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F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00170607, KS00170566, KS00170570, and KS00170573. The 2567 was electronically sent on 04/01/22.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: The facility identified a census of 30 residents. The sample included eight residents; two residents sampled for non pressure skin conditions. Based on observations, record review, and interviews, the facility failed to provide consistent wound care for Resident (R) 2. This deficient practice had the risk for prolonged wound healing and unwarranted physical complications. Findings included: - The "Diagnoses" tab of R2's Electronic Medical Record (EMR) documented diagnoses for local infection of the skin and subcutaneous tissue (beneath the skin) and generalized muscle weakness.	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 04/01/2022

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F 684	Continued From page 1	F 684		

The "Significant Minimum Data Set (MDS)" dated 02/25/22 documented R2 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R2 required extensive physical assistance with two staff for bed mobility and dressing; total physical dependence with two staff for transfers and toileting; and extensive physical assistance with one staff for personal hygiene. R2 had open lesions other than rashes, ulcers, and cuts.

The "Pressure Ulcer/Injury Care Area Assessment (CAA)" dated 03/03/22 documented R2 was admitted with multiple pressure ulcers and received wound care as prescribed by wound care specialist.

The "Care Plan" last revised 02/11/22, documented R2 had potential/actual impairment to skin integrity and directed staff administered treatments and medications as ordered.

The "Orders" tab of R2's EMR documented an order with a start date of 03/02/22 and end date of 03/09/22 for right posterior thigh, cleanse with wound cleanser and pat dry and cover with silicone faced or border gauze dressing every day shift for wound care; an order with a start date of 03/11/22 and end date of 03/18/22 for right posterior thigh, cleanse with wound cleanser and pat dry and cover with silicone faced or border gauze dressing every day shift Monday, Wednesday, and Friday for wound care; and an order with a start date of 03/12/22 to clean left lower leg with wound cleanser and apply dry dressing daily and as needed every day for wound care.

The "Treatment Administration Record (TAR)" for

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F 684	Continued From page 2	F 684		

March 2022 revealed lack of evidence of administration for wound care for the following orders:

Right posterior thigh cleanse with wound cleanser and pat dry and cover with silicone faced or border gauze dressing every day shift for wound care (03/02/22 to 03/09/22)- four out of eight possible administrations.

Right posterior thigh cleanse with wound cleanser and pat dry and cover with silicone faced or border gauze dressing every day shift Monday, Wednesday, and Friday for wound care (03/11/22 to 03/18/22)- three out of four possible administrations.

Clean left lower leg with wound cleanser and apply dry dressing daily and as needed every day shift for wound care (start date 03/12/22)- seven out of 18 possible administrations.

On 03/30/22 at 02:14 PM R2 laid in bed with eyes open and watched television. She appeared comfortable and without signs of distress or discomfort.

On 03/30/22 at 03:31 PM Licensed Nurse (LN) G stated the nurses were responsible for completing wound care and were expected to complete dressing changes before the end of shift. LN G stated blank documentation on the TAR meant the dressing change was not completed.

On 03/30/22 at 03:43 PM Administrative Nurse D stated nurses were responsible for completing wound care and they were expected to complete scheduled dressing changes as scheduled. Blank

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F 684	Continued From page 3 documentation meant dressing changes were not completed. The facility's "Wound Care System Requirements" policy last revised March 2021, directed treatments were completed as ordered and were changed if not progress were noted in two weeks. The facility failed to provide consistent wound care for R2. This deficient practice had the risk for prolonged wound healing and unwarranted physical complications.	F 684		
F 686 SS=D	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 30 residents. The sample included eight residents; two residents sampled for pressure injuries. Based on observations, record review, and interviews, the facility failed to provide consistent pressure ulcer (localized injury to the skin and/or underlying	F 686		

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F 686	Continued From page 4	F 686		

tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) wound care for Resident (R) 2. This deficient practice had the risk for prolonged wound healing and unwarranted physical complications.

