STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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	F 000		

The following citations are the result of a partial extended survey and complaint investigation KS00186683.

On 04/02/24 at 05:23 PM, Administrative Staff A received a copy of the "Immediate Jeopardy [IJ] Template" and was informed of the IJ for Resident (R)1.

On 09/08/23, R1's wound had worsened and had foul-smelling yellow drainage. A wound culture recorded R1 had Methicillin-Resistant Staphylococcus Aureus (MRSA-a type of bacteria resistant to many antibiotics) and Escherichia coli (E. coli-bacteria commonly found in the lower intestine that had a potential for causing infections in the urinary tract with inadequate incontinence care) in the wound, and Consultant GG ordered a new treatment and started R1 on an antibiotic, Doxycycline. R1's Electronic Medical Record (EMR) alerted staff that the LiquaCel powder, used in R1's wound treatment, would interfere with the absorption of the antibiotic, but staff did not notify the providers, so no action was taken. On 09/11/23 a diagnostic scan of R1's abdomen and pelvis revealed sacral osteomyelitis (local or generalized infection of the bone and bone marrow). R1 had new order for intravenous (IV-administered directly into the bloodstream via a vein) and oral antibiotics. The wound consultant team saw R1 on Fridays and gave new orders for daily wound dressing changes. The facility nursing staff did not follow the orders regarding the wound dressing changes as Consultant GG issued multiple warning to staff to ensure the AG rope (used to absorb drainage and promote wound healing) was out of the wound. There were

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/17/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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	Continued From page 1	F 000		

multiple occasions when the wound dressing was not performed as ordered due to unavailable wound supplies. The wound continued to worsen and on 10/16/23 was recorded as a Stage 4 pressure ulcer (a deep pressure wound that reaches the muscles, ligaments, or even bone) with exposed bone. On 11/23/23 R1's wound erupted with uncontrollable bleeding and R1 was sent to the local Emergency Department. R1 then transferred to a higher level of care and admitted to the hospital with sepsis (life threatening systemic reaction that develops due to infections which cause inflammation throughout the entire body) and dehydration. R1 died on 11/28/23. The facility failure to provide appropriate pressure reducing interventions, failure to consistently monitor R1's wounds and assess and address signs of infection, failure to involve the physician when needed, and failure to provide appropriate wound care services and treatments including ensuring availability of treatment supplies, placed R1 in Immediate Jeopardy.

The facility completed the following corrective actions to remove the immediacy for R1: Immediate education regarding F686 began on 04/02/24 at 06:00 PM with current nursing staff all staff were provided education before the close of day. Nursing staff were not allowed to work until they were educated on the policy and clinical protocols on skin breakdown and pressure ulcers. Education included that the residentsmust receive the necessary services to promote healing and prevent worsening for pressure ulcers and to prevent wound infection.

On 04/03/24, an onsite verified the completion of the corrective actions to remove the immediacy. After the immediacy was removed the deficient

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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	Continued From page 2 practice remained at a scope and severity of "G" to represent the actual harm to R1. The 2567 was sent electronically on 04/17/24.	F 000		
F 686 SS=J	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: The facility identified a census of 43 residents with three residents reviewed for pressure ulcers. Based on record review and interview, the facility failed to identify, monitor, and provide appropriate treatments and interventions, to prevent pressure ulcers from worsening and prevent infection for Resident (R) 1. R1 admitted to the facility on 06/19/23 with a Stage 3 pressure ulcer (full thickness pressure injury extending through the skin into the tissue below) on his coccyx (area at the base of the spine). Nursing staff did not perform consistent wound assessments to include measurements and presence of infection. On 09/08/23, 81 days after admission, R1's wound had worsened and had foul-smelling	F 686		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 3	F 686		

yellow drainage. A wound culture recorded R1 had Methicillin-Resistant Staphylococcus Aureus (MRSA-a type of bacteria resistant to many antibiotics) and Escherichia coli (E. coli-bacteria commonly found in the lower intestine that had a potential for causing infections in the urinary tract with inadequate incontinence care) in the wound, and Consultant GG ordered a new treatment and started R1 on an antibiotic, Doxycycline. R1's Electronic Medical Record (EMR) alerted staff that the LiquaCel powder, used in R1's wound treatment, would interfere with the absorption of the antibiotic, but staff did not notify the providers, so no action was taken. On 09/11/23 a diagnostic scan of R1's abdomen and pelvis revealed sacral osteomyelitis (local or generalized infection of the bone and bone marrow). R1 had new order for intravenous (IV-administered directly into the bloodstream via a vein) and oral antibiotics. The wound consultant team saw R1 on Fridays and gave new orders for daily wound dressing changes. The facility nursing staff did not follow the orders regarding the wound dressing changes as Consultant GG issued multiple warning to staff to ensure the AG rope (used to absorb drainage and promote wound healing) was out of the wound. There were multiple occasions when the wound dressing was not performed as ordered due to unavailable wound supplies. The wound continued to worsen and on 10/16/23 was recorded as a Stage 4 pressure ulcer (a deep pressure wound that reaches the muscles, ligaments, or even bone) with exposed bone. On 11/23/23 R1's wound erupted with uncontrollable bleeding and R1 was sent to the local Emergency Department. R1 then transferred to a higher level of care and admitted to the hospital with sepsis (life threatening systemic reaction that develops due to infections which cause inflammation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 4	F 686		

throughout the entire body) and dehydration. R1 died on 11/28/23. The facility failure to provide appropriate pressure reducing interventions, failure to consistently monitor R1's wounds and assess and address signs of infection, failure to involve the physician when needed, and failure to provide appropriate wound care services and treatments including ensuring availability of treatment supplies, placed R1 in Immediate Jeopardy.

Findings included:

- R1's Electronic Medical Record (EMR) documented R1 had diagnoses of Stage 3 pressure ulcer, congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), metastatic lung cancer, hypertension (high blood pressure), and hyperlipidemia (condition of elevated blood lipid levels).

The "Admission Minimum Data Set (MDS)," dated 06/23/23, documented a Brief Interview for Mental Status (BIMS) was not completed for R1. The MDS documented R1 did not have an altered level of consciousness, disorganized thinking, or inattention. The MDS documented R1 required substantial staff assistance with toileting, bathing, dressing, bed mobility, and transfer. The MDS documented R1 had not received scheduled pain medication, as needed pain medication, or any non-medication interventions for pain. During the pain interview, R1 stated he had the presence of pain, but the rest of the interview was not completed. The MDS documented R1 was at risk for developing pressure ulcers and had a Stage 3 pressure ulcer that was present on admission. The MDS documented R1 received a pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 5	F 686		

reducing device for his bed, was not on a turning/repositioning program, did not have nutrition or hydration interventions to manage skin problems, was receiving pressure ulcer care and applications or nonsurgical dressing other than to his feet.

The "Quarterly MDS," dated 10/27/23, documented R1 had a Brief Interview for Mental Status score of five which indicated severely impaired cognition. The MDS documented R1 had impairment on both sides of his lower extremities. The MDS documented R1 was dependent on staff for oral hygiene, toileting hygiene, bathing, lower body dressing, putting on and taking off footwear, and personal hygiene. R1 required substantial staff assistance for rolling left to right, sitting to lying, lying to sitting, transfers, and ambulation. The MDS documented R1 had not received scheduled pain medication, as needed pain medication, or any non-medication interventions for pain. During the pain interview, R1 stated he had occasional pain during the look back period that was moderate in strength. The MDS documented R1 was at risk of developing pressure ulcers and currently had a Stage 4 pressure ulcer that was not present on admission. The MDS documented R1 had a pressure reducing device for his bed, a pressure reducing device for his bed, was not on a turning/repositioning program, had nutrition or hydration interventions to manage skin problems, received pressure ulcer care, and had application of ointments/medication other than to his feet.

The "Nutrition Care Area Assessment (CAA)", dated 06/23/23, documented R1 admitted with a Stage 3 pressure injury to his coccyx and a deep tissue injury to his right heel. On admission R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 6	F 686		

reported stabbing pain to his coccyx.

The "Pressure Ulcer/Injury CAA," dated 06/23/23, documented R1 had a Stage 3 pressure injury to his coccyx and deep tissue injury to his heel. The CAA documented R1 had bowel incontinence and required extensive assistance with bed mobility. R1 was on a Sizewise (a specialized mattress for pressure relief) mattress and was at risk for unidentified pain.

R1's "Care Plan" directed staff R1 required extensive assistance of one to two staff for bed mobility and staff were to turn/reposition R1 every two hours in bed (06/19/23). R1 required an air mattress on his bed and cushions in his recliner and wheelchair (09/15/23). R1 required weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate (09/15/23). R1 needed to be reminded to turn/reposition at least every two hours (09/15/23). R1 had acute pain related to pressure injury to the sacrum and R1 would verbalize adequate relief of pain. Staff were to monitor and document side effects of pain medication and report to the nurse any changes in usual activity attendance patterns related to signs or symptoms or complaints of pain or discomfort. (06/19/23).

The "Admitting Hospital Wound Care Note," dated 06/16/23, documented R1's pressure ulcer was present on admission to the hospital. R1's coccyx wound measured 2.2 centimeters (cm) by 3.7 cm by 0.2 cm, with 60% granulation tissue and 40% slough (dead tissue, usually cream or yellow in color).

The "Braden Scale for Predicting Pressure Sore

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 7	F 686		

Risk," dated 06/19/23, documented R1's risk score was 15, which indicated at risk. R1's was chairfast, skin was very moist, and noted friction and shear was a potential problem.

The "Admission Data Collection," dated 06/19/23, documented R1 had a Stage 3 pressure ulcer but no measurements were taken. A pressure reducing device for R1's bed would be used, R1's heels would be floated, and a turning and repositioning program would be implemented.

The "Admission Note," dated 06/20/23, documented R1 admitted on 06/19/23 at 02:00 PM with the admitting diagnosis of malignant tumor of the lung. R1 was weak but could walk twenty feet. R1's speech and vision were good but R1 was hard of hearing. R1 admitted with a Stage 3 pressure ulcer to his buttock, was a fall risk due to weakness, shown how to use the call light, and educated to wait for assistance to avoid a fall.

The "Advance Care Planning Note," dated 06/20/23, documented R1 was at the facility to gain strength after losing weight and strength from chemotherapy. R1 would participate in physical therapy and occupational therapy. R1's goal was to gain weight and strength so he could continue chemotherapy and return home.

The "Wound Daily Observation Note," dated 06/20/23, documented R1 had a foam dressing in place. The wound margin was pink and R1 denied pain. The wound did not have any drainage and the wound bed had pink epithelial tissue. The note documented the primary care provider was aware.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 8	F 686		

The "Wound Daily Observation Note," dated 06/24/23, documented R1's foam dressing was intact but had bowel movement in it, so it was removed. The wound was cleansed with normal saline and baby shampoo and rinsed. Skin prep (liquid skin protectant) was applied around the outer skin. Aquacel (a wound dressing) was placed into the wound and a foam dressing placed to cover the wound. The center of the wound was red with active bleeding. The old dressing had a moderate amount of yellow drainage and no odor. R1 denied pain. The wound bed was not assessed. R1's primary care provider was not notified.

