

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175272		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/10/2025	
NAME OF PROVIDER OR SUPPLIER WAKEFIELD CARE AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 509 GROVE STREET , WAKEFIELD, Kansas, 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	
F0000	INITIAL COMMENTS The following citations represent the findings of a Health Recertification Survey. The 2567 was sent electronically on 09/23/25.		F0000				
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer.		F0628				

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 reverse for further 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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F0628 SS = D	<p>Continued from page 1</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p>		F0628				

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F0628 SS = D	<p>Continued from page 2</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as</p>			F0628			

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F0628 SS = D	<p>Continued from page 3 required at § 483.70(l).</p> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications</p>			F0628			

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F0628 SS = D	<p>Continued from page 4 with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility had a census of 45 residents. The sample included 12 residents, with two reviewed for hospitalization. Based on record review and interview, the facility failed to provide the resident or her representative with the bed hold policy when Resident (R) 1 was transferred to the hospital. This placed the residents at risk for uninformed care choices.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - R1's Electronic Medical Record (EMR) documented the resident had a diagnosis of chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing). <p>R1's "Quarterly Minimum Data Set" (MDS), dated 08/08/25, documented the resident had a Brief Interview of Mental Status (BIMS) score of 11, which indicated moderately impaired cognition. The MDS documented R1 required partial to moderate staff assistance with lower body dressing, putting on and or taking off footwear, showering, supervision with oral hygiene, toileting hygiene, upper body dressing, lying to sitting position, ambulation less than 150 feet (ft), and picking up objects off the floor. R1 required setup assistance with eating and sitting to lying position, independent with transfers.</p> <p>R1's "Care Plan," revised 08/13/25, documented R1 had COPD and instructed staff to administer medication and breathing treatments as the physician ordered. The plan instructed staff to educate R1 on the importance of quitting smoking, encourage her to comply with fluid restriction, and diet. The plan documented R1 had a history of leaving her oxygen tubing and nebulizer mask in her bed, on her end table, or on the floor, and instructed staff to remind R1 of the importance of keeping these items bagged. The plan instructed staff to monitor R1 for signs or symptoms of shortness of breath, lethargy, pain, and sputum production.</p> <p>R1's "Progress Notes" dated 07/31/25 at 05:09 AM documented the resident was transferred to the hospital.</p> <p>R1's clinical record lacked evidence that either R1, or her representative was notified of the bed hold policy.</p>		F0628				

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F0628 SS = D	Continued from page 5 On 09/09/25 at 02:00 PM, observation revealed R1 sat in a chair in her room, with no signs or symptoms of respiratory distress. On 09/10/25 at 01:10 PM, Social Service Designee (SSD) X stated that when residents are transferred to the hospital, the nurse on duty at that time is responsible for notifying the resident or representative of the bed hold policy. On 09/10/25 at 01:36 PM, Administrative Nurse D stated the nurse was responsible for providing the bed-hold policy to the resident or representative unless it was an emergency, then SSD X should follow up on providing it. Upon request, the facility failed to provide a bed-hold policy.	F0628					
F0812 SS = F	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 by: The facility had a census of 45 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to store,	F0812					

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F0812 SS = F	<p>Continued from page 6 prepare, distribute, and serve food by professional standards for food service safety in one kitchen. This deficient practice placed the residents who received their meals from the facility's kitchens at risk for foodborne illness.</p> <p>Findings included:</p> <p>- On 09/09/25 at 09:00 AM, observation in the kitchen revealed a three-door refrigerator had the following:</p> <p>An unlabeled, undated container of steak fry casserole.</p> <p>An unlabeled, undated plastic bag with salad and cheese.</p> <p>A three-door refrigerator located in the dry storage room had an unlabeled, undated plastic bag with sliced ham and lacked a backup thermometer.</p> <p>On 09/09/25 at 11:15 AM, Certified Dietary Manager (CDM) BB verified the above observations, stated there should be a backup thermometer in the dry storage refrigerator, and staff should label and date all food items before placing them in the refrigerators.</p> <p>On 09/10/25 at 11:30 AM, observation in the kitchen revealed the following:</p> <p>The pipes, approximately 4 feet long, located underneath the sink in the dishwasher area where the dirty dishes enter the dishwasher, had numerous different-sized areas of brownish stains.</p> <p>The 13 vents, approximately six inches (in) by 4 in, located underneath the ceiling air conditioner, had a gray fuzzy substance in them.</p> <p>On 09/10/25 at 11:35 AM, CDM BB verified the above findings and stated the kitchen staff were responsible for cleaning them.</p> <p>The "Kitchen Cleaning Schedule" had tasks listed for staff to complete daily, weekly, and monthly.</p> <p>The facility's "Sanitation Policy," revised 10/24, documented all kitchen, kitchen areas, and dining areas shall be kept clean and free from rubbish.</p> <p>The facility's "Food Safety Policy," revised 10/24, documented all foods stored in the refrigerator or freezer would be covered, labeled, and dated.</p>		F0812				
F0849 SS = D	Hospice Services		F0849				

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F0849 SS = D	<p>Continued from page 7</p> <p>CFR(s): 483.70(n)(1)-(4)</p> <p>§483.70(n) Hospice services.</p> <p>§483.70(n)(1) A long-term care (LTC) facility may do either of the following:</p> <p>(i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices.</p> <p>(ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.</p> <p>§483.70(n)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:</p> <p>(i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.</p> <p>(ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:</p> <p>(A) The services the hospice will provide.</p> <p>(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.</p> <p>(C) The services the LTC facility will continue to provide based on each resident's plan of care.</p> <p>(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.</p> <p>(E) A provision that the LTC facility immediately notifies the hospice about the following:</p>			F0849			

