

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OR SUPPLIER WAKEFIELD OPERATOR LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 509 GROVE STREET WAKEFIELD, KS 67487		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 732 SS=D	<p>The following citations represent the findings of a Health Resurvey. The 2567 was electronically sent to the facility on 10/12/2020.</p> <p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p>	F 732			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 732	<p>Continued From page 1</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 41 residents. The sample included 12 residents. Based on observation and interview, the facility failed to display staffing information in a prominent place accessible to residents and visitors when the facility posted staffing hours inside the nurse's station charting room not readily available in a readable format.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 09/29/20 at 10:00 AM, observation revealed no visible posting of nursing staff hours. <p>On 09/30/20 at 10:30 AM, observation revealed no visible posting of nursing staff hours.</p> <p>On 10/01/20 at 10:01 AM, License Nurse (LN) G stated staffing hours were kept on a clip board in a file organizer on top of a desk inside the nurse's charting room.</p> <p>On 10/01/20 at 02:40 AM, Administrative Nurse D verified the staffing hours were kept in the nurse's station on a clip board inside the nurses charting room, but should be posted on the wall outside the nurse's charting room.</p> <p>The facility's "Posting Direct Care Daily Staffing Numbers" policy, dated January 2020, documented the facility will post in a prominent location (assessable to residents and visitors), on</p>	F 732			

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F 732	Continued From page 2 a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. The facility failed to display daily staffing information in a readable format visible to staff and visitors, placing residents and visitors at risk for being uninformed of nursing staff hours.	F 732			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive	F 758			

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F 758	<p>Continued From page 3</p> <p>psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>The facility had a census of 41 residents. The sample included 12 residents with six reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to provide an appropriate end date for one as needed (PRN) antianxiety medication (class of medications that calm and relax people with excessive mental or emotional reaction characterized by apprehension, uncertainty and irrational fear, nervousness, or tension) for one of six sampled residents, Resident (R) 87.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R87's "Quarterly Minimum Data Set" (MDS), dated 07/06/20, documented the resident had a Brief Interview of Mental Status (BIMS) score of six, indicating severely impaired cognition. The 	F 758			

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F 758	<p>Continued From page 4</p> <p>MDS documented the resident had delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), physical and verbal behavioral symptoms directed towards others, behavioral symptoms not directed toward others, and rejection of care one to three days during the look back period. The MDS documented the resident required supervision with all activities of daily living (ADLs) except toilet use which required limited assistance. The MDS documented the resident received insulin (medication used to treat people who produce little or no insulin), antipsychotic (class of medications used to treat a major mental disorder characterized by a gross impairment in reality and other mental emotional conditions), antidepressant (class of medications used to treat mood disorders and relieve symptoms of abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and diuretic (medication to promote the formation and excretion of urine) medications seven days during the look back period.</p> <p>The "Risk for Adverse Reaction Care Plan," dated 08/20/20, directed staff to administer the resident Ativan (anxiety medication) and monitor for side effects of increased risk for falls, Central Nervous System (CNS-nerve tissues that control the activities of the body) and respiratory depression (a breathing disorder characterized by slow and ineffective breathing). The care plan documented the physician reviewed and evaluated the resident's medications.</p> <p>The "Physician Order Sheet," dated 09/02/20, instructed staff to administer the resident Ativan, 0.5 milligrams (mg) by mouth every 12 hours,</p>	F 758			

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F 758	Continued From page 5 PRN for breakthrough agitation, may give twice a day. The order lacked an end date for the medication. On 09/30/20 at 09:30 AM, observation revealed the resident ambulated independently from her room to the dining room table, sat in a chair, and visited with the resident across the table. On 10/05/20 at 01:38 PM, Administrative Nurse D verified the resident's Ativan, 0.5 mg order had no end date and stated the facility used the mega rule which allowed the facility to not apply an end date to the resident's PRN Ativan. The nurse practitioner saw the resident every one to two weeks through tele medicine (the process of providing health care from a distance through technology, often using video conferencing), but could not produce documentation regarding the mega rule. The facility's "Unnecessary Drugs, Psychotropic Use" policy, dated January 2020, documented the facility would limit PRN orders for antianxiety drugs to 14 days. This may be extended beyond the 14 days through documentation in the medical record by the practitioner as to why this should occur. The facility failed to provide an appropriate end date for R87's PRN Ativan, placing the resident at risk for receiving unnecessary psychotropic medications.	F 758			
F 802 SS=D	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the	F 802			

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F 802	<p>Continued From page 6</p> <p>appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b) (2)(ii). This REQUIREMENT is not met as evidenced by: The facility had a census of 41 residents. The sample included 12 residents with one reviewed for nutrition. Based on observation, record review, and interview, the facility failed to provide meals and assistance to Resident (R) 23 in a prompt and conducive manner.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R23's "Physician Order Sheet" (POS) dated 09/02/20, documented the following diagnoses cerebral infarction (an area of necrotic (death of tissue in response to a disease or injury) tissue in the brain), type 2 diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, adjustment disorder (is a group of symptoms such as feeling sad or 	F 802			