The "Wound Daily Observation," dated 06/25/23, documented R1's dressing was removed, there was bowel movement in the wound, and the surrounding skin was red. R1 denied pain. The wound had fresh bleeding from the wound. Staff cleansed the wound with normal saline and baby shampoo, rinsed, applied skin prep to the surrounding skin, applied Aquacel, and covered with a foam dressing.

The "Wound Daily Observation Note," dated 06/26/23, documented R1's dressing was changed and there was bowel movement in the dressing. The surrounding skin was red. There was no pain noted with the dressing change. A small amount of yellow/red drainage was noted. The wound bed was covered with s. The wound was cleaned with normal saline and baby shampoo, rinsed, skin prep applied to the surrounding skin, Aquacel applied, and covered with a foam dressing. R1's primary care provider was not notified of changes.

The "Consultant Note," dated 06/26/24,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 9	F 686		

documented R1 was a new admission with a Stage 3 pressure ulcer to his sacrum (large triangular bone/area between the two hip bones). Consultant HH recommended four ounces of fortified juice at breakfast and an eight-ounce protein shake in the afternoon along with a multivitamin and Vitamin C 500 milligrams (mg) twice a day. R1's estimated calorie needs for healing were 2200 to 2500 calories.

The "Wound Daily Observation Note," dated 06/29/23, documented R1's wound treatment was completed per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. No drainage was noted. The wound bed was not assessed. The note lacked notification of the changes to R1's primary care provider.

The "Wound Daily Observation Note," dated 06/30/23, documented the dressing was changed per R1's primary care provider's order. The skin around the wound was not assessed. No pain was noted during dressing change. Staff were unable to tell if there was drainage as R1 had bowel movement underneath the dressing. The wound bed had granulation (new tissue formed during wound healing). The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 07/03/23, documented R1's dressing was changed per his primary care provider's orders. Skin surrounding the wound was red. R1 had no complaints of pain. A moderate amount of yellow drainage was noted without odor. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool," dated 07/03/23,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 10	F 686		

documented R1's coccyx wound measured 4 cm by 2 cm by 0.5 cm.

The "Wound Daily Observation Note," dated 07/04/23, documented R1's dressing was left in place because the dressing did not need changed. Staff documented R1's dressing was clean dry and intact and not changed because it was changed yesterday. (R1's dressing change order directed staff to change R1's dressing daily)

The "Wound Daily Observation Note," dated 07/05/23, documented R1's dressing was changed per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. There was yellow drainage with active bleeding and the wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 07/08/23, documented R1's dressing was changed per his primary care providers orders. The skin surrounding the wound was red and staff noted a little old blood on the old dressing. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 07/09/23 documented a new dressing was applied to R1's wound. The skin surrounding the wound was pink. R1 denied pain. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool" dated 07/09/23 documented R1 had a Stage 3 decubitus ulcer (localized skin and tissue injuries that occur when the blood supply to the skin is cut off for more

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 11	F 686		

than two to three hours) to his coccyx which measured 3 cm by 1 cm by 0.7 cm.

The "Nutrition Note," dated 07/13/24, documented R1 would be receiving six-ounce house supplements with meals. The note included the mid-afternoon supplement shake was going untouched as R1 was always napping.

The "Wound Daily Observation Note," dated 07/14/23, documented R1 did not have a dressing to his coccyx. The treatment was done per doctor's orders. The skin surrounding the wound was red. R1 denied pain. No drainage or odor noted. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool," dated 07/16/23, documented R1's coccyx wound measured 2.5 cm by 0.5 cm by 0.4 cm.

The "Wound Daily Observation Note," date 07/17/23, documented R1 did not have a dressing in place to his coccyx. A new dressing was applied per doctor's orders. The skin surrounding the wound was red. R1 denied pain. No drainage or odor noted. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 07/22/23, documented there was a band-aid on R1's wound. The skin surrounding the wound was red. R1 denied pain. The wound bed was red, with no drainage or odor noted. The note included R1's primary care provider did not need to be notified at that time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 12	F 686		

The "Skin Observation Tool," dated 07/24/23, documented R1's coccyx wound measured 2.5 cm by 0.7 cm by 0.5 cm.

The "Wound Daily Observation Note," dated 08/02/23, documented R1 did not have a dressing in place on his coccyx. Treatment to R1's Stage 3 decubitus ulcer done per doctor's orders. The skin surrounding the wound was red, with no drainage or odor noted, and R1 denied pain. The wound bed had some granulation tissue noted. R1's primary care provider was not notified.

The "Order Note," dated 08/02/23, documented R1 was to start LiquaCel (a liquid protein supplement) twice a day for wound healing assistance.

The "Wound Daily Observation Note," dated 08/05/23, documented R1's dressing to his coccyx was intact. A new dressing was applied per doctor's orders. The skin surrounding the wound was pink. A moderate amount of yellow drainage was noted. The wound bed had granulation tissue. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool," dated 08/08/23, documented R1's coccyx wound measured 5 cm by 3 cm.

The "Wound Daily Observation Note," dated 08/10/23, documented there was no dressing to R1's coccyx wound. Dressing change was performed per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. There was no drainage or odor noted. The wound bed had granulation tissue. The note lacked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 13	F 686		

notification of R1's primary care provider.

The "Skin Observation Tool," documented R1's coccyx wound measured 4 cm by 2 cm.

The "Wound Daily Observation Note," dated 08/16/23, documented R1 had no dressing to his coccyx. A new dressing was applied per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. The wound bed had granulation tissue and no drainage or odor. The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 08/20/23, documented R1 had no dressing to his coccyx. Treatment was performed per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. The wound bed had granulation tissue with no drainage or odor noted. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool," dated 08/22/23, documented R1's coccyx wound was deep and measured 4 cm by 2 cm.

The "Wound Daily Observation Note," dated 08/23/23, documented R1 did not have a dressing to his coccyx. The treatment was done per doctor's orders. The skin surrounding the wound was pink. R1 denied pain. There was no drainage or odor noted. The wound bed had slough. The note lacked notification of R1's primary care provider.

The "Wound Daily Observation Note," dated 08/25/23, documented R1 had no dressing in place to his coccyx. The treatment was done per

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 14	F 686		

doctor's orders. The skin surrounding the wound was red. R1 denied pain. No drainage or odor was noted. The wound bed was not assessed. R1's primary care provider was not notified.

The "Skin Observation Tool," dated 08/29/23, documented R1 had an open sore on his coccyx and was healing slowly.

The 09/03/23 "Health Status Note" documented R1 felt warm during rounds. R1's temperature was 100.5 degrees Fahrenheit (F) and staff administered 1000 milligrams (mg) of Tylenol (a fever reducing medication) to R1.

The "Daily Wound Observation Note," dated 09/04/23, documented R1's dressing was intact and changed. The skin surrounding the wound was pink. There was a moderate amount of thick yellow bloody drainage. The wound bed had slough. The note lacked notification of R1's primary care provider.

The "Skin Observation Tool," dated 09/05/23, documented R1's coccyx wound measured 2.5 cm by 0.5 cm with tunneling on the top side that measured 2.5 cm and tunneling on the right side which measured 0.5 cm. The note documented R1 sat in his recliner all day and refused to lay in bed during the day. The note stated the facility faxed R1's primary care provider requesting to send R1 to wound care as R1's wound was tunneling and had heavy drainage.

The "Daily Wound Observation Note," dated 09/05/23, documented R1 did not have a dressing in place but the dressing had been changed several times due to drainage. The skin surrounding the wound was red. R1 had pain

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 15	F 686		

rated at 8 out of 10, on a zero to ten scale. There was a huge amount of yellow drainage. The wound had 2.5 cm of tunneling at the top of the wound and 0.5 cm of tunneling to the right side of the wound. R1's primary care provider was notified of the change and a fax was sent requesting wound care.

The "Communication with Physician Note," dated 09/05/23, documented R1's Stage 3 pressure wound to his coccyx, which he was admitted with on 06/19/23, was becoming smaller in size. R1's wound had a huge amount of drainage without odor. Tunneling was noted 2.5 cm at the top of the wound and 0.5 cm noted to the right side of the wound. R1 denied pain since his admission but today his pain was rated 8 out of 10.

The "New Order Fax," dated 09/05/23, referred R1 to wound care at the hospital for evaluation and treatment for a Stage 3 decubitus ulcer and an order for oxycodone 5 mg by mouth every four hours as needed for coccyx pain.

The "Wound Daily Observation Note," dated 09/06/23 documented R1's dressing was saturated with drainage. The dressing was changed. R1's wound measurements to his coccyx measure 3.2 cm by 7 cm with tunneling to the right side of the wound which measured 0.7 cm. There was no pain with the dressing change. There was an excess amount of drainage, and an ABD pad was applied to accommodate the drainage. The drainage was yellow, pus-like drainage. The wound bed contained slough. R1's primary care physician ordered wound care at the hospital.

The "Wound Daily Observation Note," dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 16	F 686		

09/08/23, documented R1 had gone to the hospital for wound care.

The "Wound Culture Result," dated 09/09/23, documented R1's coccyx wound had MRSA and E. coli.

The "Wound Daily Observation Note," dated 09/09/23, documented R1's dressing was intact and to be changed every other day and as needed. The dressing change orders included: Flush with 20 milliliters (ml) of quarter strength Dakin's solution (a topical antiseptic made of diluted sodium hypochlorite traditionally used to clean wounds to prevent infection), Flush with 20 ml normal saline, Aquacel AG rope (a wound dressing) into the wound bed, fluff 4 by 4's (gauze), apply XTRASORB (a super absorbent dressing), and secure with Mefix (skin friendly dressing retention tape).

The "Wound Daily Observation Note," dated 09/10/23, documented R1's dressing to his coccyx was intact. No dressing change needed as the dressing was change last night.

The "Wound Daily Observation Note," dated 09/10/23 at 08:45 PM, documented R1's dressing was changed to his coccyx. Erythema (redness) and drainage was noted. R1 stated the pain was "terrible" when the dressing was being changed. The wound had copious amounts of serosanguinous (semi-thick blood-tinged drainage) and purulent (producing or containing pus) drainage. The existing bandage was fully saturated. When flushed, a large amount of serosanguinous fluid was expelled from the wound. The wound bed had a slight amount of slough and tunneling was noted. Primary care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 17	F 686		

physician had already been notified and R1 was being seen at the wound care.

The "Order Note," dated 09/11/23, documented doxycycline hyclate (an antibiotic) 100 mg by mouth twice a day for fourteen days for wound. The EMR system identified a possible drug interaction with LiquaCel Oral Liquid. LiquaCel Oral Liquid could impair the gastrointestinal absorption and decrease the antimicrobial effectiveness of doxycycline hyclate (an oral antibiotic) 100 mg. The facility staff failed to notify R1's primary care provider of the drug interaction.

The "Wound Daily Observation Note," dated 09/12/23, documented R1's dressing to his coccyx was changed. The skin surrounding the wound was pink. The wound measured 2.0 cm by 0.8 cm with 2.5 cm of tunneling to the right. R1 was given Percocet (a pain pill) at 11:45 AM. The drainage was greenish in color and there was a large amount of drainage. A small amount of odor noted. The wound bed had slough. R1's primary care provider was not notified as R1 would see wound care on Friday at 01:00 PM.

