

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/30/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIVERSICARE OF COUNCIL GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 SUNSET DRIVE COUNCIL GROVE, KS 66846</b>		
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F 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey and investigation of complaints #135251 and #136379.  This 2567 was electronically sent to the facility on 6/4/19.	F 000			
F 582 SS=E	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)  §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.  §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is	F 582			

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

TITLE

(X6) DATE

06/04/2019

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.

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

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OMB NO. 0938-0391

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F 582	<p>Continued From page 1</p> <p>reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 60 residents. The 19 residents selected for review included 4 reviewed for Medicare liability review. Based on interview and record review, the facility failed to provide the 4 residents reviewed (#23, #38, #5 and #3) with the appropriate Beneficiary Protection Notification CMS (Center for Medicare/Medicaid Services) form 10055 to ensure the residents' right to appeal Medicare part A services upon discontinuation and potential financial considerations.</p> <p>Findings included:</p> <p>- Review of resident #23's notice of Medicare</p>	F 582			

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F 582	<p>Continued From page 2</p> <p>non-coverage form (CMS 10123), issued by the facility, revealed his/her services were to end on 11-23-18. Business office staff F, wrote on the form that he/she notified the responsible party on 11-24-18, and explained the right to appeal. The responsible party signed the form on 12-7-18. The resident chose to remain in the facility. However, the facility failed to provide the resident or responsible party with the SNFABN (Skilled Nursing Facility Advance Beneficiary Notice) form 10055, which would ensure the understanding of health care services and potential financial considerations.</p> <p>Review of resident #38's notice of Medicare non-coverage form (CMS 10123), issued by the facility, revealed his/her services were to end on 2-20-19. Business office staff F, wrote on the form that he/she notified the responsible party on 2-15-19 and explained the right to appeal. The responsible party signed the form on 3-6-19. The resident chose to remain in the facility. However, the facility failed to provide the resident or responsible party with the SNFABN (Skilled Nursing Facility Advance Beneficiary Notice) form 10055, which would ensure the understanding of health care services and potential financial considerations.</p> <p>Review of resident #5's notice of Medicare non-coverage form (CMS 10123), issued by the facility, revealed his/her services to end on 3-1-19. Facility staff F, wrote on the form that he/she notified the responsible party on 2-27-19 and explained the right to appeal. The responsible party signed the form on 2-20-19. (Interview, on 5-30-19 at 9:00 am, with business office staff F, offered no explanation as to the signature date being prior to the date he/she</p>	F 582			

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F 582	<p>Continued From page 3</p> <p>contacted the responsible party with explanation of end of Medicare part A coverage.) The resident chose to remain in the facility. However, the facility failed to provide the resident or responsible party with the SNFABN (Skilled Nursing Facility Advance Beneficiary Notice) form 10055, which would ensure the understanding of health care services and potential financial considerations.</p> <p>Review of resident #3's notice of Medicare non-coverage form (CMS 10123), issued by the facility, revealed his/her services to end on 3-2-19. Facility staff F, wrote on the form that he/she notified the responsible party on 2-28-19 and explained the right to appeal. The responsible party signed the form on 2-23-19. (Interview, on 5-30-19 at 9:00 am, with business office staff F, offered no explanation as to the signature date prior to the date he/she contacted the responsible party with explanation of end of Medicare part A coverage.) The resident chose to remain in the facility. However, the facility failed to provide the resident or responsible party with the SNFABN (Skilled Nursing Facility Advance Beneficiary Notice) form 10055, which would ensure the understanding of health care services and potential financial considerations.</p> <p>Interview, on 5-30-19 at 9:00 am, with business office staff F, revealed he/she did not know that he/she should have issued the 10055 form to the residents upon the end of skilled services. Staff F stated he/she took over this task/procedure in December 2018/January 2019 and did not know the correct procedure.</p> <p>The facility policy, dated 4-30-18, advised staff to utilize CMS 10055 when a resident's part A stay</p>	F 582			

