

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Wichita County Health Center Ltcu		STREET ADDRESS, CITY, STATE, ZIP CODE 211 East Earl Street Leoti, KS 67861	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 10 residents. Based on observation, interview, and record review, the facility failed to provide a Bed Hold Notice to Resident (R) 2 or her representative, upon transfer and admission to a hospital. This deficient practice placed R2 at risk of not being permitted to return and resume residence in the nursing facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R2's Electronic Medical Record documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear), hypertension (elevated blood pressure), diabetes mellitus (DM - when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), and heart disease. <p>R2's admission Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS documented R2 had re-entered the facility from a skilled nursing facility and required staff assistance with most activities of daily living.</p> <p>R2's Care Plan, dated 04/22/25, directed staff to report signs of medication reactions, take vital signs as ordered, and report abnormal values to the provider.</p> <p>The Progress Note dated 11/23/24 stated R2 was admitted to the hospital for respiratory failure and heart issues.</p> <p>The facility could not provide documentation they provided R2 with a Bed Hold Notice upon discharge to a hospital on [DATE].</p> <p>On 06/01/25 at 12:55 PM, R2 sat in a recliner in her room. She wore oxygen per nasal cannula and stated she had been hospitalized for open heart surgery.</p> <p>On 06/03/25 at 08:45 AM, Administrative Nurse E verified the facility had not provided a Bed Hold notice to the resident or her representative upon discharge to the hospital on [DATE].</p> <p>The facility's Bed Hold policy, dated 04/13/11, revised 06/03/25, stated before a nursing facility transfers a resident to a hospital the facility must provide written information to the resident or their representative concerning the bed hold policy.</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 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>The facility had a census of 10 residents. Based on observation, record review, and interview, the facility failed to display accurate nursing personnel hours for staff responsible for providing direct care accessible to residents and visitors.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During the survey period of 06/01/25 to 06/03/25 the facility posted nursing staff by name and shift but lacked the facility's census and direct care nursing staff hours of nursing. <p>On 06/03/25 at 08:00 AM, Administrative Nurse D reported using a different scheduling system and believed the posting was accurate, related to who and when direct care staff worked but lacked totaled hours.</p> <p>The facility's Posting Daily Nurse Staffing Form policy, dated 06/03/25, documented the Director of Nursing or designee would ensure that the number of registered nurses, licensed practical nurses and certified nurse aides (Direct Care Partners) scheduled for each day, the name of the facility, census of the facility, and total number of hours of each position listed in posted at the entrance to the health center and would be kept current during each day by revising the form as staffing and census change. Daily forms would be kept no less than eighteen (18) months.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility had a census of 10 residents. The sample included eight residents. Based on observation, record review, and interview, the facility failed to date insulin (a hormone that lowers the level of glucose in the blood) subcutaneous (beneath the skin) injectable pens with an open date and expiration date for Resident (R) 2 and R6. This deficient practice placed the residents at risk of receiving outdated medication that may cause adverse consequences.</p> <p>Findings included:</p> <p>- On [DATE] at 09:04 AM, during an initial tour of the medication room R2's Basaglar (long-acting insulin) and R10's Lantus (long-acting insulin) pens stored in the medication room refrigerator lacked open and expired dates. Licensed Nurse (LN) H verified the in-use pens stored in the medication room refrigerator lacked open and expired dates.</p> <p>On [DATE] at 09:01 AM, Administrative Nurse D verified the insulin pens in use should be labeled with open and expiration dates.</p> <p>The facility's Medication Administration Subcutaneous Injection policy, dated [DATE], documented that Licensed Nurses were allowed to administer patients and residents subcutaneous injections. The policy documented if using a multi-dose vial: date, time, and initial when it was opened.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>The facility had a census of 10 residents. Based on observation, interview, and record review, the facility failed to employ a full-time Certified Dietary Manager for the 10 residents who received their meals from the facility kitchen. This deficient practice placed the residents at risk of not receiving adequate nutrition.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 06/01/25 at 08:55 AM, observation in the facility's kitchen revealed three dietary staff working. On 06/02/25 at 09:10 AM, Dietary Staff BB verified she did not have certification as a Dietary Manager. She stated she had taken the coursework but not a test to become certified. On 06/03/25 at 08:00 AM, Administrative Nurse D verified the dietary manager was not certified. Administrative Nurse D was aware that the facility should have a Certified Dietary Manager. <p>The facility's Dietary Manager policy, dated 10/26/22, stated the Dietary Manager would supervise food preparation and service, dietary supplies, conduct training for the dietary department, and maintain certified dietary manager credentials. The Dietary Manager would communicate with nursing and the registered dietician any nutritional concerns, assessments, recommendations, and care plan reviews.</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>The facility had a census of 10 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food in a sanitary condition for 10 residents who reside in the facility and received meals from the facility's kitchen, placing them at risk for foodborne illness.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 06/01/25 at 08:55 AM, the facility kitchen had three dietary staff cleaning and preparing food. The walk-in refrigerator had opened but undated containers of macaroni salad, black olives, cottage cheese, and one eight-pound box of Deli salad. On 06/01/25 at 09:00, Dietary Staff (DS) CC verified the opened, undated foods. On 06/02/25 at 09:10 AM, DS BB verified staff were to date packages of food when they opened them. <p>The facility's Food Storage policy, dated 10/05/23, stated leftover food would be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated.</p>

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>The facility had a census of 10 residents. Based on record review and interviews, the facility failed to submit complete and accurate staff information through the Payroll-Based Journal (PBJ) as required.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The PBJ report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (YR) 2024 Quarter (Q) 2 and Q3, indicated excessively low weekend staffing. The PBJ further indicated that Q4 lacked licensed nurse coverage for 24 hours, seven days in August, and one day in September 2024. <p>A review of the facility's weekend and licensed nurse hours on the dates listed on the PBJ revealed appropriate weekend and licensed nurse coverage.</p> <p>On 06/02/25 at 08:00 AM, Administrative Nurse D reported that the discrepancy may be related to the vendor the facility used to submit PBJ information to CMS had not been accurate.</p> <p>The facility's undated Mandatory Submission of Uniform Format Staffing Information (PBJ) documented the facility will electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contracted staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by the Centers for Medicare and Medicaid Services (CMS). The facility would submit to CMS complete and accurate direct care staffing data, including the category of work for each person on direct care staff, including but not limited to if the individual was a registered nurse (RN), licensed practical nurse (LPN), licensed vocational nurse (LVN), certified nursing assistant (CNA), therapist, or other type of medical personnel as specified by CMS. Resident census data. Information on direct care staff turnover and tenure and the hours of care provided by each category of staff per resident day, including but not limited to, start date, end date, and hours worked for each individual. The facility would distinguish employees from agency and contracted workers. The facility would report information about direct care staff, the facility must specify if the individual was an employee of the facility or was engaged by the facility under contract or through an agency. The facility would submit as directed by CMS to CMS during the established staffing reporting periods but no less frequently than quarterly.</p>		