

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

PRINTED: 11/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/24/2024
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD REHABILITATION & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SOUTH FORT AVENUE SPRINGFIELD, MO 65807
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(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
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F 695 SS=D Respiratory/Tracheostomy Care and Suctioning
CFR(s): 483.25(i)

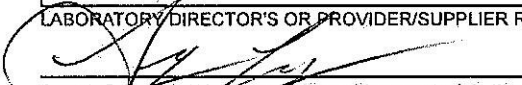
§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to provide respiratory care per standards of practice when the facility failed to provide a physician ordered bipap (noninvasive machine that helps people breathe by delivering pressurized air into their airways) or CPAP (a machine that treats breathing disorders by delivering pressurized air to the airways to keep them open while one sleeps) or document timely steps to acquire needed bipap supplies for one resident (Resident #1). Facility census is 120.

Review of the facility policy titled, "CPAP/Bipap (continuous positive airway pressure/bilevel positive airway pressure) Support," revised March 2015, showed the following:

- Purpose of the machine was to provide the spontaneously breathing resident with continuous positive airway pressure with or without supplemental oxygen;
- Improve arterial oxygenation in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease;
- Promote resident comfort and safety;
- Bipap delivers CPAP, but allows separate

F 695

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 12/19/24
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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 695	Continued From page 1 pressure settings for expiration and inspiration; -CPAP is used when residents have not responded to attempts to increase PaO2 (partial pressure of oxygen) with other types of oxygen delivery systems; -Document the following in the resident's medical record: general assessment, time CPAP started and duration of therapy; oxygen concentration and flow; and how resident tolerated; -Notify the physician if the resident refuses or if the resident experiences any adverse consequences. 1. Review of Resident #'1's face sheet (resident's information at a quick glance) showed the following: -Admission date of 07/19/23; -Readmission date of 09/13/24; -Diagnoses included chronic respiratory failure with hypercapnia and hypoxia (blood has too much carbon dioxide or not enough oxygen), chronic obstructive pulmonary disease (COPD - lung disease that makes it difficult to breathe), dependence upon supplemental oxygen - 2 liter (L), cardiomyopathy (disease of the heart), and chronic pain. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 08/01/24, showed the following: -Cognitively intact; -Resident received Oxygen therapy and non-invasive mechanical ventilator (bipap or CPAP). Review of the resident's care plan, updated on	F 695			

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F 695	Continued From page 2 09/13/24, showed the following information: -Resident was prescribed oxygen to help manage his/her COPD; -Resident will have needs related to deficits in respiratory function addressed and risk of complications minimized; -CPAP at night; -Oxygen as ordered. -Resident is at increased risk for falls related to debility. Review of the resident's July 2024 Physician Order Sheet (POS) showed the following: -An order, dated 06/04/24, to apply CPAP anytime resident is in the bed sleeping (day or night). Self regulating machine; -An order, dated 02/29/24, remove CPAP every morning. Review of the resident's Progress Note, dated 07/18/24, showed the following: -Resident had oxygen off when nurse practitioner arrived to room and resident seemed more confused than baseline and had had an incontinent episode. Resident's oxygen was applied and resident seemed more alert, was joking around, and smiling; -Primary diagnosis of chronic respiratory failure, unspecified whether with hypoxia or hypercapnia; -Bipap; -Dependence upon oxygen 1 liter to keep blood oxygen level above 90% on bipap; -Obstructive sleep apnea and new bipap since being at the facility -Chronic obstructive pulmonary disease, needs consistency with oxygen and bipap. The resident	F 695			

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F 695	Continued From page 3 is dependent upon oxygen/ Review of the resident's July 2024 Physician Order Sheet (POS) showed an order, dated 07/19/24, for oxygen at 2 L per minute via nasal cannula. Review of the resident's July 2024 Medication Administration Record (MAR) showed the following: -On 07/23/24, staff documented the resident did not use the CPAP because tubing was broken; -Resident did not wear the CPAP from 07/23/24 through 07/31/24 due to the machine not having the needed supplies. Review of the resident's July 2024 Nurses' Notes showed the following: -On 07/23/24, at 12:34 P.M., staff left a message for the Durable Power of Attorney (DPOA) asking for a return phone call. It was reported by night shift that resident's bipap tubing was broken and needed to be replaced; -On 07/23/24, at 1:26 P.M., the DPOA called back and this nurse and the DPOA were able to obtain the faxed orders from a supplier get the resident's supplies ordered for bipap machine; -On 07/24/24, at 3:29 A.M., the resident has been doing well this shift without his/her bipap and using just oxygen. Review of the resident's July 2024 Nurses' Notes showed staff did not document regarding the resident's bipap/CPAP or any steps to obtain the needed to supplies to allow the machine to be functional.	F 695			

