two hours if a significant injury occurred or within 24 hours of the incident if no injury was found. The families of both residents involved would be notified of the incident, the result of the investigation, and the outcomes. All staff would be in-service annually and as needed for abuse, neglect, exploitation, and how to spot the warning signs of the resident-to-resident altercation to prevent incidents from occurring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 35 residents. The sample included 13 residents, with three reviewed for abuse. Based on observation, record review, and interview, the facility failed to report to administration a resident-to-resident altercation for one resident, Resident (R) 14, when R29 grabbed her knee, would not let go, and caused her knee to become reddened. This placed R14 at risk for further injury and unidentified abuse or mistreatment. Findings included: - The Electronic Medical Record (EMR) for R14 documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), dementia (a progressive mental disorder characterized by failing memory and confusion), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and hypertension (high blood pressure). The Quarterly Minimum Data Set (MDS), dated [DATE], documented R14 had moderately impaired cognition. R14 required partial assistance from staff for transfers, ambulation, personal hygiene, showers, and oral hygiene. R14 was independent with mobility and used a wheelchair. The Annual MDS, dated 04/18/25, documented R14 had moderately impaired cognition. R14 required substantial assistance from staff for showers, dressing, personal hygiene, transfers, and ambulation. R14 was independent with mobility and used a wheelchair. R14's Care Plan, dated 04/25/25, initiated on 05/05/23, directed staff to observe and notify the nurse for unexplained changes in mood, psychosocial status, or behavior. Staff were further directed to observe for increased confusion, odd/uncharacteristic behaviors, and changes in the amount of time spent with facility friends. The care plan further directed staff to observe R14 for increased anxiety, eating and dietary changes, tearfulness and crying episodes, and sleep disturbances. The Nurse's Note dated 02/17/25 at 01:46 PM documented that R14 was grabbed by R29, who had severely impaired cognition. R14 had been grabbed above the right knee. R14 had redness above the right knee but had no bruising noted. The Nurse's Note dated 02/17/25 at 02:09 PM documented R14 was removed from the situation, taken to her room, and assisted into her recliner. R14 stated she was fine and denied any pain. The EMR lacked documentation, further assessment, or any follow-up after the altercation. The EMR lacked documentation the nursing administration, family, or physician was notified of the resident-to-resident altercation. On 06/03/25 at 09:09 AM, Administrative Nurse D stated she was unaware of the resident-to-resident altercation. Administrative Nurse D stated staff are to tell her immediately when there is any type of altercation between residents so she could start the investigation. Administrative Nurse D further stated she would notify the physician and families of both residents and start an investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/03/25 at 02:30 PM, R14 sat in her recliner, stated she was not afraid of any residents in the facility, and stated she received good care. On 06/03/25 at 12:40 PM, Certified Nurse Aide (CNA) M stated that on the day of the incident, she took R14 down the hall to her room to rest, which was down the South Hall. R14's room was at the end of the hall, and R29 was by the exit door, which was right next to R14's room. CNA M further stated that R14 told R29 hello, and R29 turned around quickly and grabbed R14's knee. R29 would not let go of R14's knee, and R14 stated, Ow, you're hurting me. CNA M stated she had to put her fingers under R29's hand so he would let go. CNA M stated that R29 left and propelled himself down the hallway. CNA M went to get the nurse to assess R14 because R14's knee was red but had no bruising. CNA M stated she talked to R14, about 30 minutes later, and there was slight redness to her knee but no bruising. CNA M stated that R29 did not have any further interaction with R14 that day or since that event. CNA M stated staff received abuse and behavior training at least yearly, and as needed. CNA M further stated that when a resident-to-resident altercation occurred, staff were trained to separate the residents and let the nurse know so the residents could be assessed for injury. On 06/04/05 at 08:35 AM, Social Service X stated she was unaware of the resident-to-resident altercation up until yesterday when Administrative Nurse D talked to her about it. Social Service X stated that she would have spent time with R14 to follow up and to see if she had any fears or concerns. Social Service X stated that she had not seen any changes in R14's behavior around the time of the incident or since. On 06/04/25 at 09:35 AM, Licensed Nurse (LN) G stated the CNA told her that R29 had grabbed R14 by the knee, so she went to R14's room to assess her for injury. LN G stated that R14's knee was a little red, but there was no bruising or any other injury. LN