The "Skin Observation Tool," dated 09/05/23, documented R1's coccyx wound measured 2.5 cm by 0.5 cm with tunneling on the top side that measured 2.5 cm and tunneling on the right side which measured 0.5 cm. The note documented R1 would sit in his recliner all day and refused to lay in bed during the day.

The "Physician Note," dated 09/13/23, documented R1 saw wound cared for a pressure ulcer to his buttock that was infected with Methicillin-resistant Staphylococcus aureus (MRSA-a type of bacteria resistant to many

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 18	F 686		

antibiotics) and Escherichia coli (E. coli-bacteria commonly found in the lower intestine that had a potential for causing infections in the urinary tract with inadequate incontinence care) and was on doxycycline. R1 received dressing changes and there was concern about a fistula (abnormal passage from an internal organ to the body surface or between two internal organs) but the Computed Tomography (CT) scan was negative for this. There were findings of osteomyelitis (local or generalized infection of the bone and bone marrow). The wound care practitioner would speak to family about R1's goals.

The "Wound Daily Observation Note," dated 09/13/23, documented the dressing to R1's coccyx was saturated and had to be changed. The skin surrounding the wound was pink and R1 denied pain. Tunneling was noted to be deeper on top and both sides of the wound, with heavy yellow drainage noted. R1 primary care provider did not need to be notified as she saw R1 that day.

The "Wound Daily Observation Note," dated 09/14/23, documented R1 did not need a dressing change that day because R1 had been to the hospital for wound care.

The "Wound Daily Observation Note," dated 09/14/23, documented R1's coccyx dressing had to be changed because it was saturated. The margin around the wound was red and surrounding tissue was pink. R1 stated he was having some pain, but it was tolerable. The drainage was thick, yellow pus with a strong odor. The wound bed contained slough. R1's primary care physician did not need notified as R1 would go to wound care on Friday.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 19	F 686		

The "Wound Data Collection," dated 09/14/23, documented R1's coccyx wound measured 3.2 cm by 0.9 cm by 2.5 cm with 2.5 cm tunneling to the right side. The note documented R1's wound was worsening. The wound bed has 100% slough. The wound had heavy purulent (producing or containing pus) drainage. Preventative measures were air mattress, ROHO (pressure relief cushion that is made of soft, flexible air cells) cushion to the wheelchair, and LiquaCel with meals.

The "Wound Daily Observation Note," dated 09/15/23, documented R1's dressing was intact to his coccyx and the dressing was not changed due to R1 would go to wound care that day.

The "Health Status Note," dated 09/15/23, documented new orders from wound care for IV antibiotics, weekly labs, and order for a magnetic resonance imaging (MRI-medical imaging used to view soft tissue). Orders would be faxed later that day.

The "New Order Fax," dated 09/15/23, documented new orders for R1's coccygeal osteomyelitis. New orders: Daptomycin (antibiotic) 6 mg/kg IV daily to start 09/16/23, Augmentin (an oral antibiotic) 875/125 mg one tab twice a day by mouth for six weeks, pharmacy to contact wound care provider on replacing Daptomycin with Dalvance (antibiotic), contact precautions MRSA/E.coli, and MRI of pelvis with and without IV contrast.

The "Wound Collection Tool," dated 09/15/23, documented R1's coccyx wound measured 3.0 cm by 1.2 cm by 2.5 cm with tunneling on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 20	F 686		

right and left of the wound. R1's wound was worsening. The wound bed was 100% slough. The wound had purulent drainage. The skin surrounding the wound was denuded (loss of epidermis caused by exposure to urine, feces, body fluids, wound drainage, or friction). Undermining was identified. The wound was suspected of infection. Preventative measures: air mattress, cushion to chair and wheelchair, LiquaCel with meals, stand to reposition every three hours.

The "Wound Daily Observation Note," dated 09/16/23, documented the dressing to R1's coccyx was changed because it was completely soiled with bowel movement and drainage. The wound's margin was red, and the surrounding skin was pink. R1 stated the dressing change was very painful. There was a large amount of purulent drainage with strong odor. The wound bed had slough. R1's primary care provider was not notified as she was already aware and R1 was seen at wound care.

The "Communication with Physician Note," dated 09/16/23, documented Consultant GG was called to clarify if he wanted the IV antibiotics started that day. The Augmentin (antibiotic) could be started on the following Monday.

The "Communication with Family Note," dated 09/16/23, documented R1's responsible party was called to gain permission to transport R1 to the hospital for IV antibiotics. R1's responsible party was notified Augmentin would be started by mouth on Monday and labs would be done weekly per Consultant GG.

The "Wound Daily Observation Note," dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 21	F 686		

09/16/23, documented R1's dressing to his coccyx was saturated with drainage and bowel movement. The skin surrounding the wound was pink. R1 had pain present while doing the treatment to his coccyx but refused pain medication. The drainage was cloudy, thin, and yellow with no odor. The wound bed contained slough. Consultant GG was called for clarification of faxed order. IV antibiotics were started that day and oral antibiotic could be started the following Monday when the pharmacy was open.

The "Order Note," dated 09/16/23, documented Amoxicillin/Pot Clavulanate (Augmentin/antibiotic) 875/125 mg one tablet by mouth every twelve hours for coccygeal osteomyelitis for sixteen weeks.

The "Antibiotic Monitoring Note," dated 09/16/23, documented R1's appetite had decreased.

The "Antibiotic Monitoring Note," dated 09/16/23, documented R1 was on Daptomycin (antibiotic) IV 6 mg per kilogram (kg) that had been started that morning. R1 had decreased fluid and food intake.

The "Wound Daily Observation Note," date 09/17/23, documented R1's coccyx dressing was saturated with yellow drainage and bowel movement. The skin surrounding the wound was pink. Some pain noted with dressing change but R1 did not require any pain medication. There was a large amount of thick yellow/bloody drainage without odor. R1's primary care provider was not notified due to R1 went to wound care of Fridays and had daily dressing changes at the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 22	F 686		

The "Wound Daily Observation Note," dated 09/18/23, documented R1's dressing was saturated with drainage and bowel movement and was changed per doctor's orders. The skin surrounding the wound was pink. R1 had noted pain with the dressing change and was compliant with lying on his right side while the dressing was changed. The wound bed had slough. There was a large amount of thick yellow drainage without odor. R1's primary care provider did not need notified due to daily dressing changes at the facility and wound care on Fridays.

The "Antibiotic Monitoring Note," dated 09/18/23, documented R1's appetite had decreased, and the primary care provider had not been notified.

The "Communication with Physician Note," dated 09/18/23, documented Consultant GG was notified to clarify R1 would take doxycycline that morning then it would be discontinued and would start on amoxicillin 875/125 mg twice a day thru 01/24/24 and would continue Daptomycin, 6mg/kg IV daily at the hospital, until the new antibiotic arrived; then Daptomycin would be discontinued and R1 would only have one IV antibiotic weekly.

The "New Fax Order," dated 09/18/23, documented R1 would receive Dalvance 1500 mg IV on 09/19/23 and then in eight days R1 would receive the second dose of Dalvance 1500 mg IV for diagnosis of osteomyelitis of the coccyx. Per the Dalvance website (www.dalvance.com) the medication is used to treat acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms. The "Important safety information" header noted "Clostridioides

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 23	F 686		

difficile-associated diarrhea (CDAD) has been reported with nearly all systemic antibacterial agents, including DALVANCE, with severity ranging from mild diarrhea to fatal colitis. Evaluate if diarrhea occurs."

The "Antibiotic Monitoring Note," dated 09/18/23, documented R1 had a decreased appetite and R1's primary care provider was not notified.

The "Wound Daily Observation Note," date 09/19/23, documented R1's dressing was intact and saturated with yellowish-greenish drainage and some bowel movement. Staff removed the old dressing, provided treatment, and applied a new dressing. The skin surrounding the wound was pinkish. R1 denied pain. There was a heavy amount of yellowish-green tinged drainage without odor. The wound bed was pinkish with a red center. The facility did not have the packing required for the dressing change. R1's primary care physician was not notified as R1 was seen yesterday at wound care.

The "At Risk Note," dated 09/19/23, documented R1 was on LiquaCel twice a day. The Certified Dietary Manager (CDM) requested Arginaid (a nonprescription nutritional drink that supplies the amino acid L-arginine along with vitamin C and E) to assist with wound healing.

The "Health Status Note," dated 09/19/23, documented R1's appetite had been poor that day.

The "Wound Daily Observation Note," dated 09/19/23, documented R1's coccyx dressing was changed due to being saturated with discharge and bowel. The skin surrounding the wound was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 24	F 686		

pink. There was a copious (abundant) amount of purulent discharge that was yellow/green in color. The wound bed had slough and had red edges with tunneling present. The staff noted no AG rope available for wound packing. R1's primary care provider was not notified as she was already aware and R1 was seen at wound care for treatment.

The "Skin Observation Tool," dated 09/19/23, documented R1's coccyx wound measured 4 cm by 1 cm. There was tunneling noted on the top that was measured over 8 cm, as the Q-tip was only that long and the tunneling was more. The tunneling on the right side was measured at 5.5 cm and the tunneling on the left side was measured at 3 cm. R1 noted to sit in his recliner all day and refused to lay in his bed during the day. R1 was diagnosed with coccygeal osteomyelitis with MRSA and E. coli.

The "Antibiotic Monitoring Note," dated 09/20/23, documented R1 had a decline in fluid and food intake. R1's primary care provider was not notified that day but was aware of the situation.

The "Wound Daily Observation Note," dated 09/20/23, documented R1's coccyx dressing was intact but was saturated through the dressing. Dressing treatment was completed per doctor's orders. The skin surrounding the wound was normal pink color. R1 denied pain but jumped a few times while treatment was being done. There was a copious amount of light brown, thick, slimy drainage without odor. The wound bed center was red but had slough. Tunneling was noted upward and on both sides of the wound. R1's primary care provider was not notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 25	F 686		

The "Wound Daily Observation Note," dated 09/20/23, documented R1's coccyx dressing was changed due to being saturated with bowel and urine. The skin surrounding the wound was pink. R1 verbalized pain during the dressing change but then stated it was ok once the dressing change was completed. The wound had copious amounts of yellow and brown tinged discharge with a foul smell. The wound bed was red with slough and tunneling present. R1's primary care physician was not notified.

The "Antibiotic Monitoring Note," dated 09/20/23, documented R1 had a poor appetite that day. R1's primary care provider was not notified because she had been previously made aware.

The "Wound Daily Observation Note," dated 09/21/23, documented R1's coccyx dressing was intact with a large amount of drainage. Treatment was done per doctor's orders and new dressing applied. The ulcer border was noted to be undermining. R1 denied pain. There was thick slimy brownish drainage with odor. The wound border was undermining, and slough was present. R1's primary care provider was not notified because R1 would be seen the next day by provider.

The "Antibiotic Monitoring Note," dated 09/21/23, documented R1 had poor intake with decreased urinary output and was still having loose stools. R1's primary care provider was not notified because she was already aware.

The "Antibiotic Monitoring Note," dated 09/22/23, documented R1 continued to have poor intake. R1's primary care provider was not notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 26	F 686		

The "Wound Daily Observation Note," dated 09/22/23, documented R1's coccyx dressing was left in place as R1 would go to wound care at the hospital that day.