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F 695	Continued From page 4 Review of the resident's August 2024 POS showed the following: -An order, dated 06/04/24, to apply CPAP anytime resident is in the bed sleeping (day or night). Self regulating machine; -An order, dated 02/29/24, remove CPAP every morning; -An order, dated 07/19/24, for oxygen at 2 L per minute via nasal cannula. Review of the resident's August 2024 MAR showed staff documented the resident did not wear the CPAP the month of August 2024 due to the machine being inoperable. Review of facility records showed on 08/14/24 (22 days after the resident's machine became inoperable) a fax was sent to a home health agency for supplies. Review of the resident's Progress Note, dated 08/20/24, showed the following: -Resident seen by nurse practitioner; -Refused to wear his/her bipap overnight. He/she got the tubing to the bipap, but now states he/she does not have the face piece and thinks it got thrown away when his/her room was cleaned; -Dependence upon oxygen 1 liter to keep blood oxygen level above 90%, on bipap; -Obstructive sleep apnea, bipap, needs encouragement to wear. Resident states something is broke and -nursing to follow up; -COPD, needs consistency with oxygen and bipap. Resident is dependent upon oxygen 1 to 2 L. Review of the Resident's August 2024 nurse's			F 695			

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F 695	Continued From page 5 notes showed on 08/26/24, at 1:59 A.M., staff noted CPAP not in use due to face mask missing. He/she was wearing 2 L of oxygen per nasal cannula. His/her vitals were stable and he/she was able to make needs known. Review of the resident's August 2024 Nurses' Notes showed staff did not document regarding the resident's bipap/CPAP or any steps to obtain the needed to supplies to allow the machine to be functional. Review of the resident's September 2024 POS showed the following: -An order, dated 06/04/24, to apply CPAP anytime resident is in the bed sleeping (day or night). Self-regulating machine; -An order, dated 02/29/24, to remove CPAP every morning; -An order, dated 07/19/24, for oxygen 2 L per minute via nasal cannula. Review of the resident's September 2024 Nurses' Notes dated 09/11/24, at 2:28 A.M., showed a family member called to asked about the resident and voiced concerns with resident having confusion over the weekend during a visit. Family member asked about the resident's CPAP and stated that he/she sent his/her son to home health supplier for the part of the CPAP and the supplier told him/her that the part that was needed and they did not have it. Staff told the family member that Registered Nurse (RN) C was the one working on it and that he/she would be the best person to talk to about it. Review of facility records shows on 10/22/24 showed RN C faxed Linn care information on the	F 695			

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F 695	Continued From page 6 resident showing a physician's order for the bipap on 09/12/24. Review of the resident's Progress Note, dated 09/20/24, showed the following: -Resident had not been wearing bipap and was waiting on parts to come in. Resident also had follow up appointment with pulmonology; -Bipap needing new supplies, mentioned in last note, which has been a barrier to compliance; -Needs consistency with oxygen and bipap; -Dependent on 2 L of oxygen. Review of the resident's September 2024 POS showed the following: -The 07/19/24 order for oxygen 2 L per minute via nasal cannula was discontinued on 09/25/24; -The 06/04/24 order apply CPAP anytime resident is in the bed sleeping, (day or night), self-regulating machine, discontinued of 09/25/24; -An order, dated 09/25/24, for no CPAP/bipap for two weeks due to recent fall; -An order, dated 09/25/24, for oxygen at 3 L per nasal cannula with exertion and at night. Maintain oxygen saturation level at 88-92 %; -An order, dated 02/29/24, remove CPAP every morning. Review of the resident's September 2024 MAR showed the following: -From 09/01/24 through 09/17/24, staff noted the resident did not wear the CPAP/bipap and noted drug/item unavailable, waiting on part or missing supplies; -From 9/18/24 through 09/23/24, staff signed off the resident wore no bipap/CPAP;	F 695			