Findings included:

- The "Diagnoses" tab of R2's Electronic Medical Record (EMR) documented diagnoses for local infection of the skin and subcutaneous tissue (beneath the skin), pressure ulcer of the sacral (large triangular bone between the two hip bones) region stage four (wound that extends below the subcutaneous fat into deep tissues like muscles, tendons, and ligaments), pressure ulcer of left buttock stage three (wound that extends into the subcutaneous [beneath the skin] tissue layer), and generalized muscle weakness.

The "Significant Minimum Data Set (MDS)" dated 02/25/22 documented R2 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R2 required extensive physical assistance with two staff for bed mobility and dressing; total physical dependence with two staff for transfers and toileting; and extensive physical assistance with one staff for personal hygiene. R2 was at risk for pressure ulcers, had one more unhealed pressure wounds, and had open lesions other than rashes, ulcers, and cuts.

The "Pressure Ulcer/Injury Care Area Assessment (CAA)" dated 03/03/22 documented R2 was admitted with multiple pressure ulcers and received wound care as prescribed by wound care specialist.

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F 686	Continued From page 5	F 686		

The "Care Plan" last revised 02/11/22, documented R2 had potential/actual impairment to skin integrity and directed staff administered treatments and medications as ordered.

The "Orders" tab of R2's EMR documented an order with a start date of 03/02/22 and end date of 03/09/22 for sacrum stage four pressure injury cleanse with wound cleanser and pat dry, pack with Aquacel (anti-microbial dressing) and cover with silicone faced dressing every day shift for wound care and an order with a start date of 03/11/22 for sacrum stage four pressure injury, cleanse with wound cleanser and pat dry, pack with Hydrofera Blue (moist wound dressing) and cover with silicone faced dressing every day shift Monday, Wednesday, and Friday for wound care.

The "Treatment Administration Record (TAR)" for March 2022 revealed lack of evidence of administration for wound care for the following orders:

Sacrum stage four pressure injury cleanse with wound cleanser and pat dry, pack with Aquacel and cover with silicone faced dressing every day shift (03/02/22 to 03/09/22)- four out of eight possible administrations.

Sacrum stage four pressure injury cleanse with wound cleanser and pat dry, pack with Hydrofera Blue and cover with silicone faced dressing every day shift Monday, Wednesday, and Friday for wound care (start date 03/11/22)- three out of eight possible administrations.

On 03/30/22 at 02:14 PM R2 laid in bed with eyes open and watched television. She appeared comfortable and without signs of distress or

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F 686	Continued From page 6 discomfort. On 03/30/22 at 03:31 PM Licensed Nurse (LN) G stated the nurses were responsible for completing wound care and were expected to complete dressing changes before the end of shift. LN G stated blank documentation on the TAR meant the dressing change was not completed. On 03/30/22 at 03:43 PM Administrative Nurse D stated nurses were responsible for completing wound care and they were expected to complete scheduled dressing changes as scheduled. Blank documentation meant dressing changes were not completed. The facility's "Wound Care System Requirements" policy last revised March 2021, directed treatments were completed as ordered and were changed if not progress were noted in two weeks. The facility failed to provide consistent pressure ulcer wound care for R2. This deficient practice had the risk for prolonged wound healing and unwarranted physical complications.	F 686		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F 693		

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§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and

§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 30 residents. The sample included eight residents; two residents sampled for tube feeding (administration of nutritionally balanced liquefied foods or nutrients though a tube) review. Based on record review, observations, and interviews, the facility failed to provide consistent tube feeding administrations for Resident (R) 1 and R3. This deficient practice had the risk for unwarranted physical complications related to decreased nourishment, dehydration, and potential weight loss.

Findings included:

- R1 admitted to facility on 03/18/22 and transferred to the hospital 03/28/22.

The "Diagnoses" tab of R1's Electronic Medical Record (EMR) documented diagnoses of dysphagia (swallowing difficulty), severe protein-calorie malnutrition, and generalized weakness.

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The "Admission Minimum Data Set (MDS)" dated 03/24/22 documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R1 required extensive physical assistance of one staff for bed mobility, dressing, toileting, and personal hygiene; limited physical assistance of one staff for transfers, walking, and locomotion, and supervision with one staff for eating. R1 had a feeding tube and received 500 milliliters (mL)/day or less average fluid intake per day by tube feeding and 26-50 percent (%) total calories through the feeding tube per day.