The "New Order Fax," dated 09/22/23, ordered facility staff to change R1's coccyx dressing daily and as needed. Dressing change orders were: Flush wound with 100 cubic centimeters (cc) of normal saline, pack with Aquacel AG rope - Do Not Cut -, cover with XTRASORB, cover with sacral Mepilex (foam dressing) border, and secure with Mefix. Measure each soiled Aquacel rope to make sure it is completely removed from the wound.

The "Wound Daily Observation Note," dated 09/23/23, documented R1's coccyx dressing was saturated with a large amount of drainage and was changed per doctor's orders. The skin surrounding the wound was undermining. R1 voiced some pain with the dressing change. There was a large thick amount of slimy brown drainage. The wound bed had slough with a bright red center. R1's primary care provider was not notified. Wound care had given new dressing orders on 09/22/23.

The "Antibiotic Monitoring Note," dated 09/23/23, documented R1 had poor intake, decreased output, and loose incontinent stools. R1's primary care provider was not notified because she was already aware.

The "Consultant Note," dated 09/23/23, documented Consultant HH was notified of the worsening of the pressure ulcer to R1's coccyx was at a Stage 4. R1 was receiving LiquaCel packet twice a day, six ounces of house

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 27	F 686		

supplement three times a day with meals, multivitamin, and Vitamin C 500 mg for healing. Consultant HH recommended had an eight-ounce shake with one scoop of protein powder and 25 mg of zinc for healing of pressure ulcer. Consultant HH encouraged staff to encourage R1 to take oral intake and protein intake.

The "Wound Daily Observation Note," dated 09/23/23, documented R1's coccyx dressing was completely saturated and soiled with bowel. The dressing change was completed. The skin around the wound was undermining. R1 had pain with the dressing change. There was thick yellow and brown slimy drainage with a foul odor. The wound bed had slough with a red center. With this dressing change 45 cm of the existing AG rope was removed and 45 cm of new AG rope packed into the wound. R1's primary care provider was not notified.

The "Wound Data Collection," dated 09/23/23, documented R1's coccyx wound measured 3.2 cm by 1.7 cm by 2.0 cm with 9 cm of tunneling to the left of the wound and 14.5 cm of tunneling to the right of the wound. The wound was worsening. The wound bed was 100% slough with heavy purulent drainage. Preventative measures: air mattress, protein drink three times a day, ROHO cushion, Arginaid three times a day, and repositioning every two hours.

The "Antibiotic Monitoring Note," dated 09/23/23, documented R1 had a decreased appetite and loose bowels. R1's primary care physician was not notified because she was already aware.

The "Antibiotic Monitoring Note," dated 09/24/23, documented R1 had a poor appetite and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 28	F 686		

decreased output. R1's primary care provider was not notified due to R1 receiving daily wound care at the facility and weekly wound care at the hospital.

The "Wound Daily Observation Note," dated 09/24/23, documented R1's coccyx dressing was soiled with bowel and staff changed the dressing. Undermining was present and there was thick brown slimy discharge which was foul smelling. The wound bed had slough with a bright red center. R1 had pain with the dressing change. R1's primary care provider was not notified as she was already aware.

The "Antibiotic Monitoring Note," dated 09/24/23, documented R1 had a poor appetite, decreased urinary output and loose stools. R1's primary care provider was not notified as she was already aware.

The "Antibiotic Monitoring Note," dated 09/25/23, documented R1 had decreased amount of food and fluid intake. R1's primary care provider was not notified as she was already aware.

The "Wound Daily Observation Note," dated 09/25/23, documented R1's coccyx dressing was intact, old dressing removed, and treatment done with new dressing in place. The skin surrounding the wound was pink. R1 had pain while the treatment was performed. There was a heavy amount of thick brownish drainage with some odor present. The wound bed had undermining and slough. R1's primary care provider was not notified as she was already aware.

The "Antibiotic Monitoring Note," dated 09/26/23, documented R1 had decreased appetite, loose

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 29	F 686		

stools, and decreased urine output. R1's primary care provider was not notified as she was already aware.

The "Wound Daily Observation Note," dated 09/26/23, documented R1's coccyx dressing was intact but soiled. The old dressing was removed, and treatment done per order. The skin surrounding the wound was pink. R1 had pain with the treatment. There was a copious amount of thick brown drainage with a foul odor. The would bed had undermining, slough, and was red. During the dressing change 45 cm of AG rope was removed from the wound. No AG rope was inserted into the wound as there was no AG rope available. AG pad placed on wound entrance. R1's primary care provider was not notified as she was already aware.

The "Antibiotic Monitoring Note," dated 09/26/23, documented R1 had poor intake, loose incontinent stools, and decreased output. R1's primary care provider was not notified as R1 went to wound care weekly at the hospital and dressing changes daily at the facility.

The "Skin Observation Tool," dated 09/26/23, documented R1's coccyx dressing was intact and was not removed. No measurements.

The "Wound Daily Observation Note," dated 09/26/23, documented R1's coccyx dressing was intact. The old dressing was removed, and a new dressing applied without the AG rope as the facility was out. The skin surrounding the wound was pink. R1 had pain in his coccyx with the dressing change. There was a large amount of dark brown fluid that was very odorous. The wound bed had slough. R1's primary care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 30	F 686		

provider was not notified due to R1 received daily dressing changes at the facility and weekly wound care at the hospital.

The "Antibiotic Monitoring Note," dated 09/26/23, documented R1 had decreased intake, loose incontinent stool, and decreased urinary output. R1's primary care provider was not notified because she was already aware and R1 went to wound care.

The "Antibiotic Monitoring Note," dated 09/27/23, documented R1 had poor intake and output. R1's primary care provider was not notified because she was already aware.

The "Wound Daily Observation Note," dated 09/27/23, documented R1's coccyx dressing was intact but saturated with drainage. The staff completed the treatment and applied a new dressing. The skin surrounding the wound was undermined. R1 had intermittent pain. There was a large amount of serosanguineous (semi-thick blood-tinged drainage) drainage that was thick and slimy and without odor. The wound bed had approximately 50% granulation tissue. R1's primary care provider was not notified because she was already aware.

The "Antibiotic Monitoring Note," dated 09/28/23, documented R1 had a decline in food intake. R1's primary care provider was not notified because R1 received wound care weekly at the facility and weekly at the hospital.

The "Physician Order Note/Progress Note," dated 09/29/23, documented R1 had a Stage 3 pressure ulcer of the sacral region. The pressure ulcer measured 3.2 cm by 1.5 cm by 1.6 cm. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 31	F 686		

pressure ulcer had a moderate amount of serous (clear) drainage. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer is to cleanse the area with Vashe solution (a wound solution containing hypochlorous acid) and the peri-wound with soap and water. Per-wound treatment Triad paste. The wound filler was Aquacel AG rope for packing and covered with Aquacel AG Advantage then covered with XTRASORB and secured with Medifix (tape that is not harsh to the skin) tape. The pressure ulcer is to be offloaded using an alternating air mattress, seat cushion and wheelchair. R1 was to continue to have a high protein diet, a turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all Aquacel AG rope was out of the wound with irrigation with normal saline prior to redressing.

The "New Order Fax," dated 09/29/23, documented R1's coccyx dressing was to be changed daily and as needed. The order included to clean the peri-wound with normal saline and Johnson's baby shampoo; clean the wound with Dakin's solution quarter strength for ten minutes; pack the wound with Aquacel AG rope; cover with ConvaMax Superabsorber (an advanced wound contact layer dressing with high absorption capacity), cover with a sacrum Mepilex, and secure with Mefix.

The "Antibiotic Monitoring Note," dated 09/29/23, documented R1 had decreased intake, loose stool, and decreased urine. R1's primary care physician was not notified because she was already aware and R1 went to the hospital for wound care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 32	F 686		

The "Antibiotic Monitoring Note," dated 09/30/23, documented R1's food intake varied, fluid intake was fair, had loose stools and urination was decreased. R1's primary care provider was not notified because the wound care provider was aware.

The "Wound Daily Observation Note," dated 09/30/23, documented R1's coccyx dressing was intact but saturated with drainage. The old dressing was removed, and the treatment done per doctor's orders. The skin surrounding the wound was undermined. R1 denied pain. There was thick, brown, slimy drainage with odor present. The wound bed had granulation tissue present and was red in the center. R1's primary care provider was not notified because the wound care provider was aware.

The "Health Status Note," dated 09/30/23, documented since R1 could not sit in his recliner R1 refused to get out of bed and would only lay on his back.

The "Health Status Note," dated 09/30/23, documented R1's wound dressing was soiled with bowel movement. R1 initially refused to have the dressing changed but staff talked R1 into the dressing change. Staff asked R1 if he would like a pain pill after the dressing change and R1 said yes. Staff administered oxycodone (pain medication) to R1.

The "Wound Daily Observation Note," dated 10/01/23, documented R1's coccyx dressing was intact, soiled, and changed. The wound was noted to be getting deeper and larger. R1 had pain with the dressing change. There was a large amount of thick dark brown drainage with odor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 33	F 686		

The wound bed had slough. New orders received to clean peri-wound with normal saline and baby soap, clean the wound with 25% strength Dakin's solution and let sit in the wound for ten minutes, then rinse; pack wound with Aquacel AG rope; cover the wound with ConvaMax Superabsorber adhesive; then cover the sacrum with Mepilex (absorbent, bordered foam dressing) and use Mefix to secure. R1's primary care provider was not notified.

The "Order Note," dated 10/01/23, documented staff would administer to R1 zinc 25 mg (oral tablet) by mouth daily for a wound supplement. The system identified a possible drug interaction from LiquaCel, noting gastrointestinal absorption of zinc could be impaired by LiquaCel, resulting in decreased effectiveness of the zinc oral tablet 25 mg.

The "Antibiotic Monitoring Note," dated 10/02/23, documented R1 had decreased intake of food and fluid, decreased urine output and loose incontinent stools. R1's primary care provider was notified.

The "Wound Daily Observation Note," dated 10/03/23, documented R1's dressing was saturated and changed. The skin surrounding the wound was red. R1 had pain with the dressing change. There was thick dark brown discharge with a foul odor. The wound bed had slough. Dressing changed per order and used two AG ropes both measuring 45 cm each. R1's primary care provider was not notified.

The "Skin Observation Tool," dated 10/03/23, documented R1 had a tunneling decubitus ulcer on his coccyx that was being treated. There were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 34	F 686		

no measurements included.

The "Wound Daily Observation," dated 10/04/23, documented R1's coccyx dressing was intact but saturated with drainage. The treatment was done per doctor's orders with a new dressing in place. The skin surrounding the wound was pink. R1 denied pain but was flinching during the treatment. The wound bed has slough and tunneling. There was a moderate amount of thick brownish slimy discharge. The wound culture results reported R1 was negative and no longer required isolation.

The "Wound Daily Observation," dated 10/05/23, documented R1's coccyx dressing was intact and changed. The skin surrounding the wound was beefy red. R1 had pain noted with the dressing change. There was a large amount of thick brown fluid with some odor and the wound bed had slough present. R1's primary care provider was not notified.

