

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

PRINTED: 03/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/16/2022
NAME OF PROVIDER OR SUPPLIER AVITA HEALTH AND REHAB AT REEDS COVE			STREET ADDRESS, CITY, STATE, ZIP CODE 2114 N 127TH COURT EAST WICHITA, KS 67228		
(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 citation(s) represent the findings of complaint investigation #KS00167025, KS00167630, KS00168056, KS00168207, KS00168764, KS00168735, KS00169129, KS00169816, and KS00170222. This 2567 was electronically sent to the facility on 03/18/2022.	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: The facility reported a census of 57 residents with three residents sampled for accidents. Based on observation, record review and interview, the facility failed to ensure one of the three residents, Resident (R) 3, remained free from accident hazards when staff failed to provide appropriate air mattress settings according to the resident's weight. The air mattress settings were for a resident weighing 400 pounds (lbs) and the resident weighed 191 lbs at the time of an unwitnessed fall. The inappropriate settings caused over inflation of the mattress and contributed to the fall. Findings included:	F 689			

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

TITLE

(X6) DATE

03/18/2022

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 689	<p>Continued From page 1</p> <p>- R3's signed "Physician Orders" (PO), dated 02/03/22, documented the resident with diagnoses of heart failure and polyneuropathy (a general degeneration of peripheral nerves that spreads toward the center of the body).</p> <p>The "Significant Change Minimum Data Set" (MDS), dated 08/17/21, documented the resident with a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. The resident required total assistance of two staff members for bed mobility and transfers. The resident also had functional range of motion impairment in his lower extremities.</p> <p>The "Activities of Daily Living (ADL) Care Area Assessment" (CAA), dated 08/26/21, documented the resident was dependent on staff for bed mobility and transfers.</p> <p>The "Cognitive Loss/Dementia CAA," dated 08/26/21, documented the resident required re-orientation and direction from staff. Staff to provide guidance with orientation when needed.</p> <p>The "Quarterly MDS," dated 02/04/22, documented the resident with a BIMS score of 11, indicating moderate cognitive impairment. He required extensive assistance of two staff members for bed mobility and totally dependent on staff for transfers. The resident had range of motion impairment in both lower extremities. The resident had one non-injury fall and two injury falls since the prior assessment.</p> <p>The "Care Plan," revised 01/17/22, advised staff that R3 was at risk for falls related to weakness and general debility. The air mattress was to be</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>set for a resident up to 200 lbs. It instructed the staff to check the air mattress settings regularly while in the room. The resident required extensive assistance of two staff members and a full body lift for transfers.</p> <p>A "Nursing Progress Note," dated 01/15/22 at 06:44 PM, revealed Licensed Nurse (LN) G heard R3 yelling for help. LN G responded immediately and found the resident kneeling down on the floor on the left side of his bed and gripping the bedrail. The resident was propped on his left hip/leg with his right leg out forward and his foot against the wall. The nurse noted no head injury and the resident did not report any either. LN G observed blood coming from his right foot. On observation, the resident had a laceration to the posterior 2nd and 3rd toes on his left foot with a large amount of bleeding. LN G cleansed the area and placed gauze on his toes. The staff notified the Physician Assistant (PA) GG, family, and hospice. The family requested the resident be taken to the emergency room via ambulance.</p> <p>A "Fall Follow up Note," dated 01/21/22 at 06:55 AM, (as a late entry), revealed LN H documented emergency services transported the resident to the hospital for medical attention due to a fall that occurred at approximately 07:00 PM on 01/15/22. R3 returned to the facility at 10:20 PM, with hospital discharge and suture care instructions.</p> <p>The "Facility Investigation," dated 01/21/22, revealed R3 sustained a fall on 01/15/22 that resulted in lacerations to the 2nd and 3rd toes of his left foot. The resident had an alternating pressure air mattress with bolsters (raised areas on the side of the mattress) to help define the perimeter of the bed. Post fall investigation</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>revealed his air mattress was set for a resident weighing 400 lbs. The resident weighed 191lbs. Staff then adjusted the settings to fit his weight.</p> <p>A "Witness Statement," dated 01/15/22, by LN G, verified R3's unwitnessed fall and lacerations to the 2nd and 3rd toes of his left foot.</p> <p>Observation, on 03/15/2022 at 09:30 AM, revealed R3 was on his back in bed sleeping. There were no signs of distress. An air mattress was on the bed which was in the lowest position. Fluids are in reach of the resident with a full container of ice water for use. A fall mat was on the floor next to bed. Mattress settings at low pressure and less than 200 lbs.</p> <p>Interview on 03/16/22 at 02:33 PM, LN G stated R3 moved around a lot in bed and tried to get up at times. At the time of the fall, the mattress was over-inflated and he fell out of the bed. LN G did not recognize that the mattress was over-inflated at the time of the fall. Before R3's fall, she never checked the settings and didn't pay attention to it unless it started making noise or was not working correctly.</p> <p>Interview on 03/16/22 at 04:30 PM, Administrative Nurse D stated the settings were incorrect for the resident's weight and the staff should monitor those settings and adjust accordingly. Nursing and hospice were responsible for making sure the settings are appropriate.</p> <p>The facility lacked a policy addressing air mattress settings.</p> <p>The facility failed to ensure R3 remained free from accident hazards when staff failed to provide</p>	F 689			

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