

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

PRINTED: 11/27/2023
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 11/20/2023
NAME OF PROVIDER OR SUPPLIER WAKEFIELD CARE AND REHAB			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 The following citations represent the findings of a Health Resurvey.	F 000			
F 657 SS=D	The 2567 was sent electronically on 11/27/23. Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: The facility had a census of 42 residents. The	F 657			

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

TITLE

(X6) DATE

11/27/2023

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 657	<p>Continued From page 1</p> <p>sample included 13 residents. Based on observation, record review, and interview, the facility failed to revise, update, and individualize the care plans for Resident (R) 27 who received insulin (a hormone to regulate blood sugar) and R39, who had pain. This deficient practice placed the residents at risk for inadequate and inappropriate care related to uncommunicated care needs.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R27's Electronic Medical Record (EMR) documented diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). <p>The "Quarterly Minimum Data Set" (MDS) dated 10/11/23, documented R27 received insulin injections weekly.</p> <p>R27's "Care Plan" lacked update or revision for assessment and monitoring for hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar) or for the use of the insulin.</p> <p>On 11/14/23 at 10:00AM, observation revealed R27 sat in his wheelchair near the nurse's desk.</p> <p>On 11/16/23 at 10:45AM, Administrative Nurse D verified R27 had a diagnosis of diabetes mellitus and received insulin weekly. Administrative Nurse D verified R27's care plan lacked interventions for assessment of hypo/hyperglycemia and the weekly insulin injections.</p> <p>The facility's "Care Plan" policy, dated 09/2023, stated a care plan was developed for each</p>	F 657			

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F 657	<p>Continued From page 2</p> <p>resident that included measurable objectives to meet a resident's medical, nursing, mental and psychosocial needs and were consistent with the resident's desires and preferences. The care plan was to be revised, reviewed, and updated with changes in a residents care.</p> <p>The facility failed to update R27's care plan placing him at risk for inadequate care due to uncommunicated care needs.</p> <p>- R39's Electronic Medical Record (EMR) documented R39 had diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), major depressive disorder (major mood disorder which causes persistent feelings pf sadness), low back pain, and neuropathy (weakness, numbness and pain from nerve damage, usually in the hands and feet).</p> <p>R39's "Quarterly Minimum Data Set" (MDS), dated 10/04/23, documented R39 had a Brief Interview of Mental Status (BIMS) score of five, which indicated severe cognitive impairment. The MDS documented R39 required moderate staff assistance with personal hygiene, and toileting. R39 required set up assistance with the rest of her activities of daily living (ADLs). The MDS documented R39 received no scheduled pain or as needed pain (PRN) medications and had no indicators of pain during the observation period.</p> <p>R39's "Care Plan," revised 08/25/23, lacked a section regarding pain management.</p> <p>On 11/16/23 at 08:14 AM, observation revealed R39 sat at the dining room table. R39grimaced, held her right hand on her right hip and stated to</p>	F 657			