The "Physician Order Note/Progress Note," dated 10/06/23, documented R1 had a Stage 4 pressure ulcer of the sacral region which was first noted on 10/06/23. The pressure ulcer measured 3.5 cm by 1.2 cm by 1.2 cm. The pressure ulcer had a moderate amount of serous (clear) drainage. The pressure ulcer had 5% exposed bone. The pressure ulcer was debrided using autolytic debridement (using the body's own defense mechanisms and fluids to liquefy dead tissue). The plan for the pressure ulcer was to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Aquacel AG rope for packing and cover with Aquacel AG Advantage then covered with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 35	F 686		

XTRASORB and secured with Medifix tape. The pressure ulcer was to be offloaded using an alternating air mattress, seat cushion, and wheelchair. R1 to continue a high protein diet and turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all Aquacel was out of the wound bed.

The "Wound Daily Observation Note," dated 10/07/23, documented R1's dressing was intact and changed. The skin surrounding the wound was beefy red. R1 had pain with the dressing change. The wound bed had slough present and there was a copious amount of thick dark brown fluid with odor noted. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/08/23 (Sunday), documented R1's coccyx dressing was intact but saturated and removed, and a new dressing applied. The skin surrounding the wound had exposed subcutaneous tissue that was beefy red, erythematous with fifty percent granulation. R1 had pain with the dressing change. The wound bed had slough. R1's primary care provider was not notified because R1 went to weekly wound care at the hospital on Fridays.

The "Wound Daily Observation Note," dated 10/10/23, documented R1's dressing was intact, saturated, and changed. The skin surrounding the wound had expose subcutaneous tissue with erythema and fifty percent granulation. R1 had increased pain with the placement of the Aquacel rope. There was a copious amount of thick brown drainage. The wound bed had slough. R1's primary care provider was not notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 36	F 686		

The "Skin Observation Tool," dated 10/10/23, documented no measurements of R1's coccyx wound.

The "Wound Daily Observation," dated 10/11/23, documented R1 coccyx dressing was changed per orders. The skin surrounding the wound was pink. R1 moaned when staff packed his wound. There was a large amount of brownish liquid drainage. The wound bed was not assessed. R1's primary care provider was not notified because she was already aware.

The "Antibiotic Monitoring Note," dated 10/11/23, documented R1 had a decline in food and drink and his urine was very concentrated. R1's primary care provider was notified by the day shift nurse of R1's elevated temperature on her shift.

The "Wound Daily Observation Note," dated 10/12/23, documented R1's coccyx dressing was changed per orders. The skin surrounding the wound was light pink. R1 cussed and moaned when his wound was packed. There was a large amount of brownish liquid drainage. The wound bed was not assessed. R1's primary care provider already aware.

The "Wound Data Collection," dated 10/12/23, documented R1's coccyx wound measured 3.5 cm by 1.2 cm by 1.2 cm and was upgraded to a Stage 4 pressure ulcer with tunneling at 12 o'clock which measured 13 cm, tunneling at 3 o'clock which measured 3.2 cm, tunneling at 6 o'clock which measured 2.8 cm, and tunneling at 9 o'clock which measured 3.2 cm. The wound was worsening. The drainage was serosanguineous and heavy. The surrounding skin was denuded and with undermining noted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 37	F 686		

The "Wound Daily Observation Note," dated 10/13/23, documented R1's dressing was changed. The ulcer border was undermining and beefy red. R1 had increased pain with the dressing change to his sacral region. There was an excessive amount of thick, brownish bloody drainage with odor noted. The wound bed had slough. R1's primary care provider was not notified because R1 went to wound care that day at the hospital.

The "Physician Order Note/Progress Note," dated 10/13/23, documented R1 had a Stage 4 pressure ulcer of the sacral region, first noted on 10/06/23. The pressure ulcer measured 3.5 cm by 1.2 cm by 1.8 cm. The pressure ulcer had a moderate amount of serous (clear) drainage. The pressure ulcer had 5% exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer included to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Aquacel AG rope for packing and covered with Aquacel AG Advantage, then covered with XTRASORB and secured with Medifix tape. The pressure ulcer is to be offloaded using an alternating air mattress, seat cushion, and wheelchair. R1 continued a high protein diet, and a turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all Aquacel rope was removed prior to packing new hydrofiber.

The "New Order Fax," dated 10/13/23, documented no changes to R1's dressing change orders. R1's wound was packed with Aquacel AG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 38	F 686		

rope, times three. Consultant GG told nursing to verify all packing was removed with each dressing change.

The "Health Status Note," dated 10/13/23, documented R1 returned from wound care appointment with no new orders. R1's wound was packed with Aquacel AG rope times three. Nursing staff is not to cut the Aquacel rope and are to verify all packing is removed with each dressing change.

The "Wound Daily Observation Note," dated 10/15/23, documented R1's coccyx dressing was intact but soiled but changed per doctor's orders. The skin surrounding the wound was beefy red. R1 voiced pain with the dressing change. There was a large amount of thick, brownish-bloody drainage, with some odor. The wound bed had slough present. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/17/23, documented R1's coccyx dressing was intact but soiled and changed per doctor's orders. The skin surrounding the wound was red. R1 had pain with the dressing change. There was thick drainage with odor present. The wound bed had slough. One AG rope was used with the dressing change. R1's primary care provider was not notified.

The "Skin Observation Tool," dated 10/17/23, documented R1's coccyx wound measured 3.5 cm by 1.2 cm by 2 cm, with tunneling on the top side greater than 15 cm and tunneling noted on both sides of the wound.

The "Wound Daily Observation Note," dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 39	F 686		

10/18/23, documented R1's coccyx dressing was intact, treatment performed, and a new dressing applied. The skin around the wound was normal in color. The drainage was brown in color with odor. The wound bed had slough. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/19/23, documented R1's coccyx dressing was changed, and staff were unable to find the AG rope inside R1's wound. R1 was very agitated with the dressing change. R1 moaned a lot during the dressing change and fought with cares and tried hitting at the nurse. There was brownish colored drainage present. The wound bed was not assessed. R1's primary care provider was already aware.

The "Physician Order Note/Progress Note," dated 10/20/23, documented R1 had a Stage 4 pressure ulcer of the sacral region, first noted on 10/06/23. The pressure ulcer measured 3.8 cm by 1.2 cm by 1.2 cm. The pressure ulcer had a moderate amount of serous drainage. The pressure ulcer had 5% exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer included to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Aquacel AG rope for packing and covered with Aquacel AG Advantage then covered with XTRASORB and secured with Medifix tape. The pressure ulcer was to be offloaded using an alternating air mattress, seat cushion, and wheelchair. R1 was to continue to have a high protein diet, a turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 40	F 686		

Aquacel rope is removed prior to packing new hydrofiber.

The "Communication with Physician Note," dated 10/20/23, documented R1 was seen at the wound care clinic that day. The facility was to continue the current wound care orders. The facility and the clinic would work on how to get the right rope for R1's dressings, to the facility.

The "Wound Daily Observation Note," dated 10/22/23, documented R1's coccyx dressing was intact but soiled. The dressing was changed per orders. The wound margin showed the ulcers border was undermining and red. R1 had pain with the dressing change and did not tolerate the dressing change well. The wound bed had slough and there was slimy brown malodorous drainage present. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/23/23, documented R1's coccyx dressing was intact but saturated from drainage. The treatment was done per orders. The wound margin was undermining. R1 had sharp pain, 8 out of 10 while Aquacel was placed inside the tunneling. There was a heavy amount of slimy brownish drainage with odor, and the wound bed had slough. R1's primary care provider was not notified as R1 was seen by the provider every Friday in wound care.

The "Skin Observation Tool," dated 10/24/23, lacked measurements.

The "Wound Daily Observation Note," dated 10/24/23, documented R1's coccyx dressing was soiled and changed. The wound margin was red with undermining. R1 had pain with the dressing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 41	F 686		

change. There was a large amount of thick brown drainage. The wound bed had slough. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/25/23, documented R1 coccyx dressing was soiled and changed. The wound margin was red and tunneling. R1 had complaints of pain to the sacral area with the dressing change. There was thick brown drainage present, and the wound bed had slough present. Two AG ropes were used in the dressing. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/26/23, documented R1's coccyx dressing was intact but saturated and leaking drainage from the wound site. The treatment was done per doctor's orders. The wound margin was undermining. R1 had pain during the dressing change. There was a large amount of brown drainage with some odor noted. The wound bed contained slough. R1's primary care provider was not notified as provider would observe the next day.

The "Wound Daily Observation Note," dated 10/27/23, documented R1's coccyx dressing was soiled and changed. The ulcer border was undermining and red. R1 did not have pain with the dressing change. There was thick brown bloody drainage without odor. The wound bed contained slough. R1 was to go to wound care that day.

The "Physician Order Note/Progress Note," dated 10/20/23, documented R1 had a Stage 4 pressure ulcer of the sacral region, first noted on 10/06/23. The pressure ulcer measured 3.7 cm by 1.2 cm by 1.6 cm with a sinus tract at 12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 42	F 686		

o'clock which measured 14 cm, a second sinus tract at 3 o'clock which measured 4 cm, a third sinus tract at 6 o'clock which measured 2.4 cm, and a fourth sinus tract at 9 o'clock which measured 2.8 cm. The pressure ulcer had a moderate amount of serous drainage. The pressure ulcer had 5% exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer included to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Aquacel AG rope for packing and covered with Aquacel AG Advantage then covered with XTRASORB and secured with Medifix tape. The pressure ulcer was to be offloaded using an alternating air mattress, seat cushion, and wheelchair. R1 was to continue to have a high protein diet, and a turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all Aquacel rope is removed prior to packing new hydrofiber.

The "Communication with Physician Note," dated 10/27/23, documented Consultant GG ordered to leave the AG rope in place for seven days and change the external dressing as needed to maintain the dressing integrity.

The "New Fax Order," dated 10/27/23, documented R1's coccyx wound dressing was to be changed daily and as needed. Clean peri-wound with soap and normal saline. Clean wound with Vashe solution for ten minutes. Pack wound with Aquacel AG rope, times three. Cover with Aquacel 4 by 4 (gauze). Cover with XTRASORB. Secure with Mefix. Consultant GG wrote he preferred Aquacel AG rope and directed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 43	F 686		

nursing staff to please verify all alginate was removed from the wound prior to packing.

The "Wound Daily Observation Note," dated 10/28/23, documented R1's coccyx dressing was intact, and treatment was done per orders and new dressing applied. The wound margin was undermining. R1 had no pain with dressing change. There was a large amount of brown drainage without odor. The wound bed had slough. R1's primary care provider was not notified.

The "Wound Daily Observation Note," dated 10/29/23, documented R1's coccyx dressing was intact, and treatment was done per orders. The AG rope was not seen in the wound. The wound margin was undermining. R1 did not voice complaints of pain. There was a moderate amount of thin brown drainage without odor. The would bed was covered in slough. The facility notified the wound care personnel the AG rope was not seen inside the wound.

The "Wound Daily Observation Note," dated 10/31/23, documented R1's coccyx dressing was soiled and changed. The wound border was undermining. R1 did not have pain with the dressing change. There was thin slimy brown drainage without odor and the wound bed was covered in slough (covered in dead tissue, usually cream or yellow in color). The wound care provider aware that the AG rope is not visible.