The "Activities for Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 03/25/22, documented R1 had a decline in ADL self performance and opted for a tube feeding.

The "Feeding Tube Care Area Assessment (CAA)" dated 03/25/22, documented R1 required a feeding tube to augment her diet related to decreased intake.

The "Care Plan" revised on 03/28/22, documented R1 was dependent with tube feeding and water flushes and directed staff checked medical doctor (MD) orders for current feeding orders.

The "Orders" tab of R1's EMR documented an order with a start date of 03/19/22 for enteral (provision of nutrients through the gastrointestinal tract when the resident cannot ingest, chew or swallow food) feed every four hours, flush tube with 150 mL of water and an order with a start date of 03/19/22 for enteral feed every six hours give 250 mL per tube four times a day.

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The "Treatment Administration Record (TAR)" for March 2022 revealed the following missing administrations: 11 out of 56 possible administrations for enteral feed every four hours flush with 150 mL of water and five out of 37 possible administrations for enteral feed every six hours 250 mL per peg tube.

On 03/30/22 at 03:31 PM, Licensed Nurse (LN) G stated nurses were responsible for completing tube feedings and were completed as ordered. If there was a blank on the TAR, then the tube feeding was not completed.

On 03/30/22 at 03:43 PM, Administrative Nurse D stated licensed nurses were responsible for tube feedings and were expected to complete tube feedings as ordered. If there was a blank on the TAR, then the feeding did not get completed.

The facility's "Enteral Tube Feeding via Syringe" policy, last reviewed February 2021, directed staff verified that there was a physician's order for the procedure and the person who performed the tube feeding recorded in the resident's medical record the date and time the procedure was performed, verification of tube placement, amount of residual, amount of feeding and amount of water administered, and if resident refused the procedure.

The facility failed to consistently provide tube feedings administrations for R1. This deficient practice had the risk for unwarranted physical complications related to decreased nourishment, dehydration, and potential weight loss.

- R3 admitted to facility on 02/15/22.

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The "Diagnoses" tab of R3's Electronic Medical Record (EMR) documented a diagnosis of severe protein-calorie malnutrition.

The "Admission Minimum Data Set (MDS)" dated 02/24/22, documented R3 did not have a Brief Interview for Mental Status (BIMS) score conducted due to he was rarely understood. R3 required extensive physical assistance with two staff for bed mobility; total physical dependence with one staff for eating, dressing, and personal hygiene; and total physical dependence with two staff for toileting. R3 had a feeding tube and received 51 percent (%) or more calories/day through feeding tube and 501 milliliters (mL) per day or more through feeding tube.

The "Feeding Tube Care Area Assessment (CAA)" dated 02/28/22, documented R3 required a feeding tube to meet his calorie needs.

The "Care Plan" revised 02/28/22, documented R3 required tube feeding and was dependent with tube feeding and water flushes.

The "Orders" tab of R3's EMR documented an order with a start date of 02/20/22 for Osmolyte 1.5 calorie liquid give 360 mL enterally (through feeding tube) every six hours for diet with 150 mL water before and after Osmolyte feeding.

The "Medication Administration Record (MAR)" for March 2022 revealed blank documentation for seven out of 119 possible administrations for Osmolyte tube feedings.

On 03/30/22 at 02:43 PM, R3 laid in bed with eyes closed. The head of the bed was elevated

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F 693	Continued From page 11 40 degrees. R3 appeared comfortable with no signs of distress or discomfort. On 03/30/22 at 03:31 PM, Licensed Nurse (LN) G stated nurses were responsible for completing tube feedings and were completed as ordered. If there was a blank on the TAR then the tube feeding was not completed. On 03/30/22 at 03:43 PM, Administrative Nurse D stated licensed nurses were responsible for tube feedings and were expected to complete tube feedings as ordered. If there was a blank on the TAR then the feeding did not get completed. The facility's "Enteral Tube Feeding via Syringe" policy, last reviewed February 2021, directed staff verified that there was a physician's order for the procedure and the person who performed the tube feeding recorded in the resident's medical record the date and time the procedure was performed, verification of tube placement, amount of residual, amount of feeding and amount of water administered, and if resident refused the procedure. The facility failed to consistently provide tube feedings administrations for R3. This deficient practice had the risk for unwarranted physical complications related to decreased nourishment, dehydration, and potential weight loss.	F 693		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-	F 757		