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F 657	<p>Continued From page 3</p> <p>Certified Medication Aide (CMA) M "it hurt." CMA M told R39 she would tell her nurse. Further observation revealed CMA M went to the nurse's station and reported to the nurse, came back to the resident and told R39 she would give R39 some pain medication when she administered the resident's other morning medications. R39 replied "ok," and continued to grimace and hold her right hand on her right hip. Further observation revealed at 08:31 AM, R39 stood up from table and ambulated without assistance to the social service office, then ambulated out of the office, with her hand on her right hip. R39 grimaced and held onto Social Services X's hand. R39 reported she had pain to Social Services X's in that area and stopped walking occasionally as Social Services X's assisted her to a recliner by the nurse's station. Social Services X gave R39 a photo album. Observation revealed Social Services X's reported to CMA M that R39 had pain, and CMA M replied she would administer Tylenol to R39 with the resident's other morning pills. Further observation revealed CMA M continued to administer other residents' medications in the dining room. CMA M did not offer R39 any non-pharmacological (non-medicinal) pain interventions. R39 continued to grimace and hold her right hand on her right hip. At 08:47 AM, CMA M began placing R39's morning medications in a medication cup. R39 again asked for something for pain in her right hip, and CMA M asked R39 to sit in the recliner until she had all of R39's medications ready. At 08:55 AM (41 minutes after the initial report of pain), CMA M administered two Tylenol, 325milligram (mg), tablets to R39 with her other medications.</p> <p>On 11/16/23 at 09:07 AM, R39 ambulated with</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>Licensed Nurse (LN) H in the hall to a recliner by the nurse's station with her right hand on her right hip. R39 grimaced and stated "ooh, that hurts" when she sat down in the recliner. LN H handed R39 a photo album and did not address R39's report of pain.</p> <p>On 11/16/23 at 09:19AM, R39 sat in a recliner by the nurse's station. R39 had her right hand on her right hip, and verbalized to staff she was having pain. R39 then stood up and ambulated down the hall. CMA M redirected R39 back to the recliner, and R39 again verbalized pain. Further observation revealed CMA M told R39 she needed to sit still in the recliner and give the pain medication time to work. CMA M did not ask R39 her pain level or offer non-pharmacological interventions for pain.</p> <p>On 11/20/23 at 09:44 AM, LN G stated if a resident reported they had pain, she would assess the pain level and immediately see what she could do to alleviate the pain.</p> <p>On 11/16/23 at 11:51 AM, Administrative Nurse E verified R39's care plan lacked a section regarding pain and stated it should have one.</p> <p>The facility's "Care Plan" policy, dated 09/2023, stated a care plan was developed for each resident that included measurable objectives to meet a resident's medical, nursing, mental and psychosocial needs and were consistent with the resident's desires and preferences. The care plan was to be revised, reviewed, and updated with changes in a residents care.</p> <p>The facility failed to update R39's care plan. This placed her at risk for inadequate care due to</p>	F 657			

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F 657	Continued From page 5	F 657			
F 697	Pain Management	F 697			
SS=D	CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility had a census of 42 residents. The sample included 13 residents. Based on observation, record review, and interview, the facility failed to ensure adequate pain management was provided to Resident (R)39 when R39 reported pain in her right hip area. This placed the resident at risk for unrelieved pain. Findings included: - R39's Electronic Medical Record (EMR) documented R39 had diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), major depressive disorder (major mood disorder which causes persistent feelings of sadness), low back pain, and neuropathy (weakness, numbness and pain from nerve damage, usually in the hands and feet). R39's "Quarterly Minimum Data Set" (MDS), dated 10/04/23, documented R39 had a Brief Interview of Mental Status (BIMS) score of five, which indicated severe cognitive impairment. The MDS documented R39 required moderate staff assistance with personal hygiene, and toileting.				

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F 697	<p>Continued From page 6</p> <p>R39 required set up assistance with the rest of her activities of daily living (ADLs). The MDS documented R39 received no scheduled pain or as needed pain (PRN) medications and had no indicators of pain during the observation period.</p> <p>R39's "Care Plan," revised 08/25/23, lacked a section regarding pain management.</p> <p>On 11/16/23 at 08:14 AM, observation revealed R39 sat at the dining room table. R39 grimaced, held her right hand on her right hip and stated to Certified Medication Aide (CMA) M "it hurts." CMA M told R39 she would tell her nurse. Further observation revealed CMA M went to the nurse's station and reported to the nurse, came back to the resident and told R39 she would give R39 some pain medication when she administered the resident's other morning medications. R39 replied "ok," and continued to grimace and hold her right hand on her right hip. Further observation revealed at 08:31 AM, R39 stood up from table and ambulated without assistance to the social service office, then ambulated out of the office, with her hand on her right hip. R39 grimaced and held onto Social Services X's hand. R39 reported she had pain to Social Services X's in that area and stopped walking occasionally as Social Services X's assisted her to a recliner by the nurse's station. Social Services X gave R39 a photo album. Observation revealed Social Services X's reported to CMA M that R39 had pain, and CMA M replied she would administer Tylenol to R39 with the resident's other morning pills. Further observation revealed CMA M continued to administer other residents' medications in the dining room. Staff did not offer R39 any non-pharmacological (non-medicinal) pain interventions. R39 continued to grimace and</p>	F 697			