The "Skin Observation Tool," dated 10/31/23, documented R1's coccyx wound was upgraded to a Stage 4 pressure ulcer. The wound measured 3.7 cm by 1.2 cm by 1.6 cm. A sinus tract measured 14 cm at 12 o'clock, a second tract

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 44	F 686		

measured 4 cm at 3 o'clock, the third tract measured 2.4 cm at 6 o'clock, and the fourth tract measured 2.8 cm at 9 o'clock.

The "Wound Daily Observation Note," dated 11/02/23, documented R1's coccyx dressing was intact but soiled. The dressing was changed, and treatment done per order. The wound margin was undermining. R1 denied pain. There was this brown drainage without drainage, and the wound bed was covered in slough. AG ropes were not visible, and provider was aware.

The "Physician Order Note/Progress Note," dated 11/03/23, documented R1 had a Stage 4 pressure ulcer of the sacral region which was first noted on 10/06/23. The pressure ulcer measured 3.3 cm by 0.8 cm by 1.1 cm. The pressure ulcer had a moderate amount of serous (clear) drainage. The pressure ulcer had exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer included to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Iodoform one inch packing, covered with Aquacel AG Advantage, then covered with XTRASORB, and secured with Medifix tape. The pressure ulcer was to be offloaded using an alternating air mattress, seat cushion, and wheelchair. R1 was to continue to have a high protein diet, and a turning schedule every who hours, while awake. The nursing facility was unable to order in Aquacel AG rope and their replacement, hydrofiber rope would not stay intact as one piece; therefore, hydrofiber changed to Iodoform packing today.

The "Wound Daily Observation Note," dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 45	F 686		

11/04/23, documented R1's coccyx dressing was soiled, and the staff only changed the outer dressing. The wound margin was pink with open wound and tunneling. R1 did not complain of pain with dressing change. Staff did not change the Iodoform (a ravel resistant packing used for open and infected wounds) as the facility did not have any on supply at the time. Staff did trim off three inches of the Iodoform that had feces on it. The wound bed contained slough. New dressing orders received: cleanse with Vashe wound solution (a saline based wound cleanser that contains hypochlorous acid that inhibit antimicrobial load) and soap and water, apply Triad paste (a hydrophilic paste for light to moderate levels of wound drainage), Iodoform one inch packing, cover with Aquacel AG Advantage and XTRASORB, and secure with Medifix tape.

The "Wound Daily Observation Note," dated 11/06/23, documented R1's coccyx dressing was intact but saturated with drainage. The treatment was done per doctor's orders. The wound margin was undermining. R1 denied pain with dressing change. There was a large amount of brownish drainage with some odor. The wound bed had slough and tunneling.

The "Wound Daily Observation Note," dated 11/07/23, documented R1's coccyx dressing was intact, and treatment was done per orders. The wound margin was undermining. R1 voiced no complaints of pain. There was a large amount of brown drainage with some odor. The wound bed had slough and tunneling.

The "Wound Daily Observation Note," dated 11/09/23, documented R1's coccyx dressing was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 46	F 686		

intact, and the treatment was done per orders. The wound margin was undermining. R1 had no complaints of pain. There was a large amount of brown, yellowish drainage with foul odor. The wound bed had slough with tunneling.

The "Physician Order Note/Progress Note," dated 11/10/23, documented R1 had a Stage 4 pressure ulcer of the sacral region which was first noted on 10/06/23. The pressure ulcer measured 3.6 cm by 0.9 cm by 1.6 cm. The pressure ulcer had a moderate amount of serous (clear) drainage. The pressure ulcer had exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer included to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment included Triad paste. The wound filler was Iodoform one inch packing covered with Aquacel AG Advantage then covered with XTRASORB and secured with Medifix tape. The pressure ulcer is to be offloaded using an alternating air mattress, seat cushion and wheelchair. R1 was to continue to have a high protein diet, a turning schedule every who hours while awake.

The "Wound Daily Observation Note," dated 11/10/23, documented R1's coccyx dressing was soiled, removed, and changed. The wound margin was undermining. There was a moderate amount of brownish drainage. The wound bed had slough. A note was left with the wound care that R1 had no packing in place as the facility was out at the time.

The "Wound Daily Observation Note," dated 11/14/23, documented R1's coccyx dressing was soiled and removed. The treatment was done per

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 47	F 686		

order. The wound margin was pink and undermining. R1 had pain with the dressing change and did not tolerate the dressing change well. R1 continued to try to roll onto his back. There was a moderate amount of brown slimy drainage. The wound bed had slough and undermining.

The "Physician Note," dated 11/15/23, documented wound care saw R1 for the ulcer to his buttocks that was infected with MRSA and E. coli. R1 received oral augmentin. R1 saw wound care yesterday. R1 seemed a little more disoriented today. R1 was not wanting to eat. R1 stated he just did not feel good and stated his stomach hurt. Staff stated it was at least the second day for R1 not wanting to eat. R1 was very drowsy and not wanting to wake up for the examination. R1's tongue and oropharynx were erythemic with white areas which appeared to be candidiasis (an infection in which the fungus candida albicans accumulates in the mouth causing pain while swallowing and difficulty swallowing). New order for Nystatin 100,000 units per ml, 4 ml by mouth four times a day for seven days.

The "Antibiotic Monitoring Note," dated 11/17/23, documented R1 had increased weakness and a decline in eating.

The "Health Status Note," dated 11/17/23, documented R1 did not eat lunch and only wanted to sleep. R1 became weaker when trying to stand and would not eat anything for supper. The facility had still not received the Nystatin for R1's thrush.

The "Antibiotic Monitoring Note," dated 11/17/23,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 48	F 686		

documented R1 was not eating or drinking fluids well.

The "Antibiotic Monitoring Note," dated 11/18/23, documented R1 had white patches to his tongue. R1 was not eating or drinking well. R1's primary care provider was not notified because she was already aware.

The "Wound Daily Observation Note," dated 11/18/23, documented R1's coccyx dressing was soiled and changed. R1 had pain during the treatment. The wound margin was red with undermining. There was a moderate amount of thin slimy green/brown drainage. The wound bed had slough. R1's primary care provider was not notified.

The "Antibiotic Monitoring Note," dated 11/19/23, documented R1's fluid and food intake were decreasing, very poor intake and output. R1 had thrush but the Nystatin was still not available. R1's primary care provider was notified.

The "Health Status Note," dated 11/20/23, documented R1 refused to get out of bed that day. Oral care was given and R1 had only taken fluids that day.

The "Wound Daily Observation Note," dated 11/20/23, documented R1's coccyx dressing was in place but saturated. The treatment done per doctor's orders. The wound margin had undermining. R1 denied pain. There was brownish drainage without odor. The wound bed had slough.

The "Antibiotic Monitoring Note," dated 11/20/23, documented R1 had a decline in food and fluid

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 49	F 686		

intake and urinary output. R1's primary care provider was notified the facility had still not received the Nystatin from the pharmacy for R1's treatment of thrush.

The "Communication with Pharmacy Note," dated 11/20/23, documented the facility called the pharmacy regarding the Nystatin order. The medication was ordered by the provider on 11/15/23. The pharmacy stated they never received the order. The facility faxed the order and would get the medication in the morning.

The "Communication Note," dated 11/20/23, documented family saw R1. Staff reported to family R1 had thrush and the medication would be started the next day. Staff reported to family R1 had been in bed for two days and was not eating food but was drinking some fluids.

The "Antibiotic Monitoring Note," dated 11/20/23, documented R1 had a decline in intake and output, had hypotension (low blood pressure), and increased heart rate. R1's primary care provider was not notified because she was already aware.

The "Physician Order Note/Progress Note," dated 10/20/23, documented R1 had a Stage 4 pressure ulcer of the sacral region, first noted on 10/06/23. The pressure ulcer measured 4.1 cm by 1.1 cm by 1.6 cm. The pressure ulcer had a moderate amount of serous drainage. The pressure ulcer had 5% exposed bone. The pressure ulcer had exposed bone. The pressure ulcer was debrided using autolytic debridement. The plan for the pressure ulcer is to cleanse the area with Vashe solution and the peri-wound with soap and water. Per-wound treatment Triad

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 50	F 686		

paste. The wound filler was Iodoform one inch packing covered with Aquacel AG Advantage then covered with XTRASORB and secured with Medifix tape. The pressure ulcer is to be offloaded using an alternating air mattress, seat cushion and wheelchair. R1 was to continue to have a high protein diet, a turning schedule every who hours while awake. The wound care provider warned the nursing facility to make sure all Aquacel rope was removed prior to packing new hydrofiber.

The "Pharmacy Note," dated 11/21/23, documented Administrative Nurse D called the pharmacy questioning where R1's Nystatin was and the pharmacy tech stated it was coming in on the truck, and they would call when it was ready.

The "Communication with Physician Note," dated 11/21/23, documented R1 had a large blood clot by his rectum and staff did not know if it came from the rectum or traveled from R1's wound.

The "Health Status Note," dated 11/21/23, documented the wound care called to inform the facility R1 had a temperature of 99 degrees F. Wound care applied two bottles of Iodoform packing. One was one inch wide and the other was half inch wide. The wound care provider directed nursing to ensure all packing was removed.

The "Antibiotic Monitoring Note," dated 11/21/23, documented R1 had poor intake, poor urinary output, and an elevated temperature. R1 saw wound care that day.

The "Wound Daily Observation Note," dated 11/21/23, documented R1's coccyx dressing was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 51	F 686		

intact, and treatment was done per orders. The wound margin was undermining. R1 did not have any complaints of pain. There was brownish drainage with bright red blood. The wound bed was covered in slough.

The "Antibiotic Monitoring Note," dated 11/21/23, documented the R1 started on Nystatin 4 ml by mouth four times a day for seven days. R1 had thrush in his mouth. R1 had blisters in his mouth, his mouth was sore, and R1 did not want to swallow, eat, or drink. R1 had a temperature of 99 degrees. R1's primary care provider was not notified because R1 saw wound care that day.

The "Health Status Note," dated 11/22/23, documented staff went to change R1's coccyx dressing and while changing the dressing the wound started gushing large amounts of blood and would not stop. When the nurse got the bleeding to slow down and put the dressing on, the dressing was completely soaked in seconds. R1's right hand was swollen and hot to the touch. R1 was having increased respirations and gurgling. The nurse notified Administrative Nurse D and family she was sending R1 to the Emergency Department. R1 left for the ED at 03:40 PM.