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F 802	<p>Continued From page 7</p> <p>hopeless, and physical that can occur because of having a hard time coping) with depressed mood, and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</p> <p>The "Significant Change Minimum Data Set" (MDS), dated 09/24/20, documented the resident had severe cognitive impairment, required extensive assistance of one staff for eating, and loss of liquid and solids from her mouth when eating or drinking. The MDS documented the resident held food in mouth and cheeks or residual food in mouth after meals and coughed or choked during meals or swallowing medication. The MDS further documented the resident had impaired range of motion on one side of upper body, significant weight loss, and received a mechanically altered diet.</p> <p>The "Nutritional Status Care Area Assessment" (CAA), dated 09/24/20, documented R23 had a 10% weight loss, not on a prescribed weight loss regimen, and received a mechanically altered diet. The CAA documented the resident received nectar thick liquids, supplements, poor appetite, liked cranberry juice, and directed staff to try to find foods the resident would accept.</p> <p>The "Nutritional Care Plan," dated 08/27/20, instructed staff to provide the resident a fortified pureed diet with nectar thick liquids and a supplement three time a day. The care plan further documented the resident liked diet coke, hot cereal with brown sugar, lemon and tapioca pudding, and family reported she was not a picky eater.</p> <p>The "POS," dated 09/21/20, directed staff to</p>	F 802			

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F 802	<p>Continued From page 8</p> <p>provide the resident a supplement three times a day, pureed diet, and nectar thick liquids.</p> <p>The "Nutritional Assessment," dated 09/14/20, by Consultant (C) GG, documented a loss of nine lbs. in one month and intake of 0-25% of pureed and nectar thick liquids. C GG recommended a pureed diet, increased nectar thickened liquid amounts, and increased supplement amounts. C GG further recommended speech therapy and a goal to maintain weight of 111 pounds or more.</p> <p>On 09/30/20 at 11:26 AM, observation revealed R23 entered the dining room with walker and two staff. At 12:03 PM, continue observation revealed the resident sat with her eyes closed at the desk in the dining room, no food or fluids present. At 12:17 PM, continued observation revealed staff woke the resident and informed her the kitchen was preparing her food, then staff brought R23 a cup of red nectar thick liquid with a sippy lid and handles on each side and unwrapped silverware . The resident picked up each piece of silverware separately and made motion as if taking a bite. At 12:21 PM, continued observation revealed staff delivered pureed food and placed it in front of the resident. Certified Medication Aide (CMA) R offered the resident a bite of pudding and R23 pushed CMA R's hand away. (55 minutes to receive the meal)</p> <p>On 10/01/20 at 09:22 AM, observation revealed CMA T ambulated R23 to the dining room, provided the resident with a nectar thick supplement drink and hot tea in cups with sipper lids and handles. Continued observation revealed staff encouraged the resident to drink, but did not stay to assist her. At 09:38 AM, continued observation revealed the resident sat with her</p>	F 802			

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F 802	<p>Continued From page 9</p> <p>eyes closed, no food provided. At 09:57 AM, continued observation revealed staff moved the resident's chair to the end of the table to adhere to social distancing of another resident seated at the table, no food provided, and staff stated to each other the kitchen had been notified of resident being in the dining room. At 10:15 AM, continued observation revealed R23 slept at the table. At 10:24 AM, continued observation revealed one staff assisted the resident to the bathroom with her walker. After toileting, staff alerted the resident had not received a breakfast meal, so staff returned R23 to the table, provided her pudding, and attempted to give the resident bites, but she did not eat and closed her eyes. At 10:44 AM, continued observation revealed staff transferred R23 to a recliner in the commons area. (62 minutes until toileted and returned to dining room)</p> <p>On 10/05/20 at 10:53 AM, CMA T reported R23 required assistance and encouragement of one staff with eating, and at times would try to feed herself. CMA T stated the resident had a poor appetite and received a pureed diet with nectar thick liquids. CMA T stated the resident ate better later in the day and when staff sat with her one on one in her room.</p> <p>On 10/05/20 at 11:09 AM, LN H reported it was difficult to get the resident to eat, the resident ate in the dining room with her back to the room of residents so she did not get distracted.</p> <p>On 10/05/20 at 01:31 PM Dietary Staff (DS) CC stated when R23 was brought to the dining room staff were to let dietary know she was ready for her meal. DS CC stated the residents should not have to wait 30 minutes to be served the meal or</p>	F 802			

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F 802	Continued From page 10 assisted to eat. On 10/05/20 at 02:30 PM, Administrative Nurse D stated the resident should be served promptly, assisted in the dining room, and a 30-minute wait was too long. The facility's "Nutrition (Impaired)/ Unplanned Weight Loss Clinical Protocol" policy, dated February 2020, documented residents with functional impairment most likely need some form of assistance with eating, to ensure food is served to the resident in a conducive dining. The facility failed to provide R23 meals and assistance within 45 minutes of being placed in the dining room, placing the resident at risk for poor nutrition and weight loss.	F 802			
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: The facility had a census of 41 residents. Based on observation, record review, and interview, the facility failed to provide food prepared by methods that conserved nutritive value, flavor and appearance for one of two residents who received pureed meals, Resident (R) 23.	F 804			

