STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 complaint investigation KS00161255.	F 000		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This Requirement is not met as evidenced by: The facility census totaled 53 residents, with three reviewed for respiratory care. Based on observation, interview, and record review, the facility failed to ensure that Resident (R) 1's physician ordered incentive spirometry (a handheld device that helps your lungs recover after a surgery or lung illness) and medicated breathing treatments were administered as directed. Findings included: - Review of R1's pertinent diagnoses from the "Physician's Order" electronic medical record (EMR) dated 01/28/21 revealed pneumonia (an inflammation of the lungs). Review of the 01/31/21 "Admission Minimum Data Set" (MDS) revealed a brief interview for mental status (BIMS) of 06, indicating severely impaired cognition and she exhibited pulmonary (lung) issues as per her medical diagnosis. Review of the "Cognitive Care Area Assessment"	F 695		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 695	Continued From page 1	F 695		

(CAA) revealed R1's diagnosis included chronic obstructive pulmonary disease (COPD- a progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing) and pneumonia.

Review of 01/27/21 "Infection Care Plan" revealed R1's pneumonia diagnosis but lacked information about incentive spirometry use or scheduled breathing treatments.

Review of 01/27/21 "Progress Notes" revealed R1 exhibited crackles (abnormal breath/lung sounds) in her bilateral (both) lungs.

Review of R1's 01/29/21 "chest x-ray" revealed mild patchy interstitial (scarring of lung tissue) and alveolar (air sacs in the lungs) opacities (lack of transparency; an opaque or non-transparent area) in both lung bases.

Review of R1's 02/05/21 chest x-ray revealed increased peripheral markings (vascular), with bronchiolitis (inflammation of tiny branch of air tubes within the lungs), and a nodular (a small mass of rounded or irregular shape) opacity in the right lung base.

Review of the "Daily Skilled Notes" for 02/08/21, 02/09/21, and 02/10/21 revealed R1 experienced wheezing per the assessing nurse.

Review of 02/09/21 "Progress Notes Physician Communication" revealed R1 ordered to use the incentive spirometer every hour while she was awake.

Review of the 02/17/21 "Progress Notes Physician Communication" revealed the physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 695	Continued From page 2	F 695		

ordered breathing treatments every four hours for wheezing.

Review of R1's 02/17/21 chest x-ray revealed a chest x-ray worsening pneumonia concerning of multifocal pneumonia.

Review of 02/17/21 "Progress Notes Physician Communication" revealed upon R1's morning assessment, and staff noted wheezing in all lung fields and a wet cough.

Review of 01/26/21 to 02/24/21 "Medication Administration Record" (MAR) and "Treatment Administration Record" (TAR) for R1's 02/09/21 physician ordered hourly incentive spirometer order and breathing treatment were not correctly listed. The MAR and TAR lacked documentation that staff had administered either the incentive spirometer or the nebulizer breathing treatments

Interview with Licensed Nurse (LN) E on 05/17/21 at 05:51 PM revealed she talked to Provider B and normally would have completed a communication form for the incentive spirometry order. She would have placed the order on the TAR to be scheduled for administration and documented.

Interview with LN D on 05/18/21 at 01:20 PM revealed she did call the physician about R1's breath sounds and obtained an order for the nebulizer treatments with the medication DuoNeb (medication that relaxes the muscles in the airways and increases airflow to the lungs). However, when she was ordering the medication, she reported she entered it incorrectly, and the medication did not get administered. She reported R1 utilized the incentive spirometry "sometimes."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 695	Continued From page 3	F 695		

Interview with LN C on 05/17/21 at 06:26 PM revealed R1's incentive spirometer and breathing treatments were as needed (PRN), she thought, but she did not think R1 ever had any administered.

Interview with Provider B on 05/17/21 at 05:58 PM revealed she did not remember if she told the nurse to implement incentive spirometry. Provider B saw R1 on 01/29/21 and completed chest x-rays to assess the resident's pneumonia. The chest x-ray showed worsening pneumonia. She would guess if she wrote orders for breathing treatments every four hours and incentive spirometry, she would want R1 to have received them as ordered. She did not remember if R1 had breathing issues, but "based on what she saw in the resident's chart," the use of the incentive spirometry and breathing treatments every four hours would be appropriate for this resident to assist with breathing and comfort.

Interview with Administrative Nurse A on 05/18/21 at 01:55 PM revealed R1 came to the facility from the hospital with a diagnosis of pneumonia, and the nurses assessed her respiratory status and lungs daily. She had a breathing treatment machine in her room, and she did get one breathing treatment on 02/17/21. There was a "glitch" in the facilities' electronic medical record, and R1 did not receive breathing treatments every four hours like the physician ordered on 02/17/21 until 02/24/21 because staff did not add the frequency of the order appropriately. The facility audited this "glitch" after this resident left their care. The incentive spirometry should be on the TAR or the care plan, depending on the resident's cognition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175539	A. BUILDING _____ B. WING _____	C 05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE RIDGE	3636 NORTH RIDGE RD BLDG 400 WICHITA, KS 67205

(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 695	Continued From page 4 Review of 12/2020 "Pneumonia, Bronchitis and Lower Respiratory Infections Clinical Protocol" policy revealed the physician orders treatment as indicated. The physician may order, and the associates may provide, interventions to support the individual with pneumonia (for example, provide nebulizer treatments). Associates and the physician identify measures to try to prevent recurrent lower respiratory infections. The facility failed to ensure that R1's physician ordered incentive spirometry, and breathing treatments were provided to R1 as ordered.	F 695		