The "Emergency Department Provider Note," dated 11/22/23, documented R1 was brought to the ED with concerns of bleeding from his buttocks and a swollen right hand. R1's pulse at the nursing home was 126 beats per minute (elevated heartrate). R1 had diagnoses of Stage 4 pressure ulcer with osteomyelitis of the sacral region. The nursing home was concerned about R1's general status as he had not eaten or drank much over the last few days. R1's temperature

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 52	F 686		

rectally was 102.9 degrees (fever) and sepsis protocol started. On admission to the ED, R1 was found to have a large coccyx wound and he had been seeking treatment with wound care for 22 weeks. The severely large sacral wound appeared to have a high absorbent dressing that was saturated. There was free floating material consistent with iodoform gauze, that was balled up on the superior aspect of the wound. There was exposed bone tissue. The wound measurements were 4.1 cm by 1.1 cm by 1.6 cm. The CT of the abdomen and pelvis showed a marked interval increase in size of the sacral decubitus ulcer with findings of progressive sacrococcygeal osteomyelitis. There was a large collection within the posterior gluteal soft tissue measuring 19.7 cm by 16.3 cm by 1.9 cm with loculated mottled internal contents which showed sever erosive changes at the coccyx and inferior sacrum consistent with progressive osteomyelitis. R1's lactic acid lab was 2.4 millimoles per liter (mmol/L), which indicated sepsis. The likely source of sepsis infection was osteomyelitis. The ED transferred R1 to a higher level of care, by a flight crew.

The "Health Status Note," dated 11/24/23, documented the facility called the local hospital for an update on R1 and was told R1 had severe wound bleeding, was septic, and was airlifted to a higher level of care hospital.

The "Communication Note," dated 11/28/23, documented R1 had died.

The "Communication Note," dated 12/27/23, documented R1's responsible party called the facility and was angry with the facility about the condition R1 had been in. R1's responsible party

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 53	F 686		

stated the doctor at the hospital was mad at the family regarding how dehydrated R1 was and the condition of R1's wound and accused the family of neglect.

On 04/02/24 at 10:30 AM, Certified Nurse Aide (CNA) M stated R1 sat in his recliner or wheelchair all the time and she did not recall R1 having any kind of a cushion in his recliner or wheelchair, until after his wound had worsened.

On 04/02/24 at 12:30 PM, Licensed Nurse (LN) G stated R1 would refuse to lay down in bed and sit in his recliner all day. LN G stated R1 always denied pain during dressing changes. LN G stated she could not recall if R1 was on a turning/repositioning program.

On 04/02/24 at 02:30 PM, Administrative Nurse D agreed that all interventions to prevent R1's pressure ulcer from worsening were not in place on R1's admission to the facility. Administrative Nurse D was unaware of the lack of wound documentation. Administrative Nurse D stated the nurses used the dressing change supplies they had on hand when the facility ran out of the ordered supplies. Administrative D was unaware R1 was not administered pain medication before or after dressing changes.

The "Pressure Ulcer/Skin Breakdown Policy," dated April 2018, documented the nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers, for example immobility, recent weight loss, and history of pressure ulcers. A Braden Scale will be completed upon admission, quarterly, upon identification of a pressure ulcer and as necessary. Nursing shall follow the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 54	F 686		

Identified Pressure ulcer/Wound checklist upon identification. The nurse shall describe and document/report the following: Weekly documentation of full assessment of pressure ulcer/wound including location, stage/type, length, width, depth, and presence of exudate or necrotic tissue. Pain assessment. Have an up-to-date Braden. Current treatments including support surfaces. Communication to physician, resident representative, and nursing department. The pressure ulcer/wound will be monitored daily for infection, correct dressing quality, and pain. The physician will identify and define any complications related to pressure ulcers. The nurse will contact the physician if there is no evidence of healing after two weeks on the current treatment.

The facility failed to identify and provide appropriate intervention to prevent pressure ulcers form worsening and failed to involve the physician, implement treatment orders correctly, and consistently monitor wound status to promote healing, and prevent infection for R1. The facility failure to provide appropriate pressure reducing interventions, failure to consistently monitor R1's wounds and assess and address signs of infection, failure to involve the physician when needed and failure to provide appropriate wound care services and treatments including ensuring availability of treatment supplies placed R1 in immediate jeopardy.

The facility completed the following corrective actions to remove the immediacy for R1: Immediate education regarding F686 began on 04/02/24 at 06:00 PM with current nursing staff all staff were provided education before the close of day. Nursing staff were not allowed to work until

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 686	Continued From page 55 they were educated on the policy and clinical protocols on skin breakdown and pressure ulcers. Education included that the residentsmust receive the necessary services to promote healing and prevent worsening for pressure ulcers and to prevent wound infection. On 04/03/24, an onsite verified the completion of the corrective actions to remove the immediacy. After the immediacy was removed the deficient practice remained at a scope and severity of "G" to represent the actual harm to R1.	F 686		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility identified a census of 43 residents with three residents reviewed for pain. Based on record review and interview, the facility failed to provide Resident (R) 1 with pain relieving measures prior to or after pressure ulcer dressing changes though R1 had documented pain and demonstrated signs of discomfort during dressing change. This deficient practice resulted in untreated pain for R1 and placed him at risk for continued unnecessary pain and altered psychosocial well-being. Findings included: - R1's Electronic Medical Record (EMR)	F 697		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 56	F 697		

documented R1 had diagnoses of Stage 3 pressure ulcer, congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), metastatic lung cancer, hypertension (high blood pressure), and hyperlipidemia (condition of elevated blood lipid levels).

The "Admission Minimum Data Set (MDS)," dated 06/23/23, documented R1 had a Brief Interview for Mental Status (BIMS), which was not completed. The MDS documented R1 did not have an altered level of consciousness, disorganized thinking, or inattention. The MDS documented R1 required substantial staff assistance with toileting, bathing, dressing, bed mobility, and transfer. The MDS documented R1 had not received scheduled pain medication, as needed pain medication, or any non-medication interventions for pain. During the pain interview, R1 stated he had the presence of pain, but the rest of the interview was not completed. The MDS documented R1 was at risk for developing pressure ulcers and had a Stage 3 pressure ulcer that was present on admission. The MDS documented R1 received a pressure reducing device for his bed, was not on a turning/repositioning program, did not have nutrition or hydration interventions to manage skin problems, was receiving pressure ulcer care and applications or nonsurgical dressing other than to his feet.

The "Quarterly MDS," dated 10/27/23, documented R1 had a Brief Interview for Mental Status score of five which indicated severely impaired cognition. The MDS documented R1 had impairment on both sides of his lower extremities. The MDS documented R1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 57	F 697		

dependent on staff for oral hygiene, toileting hygiene, bathing, lower body dressing, putting on and taking off footwear, and personal hygiene. R1 required substantial staff assistance for rolling left to right, sitting to lying, lying to sitting, transfers, and ambulation. The MDS documented R1 had not received scheduled pain medication, as needed pain medication, or any non-medication interventions for pain. During the pain interview, R1 stated he had occasional pain during the look back period that was moderate in strength. The MDS documented R1 as at risk for developing pressure ulcers and currently had a Stage 4 pressure ulcer that was not present on admission. The MDS documented R1 had a pressure reducing device for his bed, a pressure reducing device for his bed, was not on a turning/repositioning program, had nutrition or hydration interventions to manage skin problems, received pressure ulcer care, and had application of ointments/medication other than to his feet.

The "Nutrition Care Area Assessment (CAA), dated 06/23/23, documented R1 was admitted with a Stage 3 pressure injury to his coccyx (area at the tailbone) and a deep tissue injury to his right heel. On admission R1 reported stabbing pain to this coccyx.

The "Pressure Ulcer/Injury CAA," dated 06/23/23, documented R1 had a Stage 3 pressure injury to his coccyx and deep tissue injury to his heel. The CAA documented R1 had bowel incontinence and required extensive assistance with bed mobility. R1 was on a Sizewise (a specialty mattress that provides active pressure redistribution) mattress and was at risk for unidentified pain.

R1's "Care Plan" directed staff to know R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 58	F 697		

required extensive assistance of one to two staff for bed mobility and staff were to turn/reposition R1 every two hours in bed (06/19/23). R1 required an air mattress on his bed and cushions in his recliner and wheelchair (09/15/23). R1 required weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate (09/15/23). R1 needed to be reminded to turn/reposition every at least every two hours (09/15/23). R1 had acute pain related to pressure injury to the sacrum and R1 would verbalize adequate relief of pain. Staff were to monitor and document side effects of pain medication and report to the nurse any changes in usual activity attendance patterns related to signs or symptoms or complaints of pain or discomfort. (06/19/23).

The "New Order Fax," dated 09/05/23, ordered for a referral for R1 to wound care at the hospital for evaluation and treatment for Stage 3 pressure ulcer and an order for oxycodone (narcotic opioid pain medication) 5 mg by mouth every four hours as needed for coccyx pain.

The "Daily Wound Observation Note," dated 09/05/23, documented R1 did not have a dressing in place but the dressing was changed several times due to drainage. The skin surrounding the wound was red. R1 rated his pain an eight on a 0-10 scale (zero being no pain and 10 the worst pain imaginable). There was a huge amount of yellow drainage from the wound. The wound had tunneling present, which measured 2.5 cm at the top of the wound and 0.5 cm of tunneling to the right side of the wound. R1's primary care provider was notified of the change and the facility sent a fax requesting wound care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 59	F 697		

The "Wound Daily Observation Note," dated 09/10/23 at 08:45 PM, documented staff changed R1's dressing to his coccyx and noted erythema (redness) and drainage. R1 stated the pain was "terrible" when staff changed the dressing. There were copious amounts of serosanguinous (semi-thick blood-tinged drainage) and purulent (producing or containing pus) drainage. The existing bandage was fully saturated. When flushed, a large amount of serosanguinous fluid expelled from the wound. The wound bed had a slight amount of slough and tunneling was noted. The resident's primary care physician was already notified and R1 was being seen at the hospital for wound care.

R1's "MAR," dated September 2023, documented staff did not administer pain medication to R1 until after the dressing change on 09/14/23.

The "Wound Daily Observation Note," dated 09/16/23, documented staff changed the dressing to R1's coccyx because it was completely soiled with bowel movement and drainage noted to the area. The wound's margins were red, and the surrounding skin was pink. R1 stated the dressing change was very painful. There was a large amount of purulent drainage noted with strong odor from the wound. The wound bed had slough present. R1's primary care provider was not notified as she was already aware and R1 was seen at the hospital for wound care.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/16/23.

The "Wound Daily Observation Note," date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 60	F 697		

09/17/23, documented R1's coccyx dressing was saturated with yellow drainage and bowel movement. The skin surrounding the wound was pink. R1 had some pain noted with the dressing change, but R1 did not require any pain medication. There was a large amount of thick yellow/bloody drainage without odor from the wound. R1's primary care provider was not notified due to R1 went to wound care of Fridays at the hospital and had daily dressing changes at the facility.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/17/23.

The "Wound Daily Observation Note," dated 09/18/23, documented R1's dressing was saturated with drainage and bowel movement and was changed per doctor's orders. The skin surrounding the wound was pink. R1 had pain with the dressing change and was compliant with lying on his right side while staff changed the dressing. The wound bed had slough present and there was a large amount of thick yellow drainage without odor noted from the wound. R1's primary care provider did not need notified due to daily dressing changes at the facility and wound care at the hospital on Fridays.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/18/23.

The "Wound Daily Observation Note," dated 09/20/23, documented R1's coccyx dressing was intact but was saturated through the dressing. Staff completed a dressing treatment per doctor's orders. The skin surrounding the wound was a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 61	F 697		

normal pink color. R1 denied pain but jumped a few times while staff completed the treatment. There was a copious amount of light brown, thick, slimy drainage without odor from the wound. The wound bed center was red and had slough present. Tunneling was noted upward and on both sides of the wound. R1's primary care provider was not notified.