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F 757	Continued From page 12 §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 30 residents. The sample included eight residents; three residents reviewed for medication review. Based on observations, record reviews, and interviews, the facility failed to consistently provide medications as ordered by a physician for Resident (R) 3. This deficient practice had the risk for unnecessary medication use and unwarranted physical complications. Findings included: - R3 was admitted to facility on 02/15/22. The "Diagnoses" tab of R3's Electronic Medical Record (EMR) documented diagnoses of atrial fibrillation (rapid, irregular heart beat), seizures, and postencephalitic parkinsonism (disease believed to be caused by a viral illness that	F 757		

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triggers degeneration of the nerve cells).

The "Admission Minimum Data Set (MDS)" dated 02/24/22, documented a Brief Interview for Mental Status was not completed due to R3 was rarely/never understood. R3 received anticoagulant (medication that inhibits the coagulation of the blood) medications seven days, antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression) medications six days, and diuretic (medication to promote the formation and excretion of urine) medications seven days in the last seven-day lookback period.

The "Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment (CAA)" dated 02/28/22, documented R3 was mostly non-verbal and did not make decisions for himself.

The "Care Plan" dated 02/28/22, documented R3 received anti-Parkinson therapy related to Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness) and directed staff to administer medications as ordered.

The "Care Plan" dated 02/28/22, documented R3 had seizure disorder. It directed staff to give medications as ordered and monitor/document for effectiveness and side effects, and give seizure medications as ordered by doctor.

The "Care Plan" dated 02/28/22, documented R3 received anticoagulant therapy related to atrial fibrillation and directed staff to give medications

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175499	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF PRAIRIE VILLAGE	7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208

(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 757	Continued From page 14	F 757		

at the same time each day.

The "Orders" tab of R3's EMR documented an order with a start date of 02/16/22 for rivaroxaban (anticoagulant) 20 milligram (mg) via feeding tube (tube for introducing high calorie fluids into the stomach) one time a day for atrial fibrillation; an order with a start date of 02/15/22 for lacosamide (antiseizure medication) 100 mg via feeding tube two times a day for seizures; an order with a start date of 02/15/22 for levetiracetam (antiseizure medication) 1000 mg via feeding tube every 12 hours for seizures; and an order with a start date of 02/15/22 for acetaminophen (pain medication) 650 mg via feeding tube three times a day for pain; and an order with a start date of 02/15/22 for carbidopa-levodopa 25-100 mg via feeding tube three times a day for Parkinson's disease.

The "Medication Administration Record (MAR)" for March 2022 lacked evidence medication was administered as ordered for the following medications:

Rivaroxaban 20 mg one time a day- five out of 30 possible administrations

Lacosamide 100 mg two times a day- five out of 59 possible administrations

Levetiracetam 1000 mg every 12 hours- three out of 59 possible administrations

Acetaminophen 650 mg three times a day- eight out of 89 possible administrations

Carbidopa-levodopa 25-100 mg three times a day- eight out of 89 possible administrations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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On 03/30/22 at 02:43 PM, R3 laid in bed with eyes closed. He appeared comfortable and without signs of distress or discomfort.

On 03/30/22 at 03:31 PM, Licensed Nurse (LN) G stated if there were blanks on the MAR, it was assumed that the medications were not administered.

On 03/30/22 at 03:43 PM, Administrative Nurse D stated if blanks on the MAR indicated the medications were not administered.

The facility's "Medication Administration" policy dated December 2018, directed after medication was given, staff returned to the medication cart and documented medication administration with initials in appropriate spaces on the MAR.

The facility failed to consistently provide medications as ordered by physician for R3. This deficient practice had the risk for unnecessary medication use and ineffective medication therapy.