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F 582	Continued From page 4 would end, because the provider determined that the beneficiary no longer required daily skilled services and the beneficiary would remain in the center as custodial care.  The facility failed to issue these 4 residents the CMS 10055 (2018) form, as required, to notify the residents of the end of skilled services to ensure understanding of health care services and potential financial considerations.	F 582			
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2)  §483.15(d) Notice of bed-hold policy and return-  §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- (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; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (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 (iv) The information specified in paragraph (e)(1) of this section.  §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	F 625			

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F 625	<p>Continued From page 5</p> <p>resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 60 residents with 17 residents included in the sample, including 2 residents reviewed for hospitalization. Based on interview and record review, the facility failed to complete a bed-hold notice for 1 (#61) of the 2 sampled residents, upon admission to the hospital.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The admission records, dated 12-10-18, documented resident #61 had diagnoses which included: osteoarthritis (chronic arthritis without inflammation) and pain in the right hip (physical suffering or discomfort caused by illness or injury).</li> </ul> <p>The admission MDS (Minimum Data Set), dated 12-17-18, documented the resident had a BIMS (Brief Interview for Mental Status) score of 15, indicating the resident had intact cognition. He/she required extensive assistance of 1 for bed mobility, transfers and toilet use and had functional impairment in ROM (Range of Motion) on one side of the upper and lower extremities. The resident reported frequent pain with the worse pain in the previous 5 days being 10:10, the highest possible pain.</p> <p>The CAA (Care Area Assessment) for ADLs (Activities of Daily Living), dated 12-17-18, documented the resident required extensive assistance of 1 to complete ADLs.</p>	F 625			

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F 625	<p>Continued From page 6</p> <p>The CAA for pain, dated 12-17-18, documented the resident had pain in his/her right hip.</p> <p>The care plan, dated 12-10-18, instructed staff the resident had a non-acute fracture of the right hip and required a walker for ambulation.</p> <p>Review of the resident's medical record revealed he/she discharged from the facility on 1-30-19, for a scheduled joint replacement surgery of the right hip. The medical record lacked a signed bed-hold notice.</p> <p>On 5-30-19 at 9:57 a.m., staff F stated a bed-hold policy had not been given or signed by the resident or his/her DPOA (Durable Power of Attorney) at the time of his/her transfer to the hospital on 1-30-19.</p> <p>On 5-30-19 at 10:03 a.m., administrative staff B stated the facility did not complete a bed-hold notice for the resident when he/she admitted to the hospital on 1-30-19.</p> <p>The facility policy for Bed-Holds, effective 11-01-16, included: Before the facility transfers a resident to a hospital, the facility shall provide the resident or the resident representative with a bed-hold policy.</p> <p>The facility failed to provide the resident and his/her DPOA with a bed-hold notice option at the time of his/her transfer to the hospital.</p>	F 625			
F 679 SS=D	<p>Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)</p> <p>§483.24(c) Activities. §483.24(c)(1) The facility must provide, based on</p>	F 679			

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F 679	<p>Continued From page 7</p> <p>the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 60 residents, with 17 residents in the sample, including 2 residents reviewed for activities. Based on interview, record review and observation, the facility failed to provide an ongoing program of activities designed to meet the interests for 1 (#58), of the two sampled dependent residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The POS (Physician Order Sheet), dated 5-08-19, documented resident #58 had a diagnosis of dementia (progressive mental disorder characterized by failing memory, confusion).</li> </ul> <p>The significant change MDS (Minimum Data Set), dated 5-15-19, documented the staff assessment for cognition revealed the resident had moderately impaired cognition. It was somewhat important for the resident to listen to music and not very important to do things with groups of people. He/she required extensive assistance of 1 for transfers and locomotion on the unit.</p> <p>The CAA (Care Area Assessment) for activities, dated 5-15-19, documented the resident did well with less stimuli. Staff would invite him/her to</p>	F 679			