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F 695	Continued From page 7 -On 09/24/24, staff noted CPAP/bipap unavailable; -On 09/25/24, order changed to no CPAP/bipap for two weeks and oxygen increased from 2 L to 3 L. Review of the resident's September 2024 Nurses' Notes showed staff did not document anything additional regarding the resident's bipap/CPAP or any steps to obtain the needed supplies to allow the machine to be functional. Review of the resident's POS, dated October 2024, showed the following: -An order, dated 09/25/24, for oxygen at 3 L with exertion and at night. Maintain oxygen saturation levels at 88-92%; -An order, dated 02/29/24, to remove CPAP every morning; -An order, dated 09/25/24 to 10/14/24, to hold CPAP/bipap for two weeks due to fall. During an interview on 10/24/24, at 1:40 P.M., the resident said he/she does better when sleeping with a bipap, but it doesn't always have the parts needed to work. During an interview on 10/24/24, at 12:30 P.M., Certified Nurse's Assistance (CNA) A said the following: -The resident used oxygen, but doesn't always keep it on; -If the resident didn't have oxygen on, he/she tended to get tired; -He/she didn't know if the resident wore a sleep machine like CPAP or bipap.	F 695			

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F 695	Continued From page 8 During an interview on 10/24/24, at 4:27 P.M., the Certified Medication Technician (CMT) F said the following: -If he/she noticed a CPAP or bipap not working he/she would notify the nurse; -He/she would see if the facility had any supplies to repair the machine or contact the outside provider. During an interview on 10/24/24, at 12:53 P.M., Licensed Practical Nurse (LPN) B, said the following: -The resident has an order for a bipap; -The family member was supposed to get some parts. RN C had been working with the family member to get the parts; -He/she said it was hard to say if or how not wearing the bipap affected the resident. During an interview on 10/24/24, at 4:16 P.M., LPN D said the following: -He/she worked on the rehab unit only and they do not have any CPAP/bipaps; -If the resident's CPAP broke and they did not have the supplies needed at the facility he/she would contact the Assistant Director of Nursing (ADON) or the DON and the family; -If it didn't get fixed timely, he/she would notify the doctor to see if the doctor had further orders; -He/she would also add a progress note in the medical record; -If the problem didn't get resolved before the next shift, he/she would pass it along to the nurse on the following shift and follow until the problem is resolved.	F 695			

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F 695	Continued From page 9 During an interview on 10/24/24, at 4:21 P.M., the RN E said the following: -If a resident's CPAP broke, he/she would see if they have supplies and if not go to the supply company; -He/she would also fill out an FYI or call the doctor; -He/she would also notify RN C as He/she takes care of these things; -He/she would notify the next shift if the machine isn't working. During an interview on 10/24/24, at 1:06 P.M., RN C said the following: -The resident had bedbugs prior to coming to the facility, so the machine was not brought to the facility and the facility was unaware the resident was using a bipap or CPAP at home; -The resident had been in the hospital for hypercapnia and they found after that the resident was using the bipap; -The facility purchased a new machine and all was fine until they couldn't get any supplies or replacement parts; -He/she attempted to get supplies from two suppliers and they needed a new order from the pulmonologist; -He/she made several calls to two suppliers and had not been successful with getting the replacement parts; -Resident sleeps with oxygen at night; -Resident has not been compliant in the past with the bipap. During interviews on 10/24/24, at 1:54 P.M. and 3:33 P.M., the Director of Nursing (DON) said the following:	F 695			

