

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Leisure Homestead at Stafford		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Grand Avenue Stafford, KS 67578	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 35 residents. The sample included 12 residents with one resident reviewed for hospitalization. Based on interview and record review, the facility failed to provide Resident (R) 38 and/or their representative with a written notice specifying the duration and cost of the bed hold policy, at the time of the resident's transfer to the hospital and failed to provide a written notification to the resident and/or his representative for the reason of the resident's transfer to the hospital in a language easy to understand. This placed the resident at risk of not understanding bed hold policy or the reason of the transfer. Findings included:- R38's Electronic Medical Record (EMR) revealed a diagnosis of diabetes mellitus (DM-when the body cannot use glucose, not enough insulin is made, or the body cannot respond to the insulin). R38's EMR documented a Progress Note which noted R38 transferred to the hospital on [DATE].R38's EMR lacked documentation of a bed hold and lacked documentation of written notification to the resident and/or his representative, which explained the reason for the transfer to the hospital.On 08/20/25 at 12:07 PM, Administrative Nurse D stated it was the expectation of the staff to have a bed hold signed when a resident transferred to the hospital. Administrative Nurse D confirmed that staff had not notified the resident and/or his representative in writing of the reason for transfer to the hospital.The facility policy for Discharge/Transfer, revised 02/22/23, included: Before the facility transfers or discharges a resident, the facility shall notify the resident and the resident's representative of the transfer or discharge in writing and in a language and manner they understand. The policy also included: Before transferring a resident to a hospital, the facility shall provide written information to the resident or resident representative, which specifies the duration of the state bed-hold policy.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 175530
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