T R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/20/23.

The "Wound Daily Observation Note," dated 09/20/23, documented R1's coccyx dressing was changed due to being saturated with bowel and urine. The skin surrounding the wound was pink. R1 verbalized pain during the dressing change but then stated it was ok once staff completed the dressing change. There were copious amounts of yellow and brown tinged discharge with a foul smell from the wound. The wound bed was red with slough and tunneling present. R1's primary care physician was not notified.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/20/23.

The "Wound Daily Observation Note," dated 09/23/23, documented R1's coccyx dressing was saturated with a large amount of drainage and was changed per doctor's orders. The skin surrounding the wound had undermining present. R1 voiced some pain with the dressing change. There was a large thick amount of slimy brown drainage from the wound. The wound bed had slough present with a bright red center. R1's primary care provider was not notified. Wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 62	F 697		

care gave new dressing orders on 09/22/23.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/23/23.

The "Wound Daily Observation Note," dated 09/23/23, documented R1's coccyx dressing was completely saturated and soiled with bowel. The dressing change was completed. The skin around the wound had undermining. R1 had pain with the dressing change. There was thick yellow and brown slimy drainage with a foul odor. The wound bed had slough present with a red center. Staff removed e 45 cm of the existing AG rope (a packing to help absorb moderate to heavy amounts of wound drainage) was and packed 45 cm of new AG rope into the wound. R1's primary care provider was not notified.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/23/23.

The "Wound Daily Observation Note," dated 09/24/23, documented R1's coccyx dressing was soiled with bowel movement present. Staff changed R1's dressing. Undermining was noted to the wound. R1 had pain with the dressing change. There was thick brown slimy discharge from the wound, which was foul smelling. The wound bed had slough with a bright red center present. R1's primary care provider was not notified as she was already aware.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/24/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 63	F 697		

The "Wound Daily Observation Note," dated 09/25/23, documented R1's coccyx dressing was intact, old dressing removed, and treatment done with a new dressing in place. The skin surrounding the wound was pink. R1 had pain while the treatment was performed. There was a heavy amount of thick brownish drainage with some odor present. The wound bed had undermining and slough. R1's primary care provider was not notified as she was already aware.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/25/23.

The "Wound Daily Observation Note," dated 09/26/23, documented R1's coccyx dressing was intact but soiled. The old dressing was removed, and treatment done per order. The skin surrounding the wound was pink. R1 had pain with the treatment. There was a copious amount of thick brown drainage with a foul odor. The would bed had undermining, slough, and was red. During the dressing change 45 cm of AG rope was removed from the wound. No AG rope was inserted into the wound as there was no AG rope available. An AG pad was placed on the wounds entrance. R1's primary care provider was not notified as she was already aware.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/26/23.

The "Wound Daily Observation Note," dated 09/26/23, documented R1's coccyx dressing was intact. The old dressing was removed, and a new dressing was applied without the AG rope as the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 64	F 697		

facility was out. The skin surrounding the wound was pink. R1 had pain in his coccyx with the dressing change. There was a large amount of dark brown fluid that was very odorous. The wound bed had slough. R1's primary care provider was not notified due to R1 receiving daily dressing changes at the facility and weekly wound care at the hospital.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/26/23.

The "Wound Daily Observation Note," dated 09/27/23, documented R1's coccyx dressing was intact but saturated with drainage. Staff completed a treatment and applied a new dressing. The skin surrounding the wound was undermining. R1 had intermittent pain during the dressing change. There was a large amount of serosanguineous drainage that was thick and slimy and without odor from the wound. The wound bed had approximately fifty percent granulation tissue. R1's primary care provider was not notified because she was already aware.

R1's "MAR," dated September 2023, documented R1 was not given any pain medication on 09/27/23.

The "Wound Daily Observation," dated 10/04/23, documented R1's coccyx dressing was intact but saturated with drainage. Staff completed the treatment per doctor's orders with a new dressing in place. The skin surrounding the wound was pink. R1 denied pain but flinched during the treatment. The wound bed had slough and tunneling present. There was a moderate amount of thick brownish slimy discharge from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 65	F 697		

wound. R1's wound culture results noted R1 was negative and no longer needed to be in isolation.

R1's "MAR," dated October 2023, documented R1 was not given pain medication before or after the dressing change on 10/04/23.

The "Wound Daily Observation," dated 10/05/23, documented R1's coccyx dressing was intact and was changed. The skin surrounding the wound was beefy red. R1 had pain with the dressing change. There was a large amount of thick brown fluid with some odor. The wound bed had slough. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/05/23.

The "Wound Daily Observation Note," dated 10/07/23, documented R1's dressing was intact and was changed. The skin surrounding the wound was beefy red. R1 had pain with the dressing change. There was a copious amount of thick dark brown fluid with odor from the wound. The wound bed had slough. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/07/23.

The "Wound Daily Observation Note," dated 10/08/23, documented R1's coccyx dressing was intact but saturated and removed and a new dressing was applied. The skin surrounding the wound had exposed subcutaneous tissue that was beefy red and erythematous with fifty percent granulation tissue present. R1 had pain with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 66	F 697		

dressing change. The wound bed had slough. R1's primary care provider was not notified because R1 went to weekly wound care at the hospital on Fridays.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/08/23.

The "Wound Daily Observation Note," dated 10/10/23, documented R1's dressing was intact, saturated, and changed. The skin surrounding the wound had exposed subcutaneous tissue with erythema and fifty percent granulation tissue present. R1 had increased pain with the placement of the Aquacel rope. There was a copious amount of thick brown drainage. The wound bed had slough. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/10/23.

The "Wound Daily Observation Note," dated 10/12/23, documented R1's coccyx dressing was changed per orders. The skin surrounding the wound was light pink. R1 cussed and moaned when his wound was packed. There was a large amount of brownish liquid drainage. The wound bed was not assessed. R1's primary care provider already aware.

R1's "MAR," dated October 2023, documented R1 was not given pain medication before or after the dressing change on 10/12/23.

The "Wound Daily Observation Note," dated 10/13/23, documented R1 had a shower that day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 67	F 697		

and R1's dressing was changed. The ulcer border had undermining and was beefy red. R1 had increased pain with the dressing change to his sacral region. There was an excessive amount of thick, brownish bloody drainage with odor noted from the wound. The wound bed had slough present. R1's primary care provider was not notified because R1 went to wound care that day at the hospital.

The "Wound Daily Observation Note," dated 10/15/23, documented R1's coccyx dressing was intact but soiled and changed per doctor's orders. The skin surrounding the wound was beefy red. R1 voiced pain with the dressing change. There was a large amount of thick brownish bloody drainage with some odor noted from the wound. The wound bed had slough present. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/13/23.

The "Wound Daily Observation Note," dated 10/17/23, documented R1's coccyx dressing was intact but soiled and was changed per doctor's orders. The skin surrounding the wound was red. R1 had pain with the dressing change. There was thick drainage with odor present. The wound bed had slough. An AG rope was used with the dressing change. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/17/23.

The "Wound Daily Observation Note," dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 68	F 697		

10/19/23, documented R1's coccyx dressing was changed, and staff was unable to find the AG rope inside R1's wound. R1 was very agitated with the dressing change. R1 moaned a lot during the dressing change and fought with cares and tried hitting at the nurse. There was brownish colored drainage present from the wound. The wound bed was not assessed. R1's primary care provider was already aware.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication before or after the dressing change on 10/19/23.

The "Wound Daily Observation Note," dated 10/22/23, documented R1's coccyx dressing was intact but soiled. The dressing was changed per orders. The wound margin showed the ulcers border was undermining and red. R1 had pain with the dressing change and did not tolerate the dressing change well. There was slimy brown malodorous drainage from the wound. The wound bed had slough present. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/22/23.

The "Wound Daily Observation Note," dated 10/23/23, documented R1's coccyx dressing was intact but saturated from drainage. The treatment was done per orders. The wound margin was undermining. R1 had sharp pain rated an eight while Aquacel (a wound dressing) was being placed inside the tunnel. There was a heavy amount of slimy brownish drainage with odor noted from the wound. The wound bed had slough. R1's primary care provider was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 69	F 697		

notified as R1 was seen by provider every Friday in wound care.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/23/23.

The "Wound Daily Observation Note," dated 10/24/23, documented R1's coccyx dressing was soiled and changed. The wound margin was red with undermining. R1 had pain with the dressing change. There was a large amount of thick brown drainage. The wound bed had slough. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/24/23.

The "Wound Daily Observation Note," dated 10/25/23, documented R1's coccyx dressing was soiled and changed. The wound margin was red and tunneling. R1 complained of pain to the sacral area with the dressing change. There was thick brown drainage present from the wound. The wound bed had slough present. Two AG ropes were used in dressing R1's wound. R1's primary care provider was not notified.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/25/23.

The "Wound Daily Observation Note," dated 10/26/23, documented R1's coccyx dressing was intact but saturated and leaking drainage from the wound site. Staff completed the wound treatment per doctor's orders. The wound margin had undermining. R1 had pain during the dressing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 70	F 697		

change. There was a large amount of brown drainage with some odor noted from the wound. The wound bed had slough present. R1's primary care provider was not notified as provider would observe the next day.

R1's "MAR," dated October 2023, documented R1 was not given any pain medication on 10/26/23.

The "Wound Daily Observation Note," dated 11/14/23, documented R1's coccyx dressing was soiled and removed. Staff completed the treatment per doctor's order. The wound margin was pink and undermining. R1 had pain with the dressing change and did not tolerate the dressing change well. R1 continued to try to roll onto his back. There was a moderate amount of brown slimy drainage from the wound. The wound bed had slough and undermining present.

R1's "MAR," dated November 2023, documented R1 was not given any pain medication on 11/14/23.

On 04/02/24 at 12:30 PM, Licensed Nurse (LN) G stated R1 would refuse to lay down in bed and would sit in his recliner all day. LN G stated R1 always denied pain during dressing changes. LN G stated she could not recall if R1 was on a turning/repositioning program.

On 04/02/24 at 02:30 PM, Administrative Nurse D agreed that all interventions to prevent R1's pressure ulcer from worsening were not in place on R1's admission to the facility. Administrative D was unaware R1 was not administered pain medication before or after dressing changes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175347	A. BUILDING _____ B. WING _____	C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE COUNTY VILLAGE INC	820 S DENISON STREET ST FRANCIS, KS 67756

(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 697	Continued From page 71 The facility's "Pain Policy," revised October 2022, documented the purposes of this procedure are to help the staff identify pain in the resident, develop interventions that are consistent with the residents' goals and needs and that address the underlying causes of pain. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan and the resident's choices related to pain management. "Pain Management" is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals. Pain management is a multidisciplinary care process that includes the following: Assessing the potential for pain, recognizing the presence of pain, identifying characteristics of pain, developing, and implementing approaches to pain management, Identifying, and using specific strategies for different levels and sources of pain, monitoring for the effectiveness of interventions, and modifying approaches as necessary. The facility failed to provide R1 with pain relieving measures prior to or after pressure ulcer dressing changes though R1 had documented pain and demonstrated signs of discomfort during dressing change. This deficient practice resulted in untreated pain for R1 and placed him at risk for continued unnecessary pain and altered psychosocial well-being.	F 697		