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F 679	<p>Continued From page 8 activities.</p> <p>The quarterly MDS, dated 4-15-19, documented the staff assessment for cognition revealed moderately impaired cognition. The resident required extensive assist of 1 for all ADLs (Activities of Daily Living) except eating, which required supervision with set-up help only.</p> <p>The care plan, dated 5-22-19, instructed staff it was somewhat important to the resident to participate in activities. Staff were to remind the resident of activities.</p> <p>An activity preference sheet was not made available for review.</p> <p>On 5-28-19 at 11:00 a.m., a singing/music activity took place in the living room area of the facility. The resident sat at the back of the activity and did not actively participate.</p> <p>On 5-28-19 at 2:00 p.m., an activity of Bingo took place in the dining room. The resident was asleep in bed.</p> <p>On 5-29-19 at 11:00 a.m., an activity of Light and Lively, a music and exercise activity, took place in the living room area of the facility. The resident did not actively participate in the activity.</p> <p>On 5-29-19 at 2:36 p.m., the resident rested in bed with his/her eyes closed. A radio was in the resident's room, but was not turned on.</p> <p>On 5-28-19 at 11:55 a.m., activity staff D stated, the resident enjoys music, but did not have a radio in his/her room at that time.</p>	F 679		

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F 679	Continued From page 9 On 5-28-19 at 3:53 p.m., direct care staff L stated, the resident did like music, but did not have a radio or CD player in his/her room.  On 5-29-19 at 1:37 p.m., direct care staff M stated, somebody had put a radio in the resident's room earlier in the day. The resident liked music, so the radio was a good idea.  On 5-29-19 at 2:30 p.m., licensed staff N stated, he/she asked the resident if he/she would like to have a radio in his/her room and the resident responded he/she would like to try a radio.  On 5-30-19 at 9:03 a.m., administrative staff B stated, the resident was able to say what he/she wanted.  The facility lacked a policy for activities.  The facility failed to provide an ongoing program of activities designed to meet the interests of this dependent resident.	F 679			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or	F 757			

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F 757	<p>Continued From page 10</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 60 residents, with 19 selected for review, which included 6 residents reviewed for unnecessary medications. Based on observation, interview and record review, the facility failed to monitor bowel movements and follow the physician's prescribed bowel protocol medications for 2 (#38 and #53) of the 6 residents reviewed for unnecessary medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Review of resident #38's physician order sheet, dated 5-22-19, revealed diagnoses included dementia (progressive mental disorder characterized by failing memory, confusion) with behavioral disturbance, mood disorder with depression (feelings of sadness, worthlessness and emptiness), constipation (difficulty passing stools) and Diabetes (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin).</li> </ul> <p>The significant change MDS (minimum data set), dated 1-30-19, assessed the resident with a BIMS (brief interview for mental status) score of 9 indicating moderate cognitive impairment. The</p>	F 757			

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F 757	<p>Continued From page 11</p> <p>resident required extensive assistance with toileting. The resident was frequently incontinent of bowel and bladder, not on a toileting program, and had no constipation identified.</p> <p>The CAA (care area assessment), dated 1-30-19, for activities of daily living documented the resident required increased help since on medications (not specified what medications).</p> <p>The care plan, updated 5-22-19, advised staff the resident required staff assistance with activities of daily living with toileting.</p> <p>A physician order, dated 3-21-19, advised staff to administer Milk of Magnesia, 30 cc (cubic centimeters), by mouth, as needed, for no BM (bowel movement) on day 3, and Bisacodyl suppository, 10 mg, as needed, if no BM on day 4.</p> <p>A physician order, dated 3-22-19, instructed the staff to administer Colace, 100 mg (milligrams), twice a day, for constipation.</p> <p>Review of the resident's bowel monitoring log, for March 2019, and MAR (medication administration record), for March 2019, revealed the following incidents:</p> <p>1.) March 1 through March 7, the resident had no BM (6 days). The resident had a medium BM on 3-8-19. (no medications given per standing physician orders.)</p> <p>2.) March 14 through March 22, the resident had no BM (8 days) , staff administered Bisacodyl suppository, on 3-22-19, with results of a medium BM.</p>	F 757			

