

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  17E630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2024
NAME OF PROVIDER OR SUPPLIER  Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  212 N 5th Ave Anthony, KS 67003	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31078</p> <p>The facility census totaled 25 residents with three residents sampled for accidents. Based on observation, interview, and record review, the facility failed to provide a safe environment when the facility staff allowed three residents to hold lit fireworks in their hands during an Independence Day Celebration. On 07/03/24, the facility staff allowed three residents to hold lit Roman Candle (cardboard tube filled with pyrotechnic fireworks to include exploding shells/stars) fireworks, including cognitively impaired Resident (R)1. R1 sustained a burn injury and bruising to her right hand, between her thumb and forefinger, after the last exploding shell/star from the Roman Candle firework misfired and the tube blew up in R1's right hand as she held the lit firework with the assistance of staff. This deficient practice placed the three residents who held the fireworks in immediate jeopardy and at risk for personal injury. (R1, R2, and R3)</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's electronic medical record (EMR) included the following diagnoses: dementia (progressive mental disorder characterized by failing memory, confusion) and diabetes mellitus (DM-when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).</li> </ul> <p>The Annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. The resident was dependent on staff for all cares.</p> <p>The Cognitive Loss/Dementia Care Area Assessment (CAA) dated 10/02/24 revealed R1 had impaired cognition due to dementia. The CAA noted she had impaired memory, was unable to recall, and required assistance with decision making.</p> <p>The Quarterly MDS, dated [DATE] revealed no significant changes in status from the above MDS.</p> <p>R1's Care Plan, revised 01/24/20, revealed R1 had memory problems, no recall, and had moderately impaired decision-making ability.</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:  17E630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2024
NAME OF PROVIDER OR SUPPLIER  Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 212 N 5th Ave Anthony, KS 67003	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 07/03/2024 at 07:05 PM, an Incident Note revealed R1 held a roman candle firework and as the last shot blew from the firework, it blew up in her right hand. The nurse immediately assessed the area, cleansed the area, and applied ice. R1's right hand, between her thumb and forefinger was red, slightly swollen, and had some small pinpoint bruising. R1 given one dose of as needed Tylenol and the physician ordered an as needed burn cream.</p> <p>On 07/04/2024 at 06:04 PM, an Incident Note revealed R1 could feed herself and noted R1's mid-pointer finger had a small pink area and staff applied burn cream.</p> <p>On 07/06/2024 at 09:33 AM, an Incident Note revealed R1 had slight bruising to her finger webbing.</p> <p>During an observation on 07/08/24 at 09:10 AM, with Administrative Nurse A, revealed the resident was awake in her bed. Observation of R1's right hand revealed a slightly bruised area in the web between her finger and thumb.</p> <p>During an interview on 07/08/24 at 09:40 AM, Social Service Staff C reported on 07/03/24 at approximately 06:00 PM, she and Certified Medication Aide (CMA) B took a group of 12 residents outside, in front of the building, to light fireworks for them until about 07:00 PM. SS C said the last thing they had were the roman candles to shoot off. She asked if any of the residents wanted to hold them, and three residents indicated they did. CMA B helped the residents hold the candles as SS C lit them. SS C said the last ball of the roman candle backfired and the whole tube blew up in R1's hand. SS C took the resident back into the building to Licensed Nurse (LN) D to evaluate her right hand. SS C said there were reddened areas and some bruising, but did not look like burns. SS C said she then left the resident with the nurse and went to tend to the other residents outside. SS C reported she never thought about the residents holding the roman candles and did not read the label about how to shoot the fireworks off properly. SS C said the fireworks were destroyed and unable to read the label, so she went to a firework stand and looked at a roman candle just like what they had for the residents, and it was clear the roman candles were not to be held when lit.</p> <p>During an interview on 07/08/24 at 11:25 AM, CMA B reported on the evening of 07/03/24, there was a group of residents outside in front of the building to watch the fireworks. SS C asked the residents if they wanted to hold the roman candle and R1 shook her head she did. CMA B then took R1 further down away from the other residents and helped R1 hold it while SS C lit the candle. The last ball in the roman candle blew up and caused the tube to explode. CMA B then ripped it out of the resident's hand and SS C quickly took R1 into the nurse to be looked at. CMA B said she never thought about the residents holding them nor did she read the label about how to shoot the firework off.</p> <p>During an interview on 07/08/24 at 03:20 PM, LN D reported she was the charge nurse on 07/03/24, when staff took a lot of the residents outside to watch fireworks. It was about 07:00 PM when SS C brought R1 inside and reported a roman candle blew up in her hand. LN D immediately sent a staff for a cool washcloth and examined R1's right hand. LN D said there was a small area of redness and slight swelling on her index finger and what might be a bruise in the webbing between her thumb and finger. LN D put the cool cloth on the area and saw no open, blistered skin, just a pinpoint red area. LN D called the physician who gave a verbal order for burn cream to the area until healed. LN D reported she gave the resident some Tylenol in case the hand was causing any pain. LN D monitored and checked the area all through the night and by morning the redness was almost gone, and swelling had resolved. LN D said there was faint bruising on the webbing, but the resident used her hand as she did prior to incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  17E630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2024
NAME OF PROVIDER OR SUPPLIER  Anthony Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 212 N 5th Ave Anthony, KS 67003	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/08/24 at 08:30 AM, Administrative Nurse A reported staff were lighting fireworks for the residents on 07/03/24 and without reading the labels, they allowed three residents to hold roman candles and then lit them. Administrative Nurse A said the first two residents' candles went off as planned but then the third one was lit by SS C while CMA B helped the resident hold her candle and it went off okay until the last ball backfired and blew up in the resident's hand.</p> <p>Review of the safety sheet on fireworks.com revealed fireworks such as roman candles should not be held in the hand and can burn at high temperatures; Some can reach temperatures of up to 2000 degrees Fahrenheit. The firework should never be held in the hand, and after they are lit, people should be a safe distance away of at least 100 feet.</p> <p>The facility policy for Accidents and Incidents- Investigation and Reporting dated 11/28/16 revealed all accidents or incidents involving residents, employees, visitors, vendor, etc., occurring on the premises shall be investigated and reported to the Administrator. The Charge Nurse and /or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p> <p>The facility failed to provide a safe environment for three residents in the facility identified by the facility, when the facility staff allowed three residents to hold lit fireworks in their hands during an Independence Day Celebration, that resulted in injury to one confused resident.</p> <p>On 07/08/24 at 01:50 PM, the surveyor provided the IJ Template to Administrative Staff A and notified the facility failure to ensure a safe environment when staff allowed three residents to hold lit fireworks, one which misfired and blew up in cognitively impaired R1's right hand. This failure placed R1, R2, and R3 in immediate jeopardy and at risk for injury.</p> <p>The facility identified, implemented, and completed the following corrective actions on 07/04/24:</p> <ol style="list-style-type: none"> <li>1. On 07/04/24, staff counseled on reading all labels on any fireworks for safe lighting instructions.</li> <li>2. On 07/04/24, no staff/resident were to hold fireworks while being lit.</li> <li>3. The facility gave SS C and CMA B a written disciplinary warning.</li> </ol> <p>The surveyor verified the completed corrective actions during an onsite visit on 07/08/24 at 08:00 AM. Due to the corrective actions the facility completed prior to the onsite visit, the deficient practice was deemed past non-compliance and existed at a G scope and severity.</p>		