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F0849 SS = D	<p>Continued from page 8</p> <p>(1) A significant change in the resident's physical, mental, social, or emotional status.</p> <p>(2) Clinical complications that suggest a need to alter the plan of care.</p> <p>(3) A need to transfer the resident from the facility for any condition.</p> <p>(4) The resident's death.</p> <p>(F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.</p> <p>(G) An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p> <p>(H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p> <p>(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p> <p>(J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p> <p>(K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p>			F0849			

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F0849 SS = D	<p>Continued from page 9</p> <p>§483.70(n)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident.</p> <p>The designated interdisciplinary team member is responsible for the following:</p> <p>(i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p> <p>(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.</p> <p>(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient's attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.</p> <p>(iv) Obtaining the following information from the hospice:</p> <p>(A) The most recent hospice plan of care specific to each patient.</p> <p>(B) Hospice election form.</p> <p>(C) Physician certification and recertification of the terminal illness specific to each patient.</p> <p>(D) Names and contact information for hospice personnel involved in hospice care of each patient.</p> <p>(E) Instructions on how to access the hospice's 24-hour on-call system.</p> <p>(F) Hospice medication information specific to each patient.</p>		F0849				

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F0849 SS = D	<p>Continued from page 10</p> <p>(G) Hospice physician and attending physician (if any) orders specific to each patient.</p> <p>(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.</p> <p>§483.70(n)(4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>The facility had a census of 45 residents. The sample included 12 residents. Based on observation, record review, and interview, the facility failed to include a hospice (a program that gives special care to people who are near the end of life) service visit frequency, medications, medical equipment, and preferences for Resident (R) 38. This deficient practice placed the resident at risk of not receiving resident-directed end-of-life care.</p> <p>Findings included:</p> <p>- R38's Electronic Medical Record (EMR) documented diagnoses of cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), shortness of breath, anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear) disorder, major depressive disorder (major mood disorder that causes persistent feelings of sadness), low back pain, demoralization (loss of hope) and apathy (lack of interest), adjustment disorder (excessive reactions to stress involving negative thoughts), vascular dementia (a progressive mental disorder characterized by failing memory and confusion caused by a decreased blood flow to the brain), cardiomegaly (enlarged heart), Parkinson's disease (a slowly progressive neurologic disorder characterized by resting tremors, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity, and weakness), and fractures (broken bone) of the upper right humerus</p>		F0849				

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(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
F0849 SS = D	<p>Continued from page 11 (upper arm bone) and the neck of the right femur (thigh bone) with delayed healing.</p> <p>R38's "Significant Change Minimum Data Set" (MDS), dated 06/24/25, documented that R38 had severe cognitive impairment, delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue), and was dependent on staff for functional abilities. R38 received scheduled pain medication, as-needed pain medication, and non-medication interventions for moderate pain. The MDS further documented that R38 had a condition or disease that may result in a life expectancy of less than six months and received hospice care.</p> <p>The "Psychosocial Well-Being Care Area Assessment" (CAA), dated 06/30/25, documented that R38 received hospice service, had a broken hip that was not healing, and was not a candidate for surgical interventions due to his heart failure. R38's nutritional needs were not being met due to skipping meals and minimal intake. The CAA further documented that R38 had been readying for end of life for the past two years.</p> <p>R38's "Care Plan" dated 07/21/25, documented R38 was on hospice for Parkinson's disease and delayed healing of his right femur fracture. The Care Plan included the name of the hospice provider, the telephone number, and directed staff to follow orders for symptom control. The Care Plan lacked specifics of delegation of hospice staff services, visit frequency, medications, medical equipment, and personal hygiene supplies.</p> <p>The "Physician Order" dated 06/16/25 directed staff to admit R38 to hospice for Parkinson's disease and the fracture to the right femur with delayed healing.</p> <p>The "Progress Note" dated 06/06/25 at 10:44 AM documented that the hospice provider wanted to meet with R38 and his representatives to explain in detail what hospice could provide.</p> <p>The "Progress Note" dated 06/11/25 at 12:18 PM documented that the hospice provider would admit R38 to hospice.</p> <p>On 09/09/25 at 8:01 AM, R38 remained in bed, wearing oxygen, eyes closed, and the room was quiet and dark.</p> <p>On 09/10/25 at 09:05 AM, Certified Medication Aide (CMA) R reported that the hospice service provided certain medications for R38, and CMA R would ask the nurse on duty about services and medication for R38. CMA R also stated that the facility provided</p>			F0849			

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F0849 SS = D	<p>Continued from page 12</p> <p>incontinence products and personal care for hospice residents, and she was not aware of where she would look to find specifics related to the hospice and the facility responsible for supplies needed to care for R38.</p> <p>On 09/10/25 at 09:09 AM, Administrative Nurse F reported that hospice provided a list of medications they would supply to R38, and the hospice nurse would come to see the resident twice a week, unless the resident was actively dying, and then the hospice nurse would come daily. Administrative Nurse F stated that a hospice aide usually did not come because the facility's staff met his personal needs. Administrative Nurse F reported that staff lacked a list of supplies furnished by hospice for R38.</p> <p>On 09/10/25 at 10:44 AM, Administrative Nurse D reported the facility's Care Plan lacked specifics related to the hospice provider provided and what the facility was responsible for in the end-of-life care and services for R38.</p> <p>The facility's "Hospice Program" policy, dated 10/2024, documented promoting continuity of care, collaborating with the hospice, nursing home, and resident/representative on a coordinated care plan to ensure the resident receives all necessary care and services. Although the hospice provider retains primary responsibility for the provision of the following hospice care and services, including but not limited to providing medical direction, nursing, counseling, medical supplies, durable medical equipment, and all other services that are necessary for the care of the resident's terminal illness and related conditions.</p>			F0849			