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F 757	<p>Continued From page 12</p> <p>3.) March 26 through March 30, the resident had no BM (5 days), staff administered Bisacodyl suppository on 3-30-19, with results documented as ineffective, but the resident did have a small and large BM on 3-31-19.</p> <p>Review of the resident's bowel monitoring log, for April 2019, and the MAR for April 2019, revealed the following:</p> <p>4.) April 5 through April 9, the resident had no BM (4 days), staff administered Bisacodyl suppository on 4-8-19, with ineffective results and the resident had a small BM on 4-9-19 and 2 medium BMs on 4-10-19.</p> <p>5.) April 15 through April 19, the resident had no BM (5 days), staff administered Bisacodyl suppository, on 4-19-19 and the resident had a large BM movement.</p> <p>6.) April 22 through April 27, the resident had no BM (5 days). Staff did not administer medication per the standing orders, but the resident had a small BM on 4-27 and a large BM on 4-28.</p> <p>7.) May 4 through May 10, the resident had no BM (5 days), staff administered a Bisacodyl suppository on 5-8-19 with results of a large BM.</p> <p>8.) May 15 through May 21, the resident had no BM (7 days). On 5-21-19, staff administered Milk of Magnesia, 30 cc, with results as ineffective. The resident had a medium BM on 5-22-19.</p> <p>Interview, on 5-29-19 at 2:13 pm, with licensed nursing staff I, revealed staff utilize the physician's standing orders to administer</p>	F 757			

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

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F 757	<p>Continued From page 13</p> <p>laxatives. These orders instructed staff to administer milk of magnesia or Dulcolax tablets if no bowel movement after 3 days, if no results by day 4, staff were to administer a Bisacodyl suppository, if no results, staff were to administer a fleets enema, and if no results, staff were instructed to call the physician.</p> <p>Interview, on 5-30-19 at 10:30 am, with licensed administrative staff B, revealed the electronic medical record system should trigger when a resident did not have a bowel movement in 3 days, and he/she would expect staff to follow the bowel protocol. Staff B stated he/she did not know how the resident experienced lack of a bowel movements for 5-7 days.</p> <p>The facility policy for bowel protocol, signed by the attending physician, dated 6-21-18, advised staff if a resident had no bowel movement in 3 days, to administer Milk of Magnesia, 30 cc, in the morning or two Bisacodyl tablets. If the resident had no bowel movement on day 4, staff were to administer Bisacodyl, 10 mg, suppository in the morning, if no bowel movement in 1 hour, staff were to administer a fleets enema, and if no results from the fleets enema, staff were to contact the physician for further orders.</p> <p>The facility failed to adequately follow bowel monitoring, with administration of physician ordered bowel protocol medications, to ensure the resident had adequate bowel functioning and no unnecessary medication usage.</p> <p>- Review of resident #53's physician's order sheet, dated 4/11/19, revealed diagnoses including; anemia (condition without enough</p>	F 757			

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F 757	<p>Continued From page 14</p> <p>healthy red blood cells to carry adequate oxygen to body tissues), diabetes mellitus type II (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), cognitive communication deficit, difficulty walking and muscle weakness.</p> <p>The admission MDS (minimum data set), dated 4/18/19, assessed the resident with a BIMS (brief interview for mental status) score of 3, indicating severe cognitive impairment. The resident required extensive assistance of 2 staff for transfers and toileting. The resident was unsteady moving on and off the toilet and only able to stabilize with assistance. The resident was always continent of bowel and frequently incontinent of bladder.</p> <p>Review of the care plan, dated 4/29/19, revealed the resident was able to transfer with assistance of 2 staff to the toilet.</p> <p>A physician's order sheet, dated 4/11/19, revealed the resident had orders for 30cc (cubic centimeters) milk of magnesia, by mouth, as needed for no bowel movement in 3 days, also an order for Bisacodyl, 10 mg (milligram) suppository, for no bowel movement in 4 days.</p> <p>The resident's electronic bowel movement monitoring record, for the month of May 2019, revealed from 5/2/19 thru 5/9/19 the resident had no bowel movements recorded, for a total of 7 days.</p> <p>The MAR (medication administration record), for the month of May 2019, revealed the resident</p>	F 757			