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F 695	Continued From page 10 -When the resident first came he/she was in rehab and when he/she came from the hospital they said the resident had bedbugs and the family was told not to bring things to the facility, however, the family did not mention the resident being on a CPAP; -In December 2023, the resident had an increase in sleepiness, they adjusted meds as that was thought to be the issue; -On 01/27/24, the resident was less alert, had an altered mental status, and oxygen levels were down so the resident was sent out to the hospital; -On 02/07/24, the resident returned from the hospital. The resident was on a bipap at the hospital and oxygen and wasn't tolerating it well; -On 02/21/24, the resident was hospitalized again and on the discharge paperwork, dated 02/29/24, it stated the resident wears a bipap at the nursing home; -They called home support and instead of renting a machine, which would cost more in the long run, they purchased the machine, with all of the supplies; -In July 2024, the hose broke and they called the supplier and because they did not have orders, they would not provide the parts; -They called another supplier and they wouldn't provide anything because they needed a new order from the pulmonologist; -Another supplier would not provide the supplies because the machine didn't come from them and since the resident was in the nursing home a contract would be needed; -The resident has refused to wear oxygen and gets more lethargic; -The facility was not aware the resident was ordered a bipap/CPAP; -Then the resident threw his/her mask away;	F 695			

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F 695	Continued From page 11 -The resident's family had a friend that provided some supplies, but they still don't have things worked out; -The resident takes his/her oxygen off and has been in hospital due to hypercapnia; -When he./she sleeps without bipap the resident gets confused and lethargic; -The resident would usually keep the mask on half of the night; -The facility got the new mask about two weeks after the resident fell. During an interview on 10/24/24, at 3:14 P.M., the Administrator said the following: -He/she didn't all that was going on with the bipap; -He/she knew the facility was not aware the resident wore a bipap at home and he/she didn't always wear it there; -He/she didn't know about the tubing breaking. During an interview on 10/24/24, at 4:30 P.M., DON and Administrator said the following: -When staff find a resident's CPAP or bipap isn't working, they should first check the facility supplies. If they don't have what's needed, they should go to RN C; -RN C takes care of it from there; -Each case is situational. If the CPAP or bipap isn't available, the resident could be put on oxygen; -The facility would notify the doctor to get new orders; -He/she expected the staff to document in the medical record the timeline of what's being done and the contacts; -He/she would expect staff to continue pursuing	F 695			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265157	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/24/2024
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD REHABILITATION & HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SOUTH FORT AVENUE SPRINGFIELD, MO 65807		
(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 12 the issues until it's resolved. MO00242206	F 695			

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 07460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/24/2024
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD REHABILITATION & HEALTH CA			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SOUTH FORT AVENUE SPRINGFIELD, MO 65807		
(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) COMPLETE DATE	
A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/I This regulation is not met as evidenced by: Class II 1. Please refer to F695. MO00242206	A4075			

Missouri Department of Health and Senior Services

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

TITLE

(X6) DATE

STATE FORM

6899

1BS411

If continuation sheet 1 of 1

PLAN OF CORRECTION

Provider/Supplier Name:	SPRINGFIELD REHABILITATION AND HEALTH CARE CENTER	
Street Address, City, Zip:	2800 SOUTH FORT AVENUE, SPRINGFIELD MO 65807	
Date of Survey:	10/24/2024	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265157
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This Plan of Correction (POC) is written only to fulfill the regulatory requirement set forth by the Centers for Medicare and Medicaid Services (CMS). Springfield Rehab and Health Care Center (SRHCC) in writing this POC admits no agreement with the Department of Health and Senior Service's (DHSS) Statement of Deficiency (SOD). Springfield Rehab and Health Care has and will continue to provide proper respiratory care to all of our residents who require such services. The interviews with RN-C, the DON and Administrator listed on the SOD showed the Center continued to work with 3 Durable Medical Equipment (DME) providers and a Pulmonologists for several weeks trying to get the broken equipment replaced.	
F-695	RN-C and the DON were able to get the 3rd DME company we worked with to get Resident #1's respiratory care products ordered, delivered and operational on 12/4/24. RN-C and the DON will continue working to consolidate the one remaining resident with a BiPap system who is not using the same DME company switched to the DME company that is providing services for all the other residents in the Center. RN-C has been educated to document any delays that may arise in obtaining respiratory equipment in the future and to document the status updates that are provided to the DON. Any future residents will be assessed for the appropriateness of switching their respiratory needs to the primary DME company that provides services to the Center. The DON will review the next 3 newly admitted	12/8/2024

PLAN OF CORRECTION

[illegible]