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	175126	A. BUILDING _____ B. WING _____	11/20/2023

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VALLEY VIEW SENIOR LIFE	1417 W ASH ST JUNCTION CITY, KS 66441

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 11/21/23.	F 000		
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.	F 582		

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

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(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.
(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.
(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.
(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 63 residents. The sample included 16 residents. Based on record review and interview, the facility failed to provide Resident (R)5 and R20, or their representative, the completed Skilled Nursing Facility Advanced Beneficiary Notices (ABN) form 10055 which included the cost to continue services. This placed the resident at risk of uninformed decisions about their skilled services.

Findings included:

- The "Medicare ABN form 10055" informed the beneficiary that Medicare may not pay for future skilled therapy services. The form included an option for the beneficiary to receive specific

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services listed, and bill Medicare for an official decision on payment. The form stated 1) "I understand if Medicare does not pay, I will be responsible for payment, but can make an appeal to Medicare," (2) "receive therapy listed, but do not bill Medicare, I am responsible for payment for services," (3) "I do not want the listed services."

Review of the form 10055 the facility provided to R5 revealed the form lacked the cost of continued service. The resident's skilled services ended on 09/27/23.

Review of the form 10055 the facility provided to R20 revealed the form lacked the cost of continued service. The resident's skilled services ended on 08/11/23.

On 11/14/23 at 10:30 AM, Social Services X verified she had not provided R5 or R20, or their representative, the amount of money it would cost the resident for continued services on the form 10055.

On 11/20/23 at 09:15 AM, Administrative Nurse D verified the facility had not provided R5 or R20, or their representative, the amount it would cost the resident if they wished to continue services.

The facility's "Advance Beneficiary Notices" policy, dated January 2023, recorded the facility would ensure Medicare residents are informed of their right to appeal and request demand billing of services when it is determined that a resident will no longer qualify for Medicare covered services as evidenced by the following policy and procedure. Upon notification that a resident will no longer be eligible for Medicare covered

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F 582	Continued From page 3 services, Social Services or facility representative will give no less than two days' notice prior to the end of Medicare covered services, verbal and written notification 9OMB Approval No 0938-0953/ form No CMS 10123 and Form No CMS 10055 (2018) of non-coverage to the resident advising them of their rights to appeal the decision and/or to request demand billing of services. The facility would obtain signed receipt of written notification from resident along with their decision regarding appeal and/or demand bill. Social Services will notify the Accounting Office of any requests for demand billing services. The facility failed to provide R5 and R20 (or their representatives) the completed 10055 form which included an estimated cost of continued services when discharged from skilled care. This placed the residents at risk for uninformed decisions about their skilled services.	F 582		
F 790 SS=D	Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility- §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; §483.55(a)(2) May charge a Medicare resident an	F 790		

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additional amount for routine and emergency dental services;

§483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;

§483.55(a)(4) Must if necessary or if requested, assist the resident;
(i) In making appointments; and
(ii) By arranging for transportation to and from the dental services location; and

§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 63 residents. The sample included 16 residents with one reviewed for dental care. Based on observation, record review and interview, the facility failed to facilitate the necessary dental care services for Resident (R) 26. This placed R26 at risk for pain, weight loss, and worsening dental issues.

Findings included:

- R26's Electronic Medical Record (EMR) recorded diagnoses of hemiplegia (paralysis one side of the body), hemiparesis (muscular

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weakness of one half of the body), dysphagia (swallowing difficulty), and gastroesophageal reflux (GERD-backflow of stomach contents to the esophagus).

R26's "Admission Minimum Data Set" (MDS), dated 08/16/23, recorded R26 had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The assessment revealed R26 required staff to help with more than half the effort for oral hygiene.

R26's "Care Area Assessment" (CAA), dated 08/16/23, recorded R26 had a history of poor dental care. R26 denied having a dentist and denied pain or discomfort with her teeth. The CAA indicated the facility would have the in-facility dental service provider evaluate the resident.

R26's "Oral Assessment," dated 07/25/23, recorded the resident had broken, carious (decayed) teeth, and loose teeth. The assessment lacked any additional documentation.

R26's "Care Plan," dated 07/25/23, lacked any reference to R26's broken, decayed teeth or the dental services to be provided.

On 11/13/23 at 12:30 PM, observation of R26's mouth revealed she had missing, decayed teeth and some broken teeth on the lower jaw with brown discoloration along the gum line. Observation revealed R26 continued to act like she was chewing during the interview but did not have anything in her mouth.