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F 757	<p>Continued From page 15</p> <p>received milk of magnesia on 5/7, and 5/9, and received no bisacodyl suppository during the seven days of no recorded bowel movements.</p> <p>Interview, on 5/29/19 at 3:21 pm, with direct care staff Q, explained the direct care staff documented the residents' bowel movements as soon as the task was complete, on the kiosk (computer type).</p> <p>Interview, on 5/30/19 at 10:23 am, with licensed staff S, revealed direct care staff documented the residents' bowel movements on the electronic record, and an alert came up on the licensed staff computer when the resident had not had a bowel movement for 3 days. The licensed staff then administered the appropriate intervention of milk of magnesia on day 3, would administer a laxative on day 4, and were to call the resident's physician for further instructions if this was not successful.</p> <p>Interview, on 5/30/19 at 10:26 am, with direct care staff R, revealed bowel movements were documented as soon as possible and that if the resident did not have a bowel movement by the end of the shift, it was documented at that time. Staff R also stated that if it was documented that a resident did not have a bowel movement, one could still be added at a later time.</p> <p>Interview, on 5/30/19 at 11:56 am, with consultant staff J, revealed bowel movement charting by the direct care staff was not necessarily reviewed for the monthly drug regimen review, but that he/she would expect the facility to follow the physician's standing orders if a resident was not having regular bowel movements.</p>	F 757			

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F 757	Continued From page 16 The facility policy for bowel protocol, advised staff that if the resident had no bowel movement in 3 days, to administer 30 cc of milk of magnesia in the am and when the resident had no bowel movement for 4 days, to give bisacodyl in the am. If the resident had no results in 1 hour staff were to give a fleets enema. Also, if the resident had no results from the fleets enema the staff were to contact the physician for further orders.  The facility failed to adequately monitor this resident's bowel movements and administer the physician's ordered medications as needed, to ensure adequate bowel movements and to ensure the resident remained free of unnecessary medications.	F 757			
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;	F 758			

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F 758	Continued From page 17  §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 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  §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.  §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: The facility reported a census of 60 residents with 17 residents sampled, including 5 residents reviewed for unnecessary medications. Based on observation, interview and record review, the facility failed to document non-pharmacological interventions before the administration of a PRN (as needed) anti-anxiety medication for 1 (#44) of the 5 sampled residents, to ensure no unnecessary psychotropic medication usage.	F 758			

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F 758	<p>Continued From page 18</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- The POS (Physician Order Sheet), dated 5-28-19, documented resident #44 had a diagnosis of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</li> </ul> <p>The annual MDS (Minimum Data Set), dated 2-12-19, documented the resident had a BIMS (Brief Interview for Mental Status) of 15, indicating the resident was cognitively intact. The resident had no behaviors, wandering or rejection of care and had a mood score of 1, indicating minimal depression. He/she received an anti-anxiety medication 5 out of the 7 days of the assessment look back period.</p> <p>The CAA (Care Area Assessment) for psychotropic medications, dated 2-12-19, documented the resident had problems with anxiety.</p> <p>The quarterly MDS, dated 5-08-19, documented the resident had a BIMS score of 15. He/she had no behaviors, wandering or rejection of care and had a mood score of 1, indicating minimal depression. He/she received an anti-anxiety medication 7 out of the 7 days of the assessment look back period.</p> <p>The care plan, dated 3-19-19, instructed staff to allow sufficient time when giving cares to the resident, to reduce anxiety.</p> <p>Review of the resident's medical record included a physician order for Hydroxyzine (an anti-anxiety medication), 10 mg (milligrams), by mouth every 24 hours, PRN (as needed), for anxiety for 14</p>	F 758			

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F 758	<p>Continued From page 19</p> <p>days, on 5-20-19. Staff were to document non-pharmacological interventions used to decrease anxiety prior to administering the medication.</p> <p>Review of the resident's progress notes in Point Click Care (an electronic documentation system), revealed the staff administered the medication to the resident, 9 times during April and May, with no documentation of non-pharmacological interventions attempted before the administration of the medication.</p> <p>The pharmacy consultant recommendations, dated 11-06-18 and 4-26-19, documented the resident received Hydroxyzine, but documentation supporting the medication's appropriate use was missing from the medical record.</p> <p>On 5-29-19 at 10:24 a.m., the resident ambulated in the hallway with the use of his/her walker. The resident was friendly and talkative. No indication of behaviors or anxiety noted at that time.</p> <p>On 5-30-19 at 9:27 a.m., licensed staff K stated, when a PRN anti-anxiety medication was given, the nurse should document which interventions were attempted before the medication was given.</p> <p>On 5-30-19 at 10:01 a.m., consultant staff J stated, staff should document non-pharmacological interventions before administering the PRN anti-anxiety medication. This had been included in the pharmacy recommendations in the past.</p> <p>On 5-30-19 at 9:03 a.m., administrative staff B stated, the staff should document</p>	F 758			

