

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2022
NAME OF PROVIDER OR SUPPLIER SPRING VIEW MANOR HEALTHCARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 412 S 8TH STREET CONWAY SPRINGS, KS 67031		
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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation # 175583. This 2567 was electronically sent to the facility on 11/14/22.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)-	F 656			

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

TITLE

(X6) DATE

11/14/2022

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 656	<p>Continued From page 1</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 28 residents with 13 selected for review. Based on observation, record review, and interview, the facility failed to develop a comprehensive care plan for one of the residents, Resident (R)9 for use of CPAP (continuous positive airway pressure)/BiPAP (bi-level positive airway pressure) equipment.</p> <p>Findingsincluded:</p> <ul style="list-style-type: none"> - The "Medical Diagnosis" tab for Resident (9) included diagnoses of sleep related non-obstructive alveolar (air sacs where the lungs and the blood exchange oxygen and carbon dioxide during the process of breathing in/out), hypoventilation (abnormally slow rate of breathing resulting in increased amount of carbon dioxide in the blood), and obstructive sleep apnea (disorder of sleep characterized by periods without respirations). 	F 656			

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F 656	<p>Continued From page 2</p> <p>The "Admission Minimum Data Set" (MDS) dated 03/14/22 revealed R9 admitted to the facility on 03/10/22. He had a "Brief Interview of Mental Status" (BIMS) score of 15, indicating cognitively intact. He required oxygen use and CPAP/BiPAP while a resident and prior to admission.</p> <p>The "Quarterly MDS" dated 08/26/22 for R9 revealed he required oxygen use in the past 14 days and the staff did not conduct his BIMS score or staff assessment for mental status.</p> <p>The "Care Plan" dated 08/05/22 revealed R9 required supplemental oxygen and staff should change the oxygen tubing per facility protocol. The care plan lacked use of a CPAP/BiPAP machine.</p> <p>On 11/01/22 at 01:56 PM observed R9 in his room sitting on the side of the bed with his oxygen in place per nasal cannula. A CPAP/BiPAP machine was on the overbed table with the hose and mask connected to it and draped across the bedside table.</p> <p>On 11/01/22 at 01:58 PM, R9 stated that was his CPAP machine and "Sometimes my fiancé cleans it."</p> <p>On 11/09/22 at 02:12 PM, Certified Nurse Aide (CNA) M reported R9 wore the CPAP mask at night. CNA M stated he works the day shift and when he arrived in the morning, he switches R9 from the CPAP mask to the oxygen nasal cannula. CNA M stated he thought the night shift cleans the tubing and mask of the CPAP and there was a bag on the walker to put the CPAP mask in, and R9 would put the mask in the bag.</p>	F 656			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 656	Continued From page 3 On 11/09/22 at 02:32 PM, observation revealed the resident's CPAP mask laying with direct contact with the floor, connected to the hose. A black bag was on the side of the CPAP machine. On 11/09/22 at 02:32 PM, Administrative Nurse E stated R9 controlled the CPAP himself and the mask should be in a black bag when not in use. The CPAP should be on the care plan and the IDT (interdisciplinary) team updates the care plan. On 11/09/22 at 02:38 PM, Administrative Nurse D stated the resident's CPAP use should be on the care plan. The facility policy "Comprehensive Care Plans" dated 02/01/20, revealed it was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The comprehensive care plan would describe, at minimum, the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The facility failed to develop a comprehensive care plan for this resident that included use of CPAP/BiPAP equipment and required care.	F 656			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)	F 695			

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F 695	<p>Continued From page 4</p> <p>§ 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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility reported a census of 28 residents with 13 selected for review, including one reviewed for respiratory care services. Based on observation, interview, and record review, the facility failed to change out oxygen tubing per physician order and failed to obtain physician order for use, settings, and care of one of the resident's, Resident (R)9's use of his CPAP (continuous positive airway pressure)/BiPAP (bi-level positive airway pressure) equipment, which increased risk of R9 developing a respiratory infection.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The "Medical Diagnosis" tab for Resident (9) included diagnoses of sleep related non-obstructive alveolar (air sacs where the lungs and the blood exchange oxygen and carbon dioxide during the process of breathing in/out), hypoventilation (abnormally slow rate of breathing resulting in increased amount of carbon dioxide in the blood), and obstructive sleep apnea (disorder of sleep characterized by periods without respirations). <p>The "Admission Minimum Data Set" (MDS) dated 03/14/22 revealed R9 admitted to the facility on</p>	F 695			