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F 697	<p>Continued From page 7</p> <p>hold her right hand on her right hip. At 08:47 AM, CMA M began placing R39's morning medications in a medication cup. R39 again asked for something for pain in her right hip, and CMA M asked R39 to sit in the recliner until she had all of R39's medications ready. At 08:55 AM (41 minutes after the initial report of pain), CMA M administered two Tylenol, 325milligram (mg), tablets to R39 with her other medications.</p> <p>On 11/16/23 at 09:07 AM, R39 ambulated with Licensed Nurse (LN) H in the hall to a recliner by the nurse's station with her right hand on her right hip. R39 grimaced and stated "ooh, that hurts" when she sat down in the recliner. LN H handed R39 a photo album and did not address R39's report of pain.</p> <p>On 11/16/23 at 09:19AM, R39 sat in a recliner by the nurse's station. R39 had her right hand on her right hip, and verbalized to staff she was having pain. R39 then stood up and ambulated down the hall. CMA M redirected R39 back to the recliner, and R39 again verbalized pain. Further observation revealed CMA M told R39 she needed to sit still in the recliner and give the pain medication time to work. CMA M did not ask R39 her pain level or offer non-pharmacological interventions for pain.</p> <p>On 11/20/23 at 09:44 AM, LN G stated if a resident reported they had pain, she would assess the pain level and immediately see what she could do to alleviate the pain.</p> <p>On 11/16/23 at 11:51 AM, Administrative Nurse E stated if R39 had pain, staff should immediately look at R39's "Medication Administration Record" (MAR) to see if R39 had a PRN pain medication</p>	F 697			

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F 697	Continued From page 8 available. The facility's "Pain Assessment and Management Policy," revised 10/2022, documented the pain management program was based on a facility-wide commitment to resident comfort. The policy documented pain management was a multidisciplinary care process that included the following: Assessing the potential for pain. Effectively recognizing the presence of pain. Identifying the characteristics of pain. Addressing the underlying causes of the pain. Identifying and using specific strategies for different levels and sources of pain. Monitoring for the effectiveness of interventions. Modifying approaches as necessary. The facility failed to ensure adequate pain management was provided to R39 when R39 reported right hip pain. This placed the resident at risk for unrelieved pain.	F 697			
F 801 SS=F	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing The facility must employ sufficient staff with the 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) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either	F 801			

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F 801	<p>Continued From page 9</p> <p>full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-</p> <p>(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.</p> <p>(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.</p> <p>(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.</p> <p>(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law.</p> <p>§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services.</p> <p>(i) The director of food and nutrition services must at a minimum meet one of the following qualifications-</p> <p>(A) A certified dietary manager; or</p>	F 801			

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F 801	<p>Continued From page 10</p> <p>(B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: The facility had a census of 42 residents. The sample included 13 residents. Based on observation, record review and interview, the facility failed to employ a certified dietary manager, placing the residents at risk for unmet nutritional needs.</p> <p>Findings included:</p> <p>- On 11/13/23 at 08:05AM, initial observation of the kitchen revealed dietary staff prepared breakfast.</p>	F 801			

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F 801	<p>Continued From page 11</p> <p>On 11/13/23 at 08:15AM, Dietary Staff (DS) BB verified she was not a certified dietary manager.</p> <p>On 11/14/23 at 1:00PM, Administrative Staff A verified the dietary manager was not certified.</p> <p>The facility "Food Service Staffing" policy dated 10/2023, stated the facility will employ a certified dietary manager to oversee the day-to-day operation of food service to the residents.</p> <p>The facility failed to employ a certified dietary manager, placing the residents at risk for unmet nutritional needs.</p>	F 801			