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F 758	Continued From page 20 non-pharmacological interventions attempted before the use of the PRN anti-anxiety medication was used.  The facility lacked a policy for the use of PRN medications.  The facility failed to document non-pharmacological interventions before the administration of a PRN anti-anxiety medication for this resident with anxiety, to ensure no unnecessary psychotropic medication usage.	F 758			
F 812 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 reported a census of 60 residents. Based on observation and interview, the facility	F 812			

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F 812	<p>Continued From page 21</p> <p>failed to store, prepare and serve food under sanitary conditions in 1 of 2 kitchens, to prevent the spread of food borne illnesses to the residents of the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- An environmental tour of the main kitchen, on 5-23-19 at 2:46 p.m., noted the following areas of concern:</li> <li>1) The trash can by the hand-washing sink, had dried food and liquids covering all surfaces.</li> <li>2) Three racks in the oven had a build-up of a black substance.</li> <li>3) A large freezer had a heavy build-up of frost throughout.</li> <li>4) Eight cutting boards had deep grooves, making them unclean.</li> <li>5) One small cooking skillet had the protective coating on the inside worn off.</li> <li>6) Two seregated knives had plastic handles with cracks, making them unclean.</li> <li>7) A refrigerator in the B side kitchen of the facility, had a dried, red, sticky substance on the bottom shelf.</li> </ul> <p>On 5-28-19 at 3:30 p.m., dietary manager staff E stated, he/she would add these items to the weekly cleaning schedule.</p> <p>The facility policy for Sanitation, effective 8-01-12, included: Cleaning schedules are established to</p>	F 812			

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F 812	Continued From page 22 assign specific tasks to scheduled employees on a daily, weekly and monthly basis.  The facility failed to store, prepare and serve food under sanitary conditions, in the 2 kitchens, to prevent the spread of food borne illnesses to the residents of the facility.	F 812			
F 881 SS=F	Antibiotic Stewardship Program CFR(s): 483.80(a)(3)  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: The facility reported a census of 60 residents. Based on record review and interview, the facility failed to utilize an antibiotic stewardship program that included monitoring of the residents' antibiotic usage.  Findings included:  - The facility infection control log, for September 2018, revealed 6 antibiotics listed, 5 lacked the infection diagnosis for the antibiotic the residents were on, and 1 with a culture.  The facility infection control log, for October 2018, revealed 7 antibiotics listed, and 3 had cultures.  The facility infection control log, for November	F 881			