G stated she should have filled out an incident report and notified the administration per protocol but did not. LN G further stated she had notified the family but failed to document the conversation. LN G stated that staff received training on behaviors, and if there are any incidents, they have team huddles. The team would talk about the incident and discuss ways to prevent future incidents. The facility always had ongoing training for abuse and dementia with behaviors. LN G stated she passed information regarding the incident to the next shift, and R14 did not act afraid or concerned about the incident. The facility's Abuse and Neglect policy, dated 05/05/25, documented that all residents had the right to be free from neglect and abuse. Any person, including but not limited to physicians, professionals, practical nurses, social workers, or any other personnel who know or have reasonable cause to suspect that a resident has been abused, neglected, or exploited, shall immediately report it to the supervisor. The policy further stated that all incidents were investigated and may be reported to the state agency. If there was any resident-to-resident abuse, the resident must be protected from each other to prevent any occurrence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Resident to Resident Altercations undated policy documented that the goal was to keep residents and staff safe. The facility would do whatever possible to prevent and control resident-to-resident altercations to prevent mental, physical, sexual, and verbal abuse or exploitation of personal property from occurring, The Director of Nursing (DON) or designee would be immediately notified when a resident-to-resident abuse incident had occurred, and the primary care physician would also be notified. The Assistant Director of Nursing (ADON) or DON would immediately begin an investigation of the incident and would report the incident to the state reporting agency as required within two hours if a significant injury occurred or within 24 hours of the incident if no injury was found. The families of both residents involved would be notified of the incident, the result of the investigation, and the outcomes. All staff would be in-service annually and as needed for abuse, neglect, exploitation, and how to spot the warning signs of the resident-to-resident altercation to prevent incidents from occurring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 35 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to provide services consistent with the standards of care for one of four residents reviewed for a urinary catheter (a tube inserted into the bladder to drain urine) or urinary tract infection (UTI). This placed Resident (R) 20 at risk for catheter-related complications and future UTIs. Findings included: - R20's Electronic Medical Record (EMR) documented R20 had diagnoses of benign prostatic hyperplasia (BPH - non-cancerous enlargement of the prostate which can lead to interference with urine flow, urinary frequency, and urinary tract infections) and a history of UTIs. R20's Quarterly Minimum Data Set (MDS), dated [DATE], documented R20 had short and long-term memory problems and severe cognitive impairment. The MDS documented R20 had a urinary catheter and no UTI during the observation period. R20's Care Plan, revised 03/19/25, documented the resident had a urinary catheter and instructed staff to provide catheter care twice a day and as needed (PRN) which included cleansing urinary meatus (opening on the penis which leads into the body) around the proximal end of the catheter. The care plan documented R20 was on Enhanced Barrier Precautions (EBP - infection control interventions designed to reduce transmission of resistant organisms, which employ targeted gown and glove use during high contact care). The plan instructed staff to monitor and record any signs or symptoms of UTI. A review of R20's clinical record revealed that R20 had a positive UTI on 03/22/24, 08/28/24, and 05/19/25. The clinical record revealed on 05/28/25, R20 had penis discharge which was positive for infection. On 06/03/25 at 11:00 AM, Licensed Nurse (LN) I and Certified Nurse Aide (CNA) N applied gloves, gown, and goggles, propelled R20 into his bathroom, and then used a sit-to-stand lift to transfer R20 from his wheelchair to the toilet. Once over the toilet, CNA N pulled down R20's pants, removed and discarded his incontinent brief, and provided catheter care, including his meatus. CNA N, with the same soiled gloves on, left the bathroom, touched the resident's leg, sit to stand lift, went to the dresser, touched each drawer, retrieved a new incontinent brief, and then returned to the bathroom. CNA N (with the same soiled gloves) touched the lift, and the resident's leg, when she entered the bathroom, placed a new incontinent brief on R20, and fastened a lift jacket on the resident's waist. CNA N went outside the R20's bathroom door, (with the same soiled gloves) touched the control handles of the lift, and used the lift control to raise R20. CNA N assisted LN I in transferring the resident to a wheelchair and touched his wheelchair arms, and R20's feet to place them off the footstand onto the floor. Then CNA N removed and discarded her gloves and gown in a trash can. On 06/03/25 at 11:15 AM, CNA N verified she had not changed her gloves after providing catheter care and stated she should have. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/04/25 at 11:21 AM, Administrative Nurse D stated she would expect staff to change gloves during catheter care whenever they go from dirty to clean. Upon request, the facility failed to provide a policy regarding changing gloves during catheter cares.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. The facility had a census of 35 residents. The sample included 13 residents. Based on record review, and interview, the facility failed to provide Registered Nurse (RN) coverage for eight consecutive hours a day, seven days a week. This placed all residents who reside at the facility at risk for decreased quality of care. Findings included: - The Payroll Based Journal (PBJ-a required detail of staffing information submitted by nursing homes, provided by the Centers for Medicare and Medicaid Services (CMS)) documented that the facility lacked RN eight-hour coverage for the following days: 07/14/24 08/25/24 10/12/24 10/26/24 11/30/24 12/07/24 On 06/02/25 at 02:30 PM, Administrative Nurse D verified the above dates that there was not an RN in the long-term care. Administrative Nurse D stated that since they were attached to the hospital she thought they were able to have the RN from the hospital serve as their RN coverage. On 06/04/25 at 10:15 AM, Administrative Staff B stated she pulled staffing information from the timecard system to upload the information for the PBJ report. Administrative Staff B further stated that if there were any agency staff, she would get all the information required for the PBJ off the invoices. Administrative Staff B stated she thought the long-term care facility was able to use the RN from the hospital as coverage when they did not have an RN on duty. Upon request, a policy for PBJ was not provided by the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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** The facility had a census of 35 residents. The sample included 13 residents, with five reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to monitor and provide interventions for bowel management for one resident, Resident (R) 29. This placed R29 at risk for physical decline and fecal impaction (accumulation of hardened feces in the rectum that the individual was unable to move). Findings included: - The Electronic Medical Record (EMR) documented R29 had diagnoses of vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin) type two, hypertension (high blood pressure), and constipation (difficulty passing stool). The Quarterly Minimum Data Set (MDS), dated [DATE], documented R29 had severely impaired cognition. R29 required substantial assistance from staff for showers, dressing, personal hygiene, transfers, and ambulation. R29 required partial staff assistance with toilet hygiene. R29 was frequently incontinent of bladder but was always continent of bowel. R29 was not on a bowel toileting program and did not have constipation. The Bladder and Bowel Assessment, dated 04/22/25, documented R29 had a diagnosis of constipation, was always continent of bowel and required assistance from staff with toileting. R29's Care Plan, dated 05/16/25, initiated on 10/17/24, documented R29 had a history of constipation and directed staff to notify the nurse by day three of no bowel movement to implement protocol for bowel management. The update, dated 11/04/24, directed staff to encourage fluid intake as tolerated, administer medication as ordered for constipation The Physician's Order, dated 11/04/24, directed staff to administer a Bisacodyl (laxative) suppository 10 mg rectally (by way of the rectum), every 24 hours, as needed for constipation. The Physician's Order, dated 01/23/25, directed staff to administer Senexon (a laxative), 8.6-50 mg, two tablets by mouth, at bedtime for constipation. The Physician's Order, dated 02/05/25, directed staff to administer MiraLax (a laxative), 17 grams (gms) by mouth daily, for constipation and hold for loose stools. R29's Bowel Monitoring Record, dated May 2024, documented R29 did not have a bowel movement for the following days: 05/25/25 - 05/30/25 (six consecutive days) R29's Medication Administration for May 2025 lacked documentation the staff provided interventions during the lack of bowel elimination on the above dates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 06/03/25 at 08:34 AM, observation revealed R29, in the sit-to-stand mechanical lift, and his pajama pants were saturated with feces. R29 was angry and combative with the staff. Licensed Nurse (LN) H informed R29 that staff needed to get him into the bathroom to assist R29 with getting cleaned up. Further observation revealed R29 was taken to the bathroom and lowered onto the toilet. On 06/03/25 at 08:45 AM, LN H stated that R29 could be combative with care and required a lot of patience. LN H further stated that R29 had a history of constipation. Staff used the facility's standing orders as needed if R29 did not have a bowel movement after three days. On 06/03/25 at 9:09 AM, Administrative Nurse D verified that she was unable to find any interventions for