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F 695	<p>Continued From page 5</p> <p>03/10/22. He had a "Brief Interview of Mental Status" (BIMS) score of 15, indicating cognitively intact. He required oxygen use and CPAP/BiPAP while a resident and prior to admission.</p> <p>The "Quarterly MDS" dated 08/26/22 for R9 revealed he required oxygen use in the past 14 days and the staff did not conduct his BIMS score or staff assessment for mental status.</p> <p>The "Care Plan" dated 08/05/22 revealed R9 required supplemental oxygen and staff should change the oxygen tubing per facility protocol. The care plan lacked use of a CPAP/BiPAP machine.</p> <p>The "Orders" tab for R9 included an order, dated 03/10/22, for staff to change the oxygen tubing, date the tubing, and rinse the filter every week, on Sunday. The orders lacked instruction for cleaning and changing the CPAP/BiPAP machine/equipment.</p> <p>The "Orders" tab for R9 included an order, dated 07/20/22, for oxygen at two liters per nasal cannula, continuous. The orders lacked instruction for CPAP/BiPAP use.</p> <p>On 11/01/22 at 01:56 PM, observed R9 in his room, sitting on the side of the bed with his oxygen in place, per nasal cannula. The date on the tubing was 10/24/22 (eight days prior). The top of the oxygen concentrator had a dried yellow substance on it as well as a build-up of dust. A CPAP/BiPAP machine was on the overbed table with the hose and mask connected to it, and it draped across the bedside table.</p> <p>On 11/01/22 at 01:58 PM, R9 stated the staff</p>	F 695			

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F 695	<p>Continued From page 6</p> <p>usually changed the tubing weekly and the "Guy" that was diligent about changing it every week was not there. R9 stated he had not seen the staff clean the concentrator. R9 stated that was his CPAP machine and "Sometimes my fiancé cleans it."</p> <p>On 11/09/22 at 02:12 PM, Certified Nurse Aide (CNA) M stated R9 wore the CPAP mask at night. CNA M stated he works the day shift and when he arrived in the mornings, he switches R9 from the CPAP mask to the oxygen nasal cannula. CNA M stated he thought the night shift cleaned the tubing and mask of the CPAP and there is a bag on the walker to put the CPAP mask in, and R9 would put the mask in the bag. CNA M stated the night shift should change out the resident's oxygen tubing.</p> <p>On 11/09/22 at 02:30 PM, observation revealed the CPAP mask laying with direct contact with the floor, connected to the hose. A black bag was on the side of the CPAP machine. The oxygen concentrator continued to have a dried substance on the top and lint/dust present.</p> <p>On 11/09/22 at 02:32 PM, Administrative Nurse E stated staff should clean the concentrator, the oxygen tubing should be changed, and the machine cleaned every Sunday. Administrative Nurse E stated R9 controlled the CPAP himself and the mask should be in a black bag when not in use.</p> <p>On 11/09/22 at 02:38 PM, Administrative Nurse D stated staff should change the oxygen tubing weekly. The CPAP equipment should be cleaned weekly at that time and there should be a physician order for use of the CPAP as well as a</p>	F 695			

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F 695	<p>Continued From page 7 cleaning schedule.</p> <p>The facility policy "Noninvasive Ventilation [CPAP, BiPAP, AVAPS, Trilogy®]" dated 01/20/21, included it was the policy of the facility to provide noninvasive ventilation as per physician's orders and current standards of practice. The facility would obtain an order for the use of a CPAP, BiPAP, AVAPS or Trilogy ® device and setting from the practitioner. A personal CPAP/BiPAP/AVAPS, or Trilogy ® device may/may not be brought into the facility for resident's use. If brought in, the nurse/respiratory therapist would verify the settings on the machine prior to use.</p> <p>The facility policy "CPAP/BiPAP Cleaning" dated 01/20/21, revealed it was the policy of the facility to clean CPAP/BiPAP equipment in accordance with current enters for Disease Control (CDC) guidelines and manufacturer recommendations to prevent the occurrence or spread of infection. Clean the mask frame daily after use with CPAP cleaning wipe or soap and water, dry well, cover with a plastic bag or completely enclosed in machine storage when not in use. Weekly cleaning activities included washing headgear/straps in warm, soapy water and air dry and wash tubing with warm, soapy water and air dry. Replace the equipment routinely in accordance with the manufacturer's recommendations. General guidelines included the face mask and tubing once every three months, headgear, non-disposable filters, and humidifier chamber once every six months, and disposable filters twice monthly.</p> <p>The facility policy "Oxygen Concentrator" dated 2022, revealed the nurse responsibilities included</p>	F 695			

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F 695	Continued From page 8 changing the oxygen tubing weekly and as needed if it becomes soiled or contaminated and the main body cabinet should be dusted when needed and could be wiped clean with a damp cloth and mild household cleaner if necessary. The facility failed to change R9's oxygen tubing weekly, clean the oxygen concentrator, obtain physician order for CPAP/BiPAP use and routine cleaning schedule, in order to prevent the occurrence of infection.	F 695		