On 11/16/23 at 09:00 AM, Social Service X verified R26 had broken, decaying teeth, and verified the resident was not currently on the

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facility dental services provide by an outside source. Social Service X said the resident and/or representative was informed of the services upon admission and had the choice to sign up for the dental services. Social Service X reviewed R26's EMR and verified the resident and/or representative had not been provided the form to elect for the in-facility dental services provided. Social Service X stated she would contact R26's representative and inform her of the dental services provided.

The facility's "Oral Health" policy, dated 07/12/23, documented every elder would receive oral care twice daily to ensure the highest level of oral health and oral function. Each elder will receive an oral assessment by a dental practitioner within 90 days prior to admission or 90 days of admission. The policy documented each elder would receive an oral assessment by a licensed nurse on admission and according to their MDS schedule. The assessment includes the condition of the oral cavity, teeth, and tooth supporting structures, the presence or absence of natural teeth or dentures and the ability to function with or without natural teeth or dentures including assessment of the ability of the resident to perform oral care tasks and the amount and type of assistance required for appropriate oral hygiene care. A dental hygienist/designee would assess the resident every 3 months as long as the elder and/or surrogate decision maker consent. The elder has the right to go to a dentist of his/her choice in preference to the dentist contracted by the facility. The facility would arrange for transportation for residents if dental services were provided outside the facility. Emergency dental care would be provided to the elder in need of emergency services within 24

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F 790	Continued From page 7 hours. Oral hygiene care will be provided by nursing and other staff members will be documented in the resident's clinical record along with any changes in oral health status. The facility failed to facilitate the necessary dental care for R26's broken, decaying teeth. This placed the resident at risk for pain, weight loss, and worsening dental issues.	F 790		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: The facility had a census of 63 residents. Based on observation, interview, and record review, the facility failed to serve food in one of two dining rooms in a sanitary manner. This deficient practice placed residents at risk for food borne	F 812		

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F 812	Continued From page 8	F 812		

illness.

Findings included:

- On 11/13/23 at 11:58 AM, observation in the facility's main dining room revealed Dietary Staff (DS) CC dropped the lid from a soda bottle, picked it up from the floor, and did not wash her hands before obtaining and placing an unwrapped straw in a resident's glass. Observation at 12:16 PM revealed DS CC touched a resident on the shoulder, cut up his food, then handled another resident's silverware, to cut up his food, without washing or sanitizing her hands. DS CC then went to another table and accepted a resident's silverware from her and cut up her food without handwashing or using sanitizer.

On 11/20/23 at 10:32 AM, DS BB verified staff were to wash their hands after picking up items from the floor and before handling resident straws. She stated staff should wash their hands or use hand sanitizer between handling other residents' silverware when cutting up their food.

The facility's "Handwashing Policy and Procedure" policy, dated 08/2023, stated all food workers must wash their hands after assisting residents in the dining room (touching silverware, cups, straws) prior to assisting another resident. Hand sanitizer may be used in place of handwashing. All food workers must wash their hands after picking items up off the floor or any other contamination to the hands.

The facility failed to serve food in one of two dining rooms in a sanitary manner, placing residents at risk for food borne illness.

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F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to:	F 880		

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(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 63 residents. Based on observation, record review, and interview, the facility failed to implement a water management program for Legionella disease (Legionella is a bacterium spread through mist, such as air-conditioning units in large buildings. Adults over the age of 50 and people with weak immune systems, chronic lung disease or heavy tobacco use are most at risk of developing a pneumonia caused by Legionella). This deficient practice placed the residents at increased risk of

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infectious disease.

Findings included:

- On 11/20/23 at 12:51 PM Maintenance Staff U stated he was not aware of the need for a water management system for the prevention of Legionella. Maintenance Staff U stated the facility drained the hot water tanks every couple of months to prevent the build of scale.

On 11/20/23 at 01:26 PM, Administrative Staff A reported the facility did not have tanks with standing water and the city ran tests on a daily basis and would report to the facility if there were any issues.

The facility's "Water Management Policy" dated 2023 documented the purpose of the policy was to ensure that as far as possible, all users of the facility were protected from the incidence of Legionnaire's disease. The Director of Environmental Services was responsible for all relevant details regarding rolls and responsibilities and testing regimens contained in the policy and procedure. All results were reported to the Quality Assessment Performance Improvement committee on a quarterly basis and the Administrator of the facility was responsible for reporting all results and findings to the Board of Governance on an annual basis.

The facility failed to implement a water management program to test and manage waterborne pathogens placing the residents who resided in the facility at risk of contracting Legionella pneumonia.