R29 after he had not had a bowel movement for six days, and staff were to use the standing orders as needed. On 06/03/25 at 12:50 PM, Certified Nurse Aide (CNA) M stated they documented in the computer when a resident had a bowel movement and notified the nurse if the resident did not have one for three days. The facility's Standing Orders protocol dated 07/31/24, directed staff to use the standing orders as verbal orders and send them to the physician for signature. The standing orders directed staff to initiate Milk of Magnesia (MOM -a laxative), 1 oz, by mouth, every day, as needed, if no bowel movement after three days, and if no results administer Bisacodyl suppository, 10 mg, rectally, and if no results, administer a tap water or soap suds enema (stimulates the colon to have a bowel movement), and if no results contact the physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. The facility had a census of 35 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to employ a full-time certified dietary manager for the 35 residents who resided in the facility and received meals from the facility kitchen. This placed the residents at risk for inadequate nutrition. Findings included: - On 06/02/25, a review of the noon meal consisted of a grilled pork burger on a bun, onion rings, corn, and no-bake cookies. On 06/02/25 at 10:30 AM, observation revealed Dietary Staff (DS) BB in the kitchen overseeing the preparation of the noon meal. On 06/01/25 at 07:50 AM, DS BB verified she was not a Certified Dietary Manager (CDM). DS BB stated she had enrolled and started the dietary certification classes. On 06/04/25 at 11:44 AM, Administrative Nurse D verified DS BB had no dietary manager certification but had enrolled and started the dietary certification classes. Upon request, the facility failed to provide a policy regarding a certified dietary manager.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. The facility had a census of 35 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to implement a water management program for the Legionella disease (Legionella is a bacterium spread through mist, such as from air-conditioning units for large buildings. Adults over the age of 50 and people with weak immune systems, chronic lung disease, or heavy tobacco use are most at risk of developing pneumonia caused by Legionella and other waterborne pathogens). This placed the residents in the facility at risk for infectious disease. Findings Included: - On 06/04/25 at 10:05 AM, Maintenance Staff U stated he had a log pointing out weekly flushing places, but was unaware of any routine facility water management checks. On 06/04/25 at 11:20 AM, Administrative Staff D verified the facility lacked a system to check regarding standing water and potential growth inside the facility and lacked a system to mitigate the risk of Legionella. The facility's Water Management Program Policy, revised 02/18/19 documented that the facility would provide and maintain safe and healthy working conditions, equipment, and systems of work for all staff, patients, and visitors. To prevent the growth of Legionella, water services shall operate at the following temperatures: 1. Cold water distribution and storage at 20 degrees centigrade (C) (68 degrees Fahrenheit (F) or below. 2. Hot water distribution at least 50 degrees C (122 degrees F) attainable at taps within two minutes of running. 3. Hot water storage at 60 degrees C (140 degrees F). The policy documented staff would monitor and record cold water outlet temperature measured after allowing the water to run at full flow for one minute. Hot water outlet temperatures should be measured after allowing the water to run at full flow for one minute. The policy documented all areas would be monitored and water temperature at hot and cold outlets should be measured and recorded at least twice per year. The results would be recorded on a log sheet by maintenance personnel and all failures and large variations would be investigated. Sporadically used outlets should be flushed weekly by maintenance personnel.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17A020	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trego CO-Lemke Memorial Hospital Ltcu	320 N 13th St Wakeeney, KS 67672

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. The facility had a census of 35 residents. The sample included 13 residents. Based on record review and interview, the facility failed to develop and implement an antibiotic stewardship policy to ensure the appropriate and effective use of antibiotics, reducing antibiotic resistance and improving patient outcomes. This placed the 35 residents who resided in the facility at increased risk of receiving an infection and/or negative effects of antibiotic use. Findings included: - On 06/04/25 at 09:37 AM, Administrative Nurse D verified the facility lacked an antibiotic stewardship policy. Administrative Nurse D stated the facility had a cyberattack on its computer system, which erased all the facility's policies. Administrative Nurse D stated she had been typing out one policy at a time to get them back, but had not gotten around to the antibiotic stewardship policy. Upon request, the facility failed to provide an antibiotic stewardship policy.