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F 881	<p>Continued From page 23</p> <p>2018, revealed 12 antibiotics listed, 10 had cultures, and all lacked the infection diagnosis for the antibiotic used but one, that had a diagnosis of mini cath, an inappropriate diagnosis. One antibiotic did not meet the SHEA (Society for Healthcare Epidemiology of America) definition for appropriate antibiotic use.</p> <p>The facility infection control log, for December 2018, revealed 10 residents, one resident received 2 antibiotics, and 4 had cultures. The log lacked the infection diagnosis for the antibiotic for all of the antibiotics listed. The antibiotic stewardship tracking and analysis form indicated that 7 antibiotics met the infection criteria, and 3 lacked the infection criteria.</p> <p>The facility infection control log, for January 2019, revealed 18 antibiotics listed, 7 had cultures, and the log lacked infection diagnosis for 10 of the antibiotics. The antibiotic stewardship and analysis tracking form, revealed 3 antibiotics did not meet the infection criteria, 2 of the 3 ABTs (antibiotics) were not discontinued following culture results; 1 of the 3 included intravenous antibiotic administration for 5 days, and 1 included oral antibiotic administration for 7 days.</p> <p>The facility infection control log, for February 2019, revealed 6 antibiotics, 3 had cultures, and 5 antibiotics were listed on the antibiotic stewardship and analysis tracking form. The tracking form indicated that the antibiotics met infection criteria.</p> <p>The facility infection control log, for March 2019, revealed 6 antibiotics listed, 4 had cultures, and the log lacked the infection related diagnosis. The antibiotic stewardship and analysis tracking form</p>	F 881			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/30/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DIVERSICARE OF COUNCIL GROVE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 SUNSET DRIVE COUNCIL GROVE, KS 66846</b>		
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F 881	<p>Continued From page 24 indicated 1 antibiotic did not meet criteria.</p> <p>The facility infection control log, for April 2019, revealed 5 antibiotics, 1 had a culture, and the log lacked the infection diagnosis for the antibiotic. The antibiotic stewardship tracking and analysis report indicated 1 antibiotic did not meet infection criteria.</p> <p>The facility lacked an active infection control tracking log for May 2019.</p> <p>Interview, on 5/20/19 at 9:51 a.m., with administrative staff C, responsible for the infection control program, reported a working copy of the infection control log was brought to the morning stand-up meeting. Administrative staff C reported the working log for May was thru the 15th of the month and was incomplete. The infection control logs were completed at the end of the month after the nurses notes and SHEA definition was used to see if the antibiotic met the criteria or not. Copies of the lab work was also obtained at that time to include with the SHEA infection report form. Administrative staff C confirmed that the SHEA infection report was filled out after the antibiotic was completed and that the infection control logs lacked infection diagnosis for the antibiotic administered.</p> <p>Interview, on 5/30/19 at 11:25 a.m., with administrative nursing staff B, reported that the SHEA infection report needs completed the month that the antibiotic was done, not necessarily at the time the antibiotic was ordered. The nurses have been educated on symptoms of different infections and the Stop and Watch program, training was done through Relias (a computer based training) for infection control.</p>	F 881			

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F 881	Continued From page 25 The physicians most of the time wait for a culture before ordering an antibiotic. Administrative nursing staff B confirmed that the diagnosis for the antibiotic should be on the infection control log.  The facility's Antibiotic Stewardship policy, dated 11/1/17, directed the facility that appropriate indications for use of antibiotics include: criteria met for clinical definition of active infection; and pathogen susceptibility, based on culture and sensitivity, to antimicrobial (or therapy begun while culture is pending). The prescriber will provide completed antibiotic orders that include indications for use. The criteria for determining an infection is located on the Infection report form. When a culture and sensitivity is ordered, it will be completed, and: lab results will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued; and changes to antibiotic orders based on culture and sensitivity will be reviewed by the center Infection Preventionist or pharmacist.	F 881			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)  §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by:	F 921			

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F 921	<p>Continued From page 26</p> <p>The facility reported a census of 60 residents. Based on observation and interview, the facility failed to provide a sanitary environment for residents and staff in 2 of 2 facility kitchens.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 5-23-19 at 2:46 p.m., observation revealed an accumulation of built-up grime, dirt and food debris on the floor of the main kitchen including underneath the dishwasher and ovens and a heavier build-up around the perimeter of the kitchen floor. The pipes beneath the dishwashing sinks were covered with dried food debris.</li> </ul> <p>On 5-28-19 at 3:30 p.m., dietary manager staff E verified these kitchen floor cleaning was lacking from the weekly cleaning schedule for the kitchen.</p> <p>The facility policy for Sanitation, effective 8-01-12, included: Cleaning schedules are established to assign specific tasks to scheduled employees on a daily, weekly and monthly basis.</p> <p>The facility failed to provide a sanitary environment for residents and staff in the facility main kitchen.</p> <ul style="list-style-type: none"> <li>- Observation, on 5-29-19 at 10:30 am, during a tour of the B wing kitchen, with dietary staff T, revealed the perimeter of the floors, contained an accumulation of dirt and black discolorations, beneath the hand washing sink. Staff T acknowledged that the floors were on a schedule for cleaning, but did not know when the staff last cleaned the floors.</li> </ul>	F 921			

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

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F 921	Continued From page 27 The facility policy for sanitation, dated 8-1-12, advised staff to maintain work surfaces, walls and floors in a sanitary condition through daily, ongoing procedures.  The facility failed to maintain the floors in the B wing kitchen in a sanitary manner.	F 921			