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F 804	<p>Continued From page 11</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 10/01/20 at 11:05 AM, observation during pureed food preparation revealed Dietary Staff (DS) BB, with DS CC overlooking, placed 2/3 cup of mixed vegetables into the blender, added two teaspoons (tsp) of thickener, and blended. DS BB stated the mixture was not the right consistency, added 2/3 cup of juice from the mixed vegetables in the steam table, and blended to a pudding consistency. DS BB placed the mixture onto a plate and placed it on the counter beside the steam table. Observation revealed DS BB placed 1/3 cup of ground country fried steak into the blender, added 1/3 cup of gravy, and blended. DS BB stated the mixture was not the right consistency, poured unmeasured milk into the mixture, and blended to mashed potato consistency, and placed the mixture on the plate with the pureed mixed vegetable. Further observation revealed DS BB placed a bread roll into a blender, added unmeasured milk, and blended the mixture to mashed potato consistency. DS BB placed an unmeasured amount of the mixture on the plate with the other pureed food items, leaving some of the pureed mixture in the blender. On 10/01/20 at 11:15 AM, DS BB verified the above finding, obtained a plastic-coated sheet of paper titled, "Puree Recipes, this is only to be used as a back-up for recipes on production sheets," and stated she used that document. On 10/01/20 at 11:16 AM, DS CC verified DS BB had not followed a recipe and brought out a white binder, stated DS BB should have followed the pureed recipe in the binder, and measured each 	F 804			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2020
NAME OF PROVIDER OR SUPPLIER WAKEFIELD OPERATOR LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 509 GROVE STREET WAKEFIELD, KS 67487		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 804	Continued From page 12 item she placed in the blender. On 10/01/20 at 11:17 AM, DS BB stated she was unaware the kitchen had a recipe book. The facility's "Standardized Recipes" policy, dated February 2020, documented standardized recipes shall be developed and used in the preparation of foods. The food services manager will maintain the recipe file and make it available to food services staff as necessary. The facility failed to follow a recipe when preparing R23's pureed meal, placing the resident at risk for impaired nutrition.	F 804			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812			

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F 812	<p>Continued From page 13</p> <p>by:</p> <p>The facility had a census of 41 resident. Based on observation, record review, and interview, the facility failed to use gloved hands when staff picked up food and assisted residents with eating, and failed to properly clean the blender between preparing different pureed (a paste or thick liquid suspension usually made from cooked food ground finely) food items.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 10/01/20 at 08:15 AM, observation revealed Certified Medication Aide (CMA) R sat at the counter on Resident (R) 22's left side and assisted the resident with her breakfast meal. Observation revealed CMA R stood up, ambulated to the activity director room, picked up a ponytail holder, and with ungloved hands placed his hair up into a ponytail on his head. Observation revealed CMA R returned to the dining room counter, sat in the chair to the left of R22, picked up a slice of her toast with his left ungloved hand, and gave R22 a bite. On 10/01/20 at 08:39 AM, observation revealed Licensed Nurse (LN) G propelled R22 in her wheelchair back to her food on the counter, picked up a piece of R22's toast with her ungloved hands, and placed the toast in R22's mouth. On 10/01/20 at 09:05 AM, observation revealed Certified Nurses Aide (CNA) M picked up a piece of bacon in her ungloved hand and placed the bacon up to R27's mouth. On 10/01/20 at 11:05 AM, observation revealed Dietary Staff (DS) BB placed two (1/3 cup) 	F 812			

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F 812	<p>Continued From page 14</p> <p>portions of mixed vegetables in a blender, added thickener and vegetable juice , and blended the vegetables to a pudding consistency. Observation revealed DS BB rinsed the blender lid and container in hot water several times then placed 1/3 cup of ground country fried steak, 1/3 cup of gravy, and an unmeasured amount of milk in the blender and blended to consistency of mashed potatoes. Observation revealed DS BB rinsed the blender container and lid several times with hot water then placed a roll into the blender, added unmeasured milk, and blended to a consistency of mashed potatoes, topped with unmeasured butter, and placed it on the plate with the other food items.</p> <p>On 10/05/20 12:18 PM, observation revealed CMA S placed her ungloved hand on R35's sandwich and cut off the crust with a butter knife in her right hand.</p> <p>On 10/01/20 at 11:05 AM, DS CC stated staff always rinse the blender between food items in the same way and she was unaware the blender were supposed to be sanitized between different foods.</p> <p>On 10/05/20 at 01:48 PM, Administrative Nurse D stated staff should not use their ungloved hands to pick up food items.</p> <p>The facility's "Preventing Foodborne Illness-Food Handling F812" policy, dated November 2017, documented that all employees who handle, prepare, or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to</p>	F 812			

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F 812	Continued From page 15 residents. All food service equipment and utensils will be sanitized according to current guidelines and manufacturer's recommendations. The facility failed to ensure dietary staff cleansed and sanitized the blender container between pureed food items and failed to ensure staff wore gloves when they assisted residents eat their food, placing the residents at risk for foodborne illness.	F 812			