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	175300	A. BUILDING _____ B. WING _____	03/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation KS00169627 and KS00170128. The 2567 was electronically sent to the facility on 04/04/22.	F 000		
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 had a census of 58 residents. The sample included 15 residents with four reviewed for pressure ulcers (PU - localized injuries to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or frictions). Based on observation, interview and record review, the facility failed to provide services to prevent the development of a Stage 2 (partial-thickness skin loss into but no deeper than the skin including intact or ruptured blisters) PU on Resident (R) 52's right heel until after a pressure ulcer	F 686		

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

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developed. This placed the resident at risk for further skin breakdown.

Findings included:

- R52's medical record included diagnoses of PU of left heel, Parkinson's disease (brain disorder that leads to shaking, stiffness, difficulty with walking, balance, and coordination), and hypertension (high blood pressure).

The "Significant Change Minimum Data Set" (MDS), dated 03/09/22, documented a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS documented R52 was independent with eating, required extensive assistance of one to two staff for all other activities of daily living, had one Stage 2 PU present on admission, and one Stage 3 (full-thickness skin loss potentially extending into the subcutaneous (beneath the skin) tissue layer) PU not present on admission. The MDS recorded pressure relief interventions to the chair and bed, repositioning, and PU care.

The "Pressure Ulcer Care Area Assessment" (CAA), dated 03/09/22, documented R52 had an unstageable pressure injury to the left heel, a skin assessment completed weekly by a licensed nurse, saw wound care clinic at the hospital for pressure injury to the left heel, and repositioned every two hours and as needed (PRN) at night. R52 preferred to be repositioned at least one time during the night, had been educated on the risk factors of the pressure injury to the heel, and needed to keep pressure off of the area. R52 used pressure relief boots while in bed, had a low air loss mattress, and a cushion in his wheelchair and recliner. R52 preferred lotion to his skin at

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least twice a day and continued to work with therapies at this time.

The "Baseline Care Plan," dated 01/27/22, directed staff to provide a soft gluten free diet, low air loss mattress, pressure reducing cushion to chair, and reposition R52 every two hours. The "Care Plan" lacked direction regarding the left heel PU.

The "Skin Integrity Care Plan," dated 02/02/22, directed staff to provide a low air loss mattress, reposition R52 every two hours except at night and reposition R52 once during the night. Ensure blue foam boots were applied to R52's feet when in bed, transfer with sit to stand lift and two staff, and educate on the importance of repositioning. The 02/07/22 left heel "Care Plan" change added a multivitamin (MVI) with minerals daily, and Prostat (high protein supplement), 30 cubic centimeters (cc) twice daily (BID).

The "Braden Scale for Pressure Ulcer Risk," dated 01/27/22, 02/02/22, and 03/09/22, documented the risk at 16, 17, and 18 (16 or less indicated high risk).

The "Nutrition Assessment," dated 02/01/22, documented R52 had a PU and received treatment to the left heel. The dietician recommended a multivitamin with minerals daily and Prostat 30 cc BID to promote healing.

The "Skin Assessment," dated 02/25/22, noted an ulcer to the left heel which measured 2 centimeters (cm) x 3.1 cm x 0.2 cm, and directed staff to continue with the pressure relief boot to the left foot at all times except during transfers.

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The "Skin Assessment," dated 03/09/22 (41 days after admission) documented upon assessment the resident's right heel had a Stage 2 fluid filled blister to the right heel with skin intact, no signs of infection, and measured 2.6 cm x 1.5 cm. Staff to continue to monitor the right heel area daily until healed. Education provided to staff to ensure that resident had pressure relief boots to both the right and left foot to assist with offloading pressure.

The facsimile to the physician, dated 03/11/22, documented R52 now had a Stage 2 fluid filled blister to the right heel, measuring 2.6 cm x 1.5 cm, and nursing educated staff to ensure both pressure relief boots to be worn when in bed.

The "Progress Note," dated 03/23/22 at 12:27 PM, documented R52 returned from the Wound Clinic with the following information: The physician staged the right heel ulcer to a Stage 3, due to removal of tissue, wound bed had 100% of slough (dead tissue) present pre-debridement, and measured 0.7 cm x 1.5 cm x 0.1 cm, post debridement. Staff to change the dressing every Monday, Wednesday, Friday, and as needed until healed, continue with the pressure relief boots at all times except during transfers to off-load pressure to the area, and encourage the resident to elevate his legs as much as possible.

On 03/22/22 at 01:35 PM, observation revealed R52 in a recliner in his room with no extra cushion in the recliner seat, air mattress on his bed, and his wheelchair held a three-inch foam cushion over a one-inch gel cushion. R52 had pressure relief boots on both feet.

On 03/23/22 at 10:26 AM, observation revealed

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Licensed Nurse (LN) H changed the wound dressings on R52's feet. She washed her hands, applied clean gloves, removed R52's pressure relief boots and placed them under the resident's heels. LN H then removed the soiled dressing from R52's left heel. With the same gloves, LN H opened a new package of gauze, sprayed wound cleanser on the back of the left heel, then cleansed the wound with the gauze. With the same soiled gloves, LN H started to cut and shape the clean blue wound dressing. When asked if she should change gloves, LN H stated "I guess so." She changed gloves without washing her hands or using hand disinfectant gel and continued cutting the dressings to size and applied them to the wound area. LN H then removed the soiled dressing from the right heel, and cleansed the right heel wound wearing the same gloves. She changed her gloves, without washing her hands or using hand disinfectant gel, and applied a foam dressing to R52's right heel.

On 03/24/22 at 07:54 AM, observation revealed Certified Nurse Aide (CNA) P assisted R52 to dress and transfer from his bed to the wheelchair. CNA P did not place the pressure relief boots on his feet before assisting him to the dining room.

On 03/28/22 at 11:20 AM, observation in the facility shower room revealed LN H placed a towel which had been used to dry R52 on the floor and placed the wound care supplies on it. LN H put on gloves, without washing her hands or using hand disinfectant gel, used wound cleanser and gauze to cleanse the left heel PU. She then changed gloves, without washing her hands or using hand disinfectant gel, cut the dressing to size with scissors, and applied a wound dressing to the left heel. Wearing the same gloves, she

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then cleansed the right heel PU and set the wound cleanser bottle on the bare, soiled shower room floor. After care to the right heel PU, the wound cleanser spray bottle fell to its side on the bare, soiled floor. After completing the wound care, LN H gathered the wound care supplies and placed them in a locked cabinet in the resident's room. When asked, she verified she should disinfect the wound cleanser spray bottle as it had been on the soiled floor. She did not consider the used towel as soiled.

On 03/28/22 at 10:50 AM, CNA N stated when R52 was first admitted in January, he had two blue booties, but wore only the left one when in bed.

On 03/28/22 at 12:14 PM, LN J stated the facility implemented the pressure relief boots the day R52 was admitted, but at that point staff applied just the left one, as the resident was not lying in bed a lot so we felt the right one was not needed. LN J stated after the blister developed to his right heel, the facility implemented the right boot at all times. LN J stated wound dressing was not a sterile procedure, but staff do need to place a barrier between supplies and unclean surfaces, and change gloves between PU sites.

The facility's "Pressure Ulcer Prevention, Intervention and Wound Treatment" policy dated 10/12/21, documented all residents are considered to have some risk for the development of pressure ulcers. Staff will evaluate skin integrity and tissue tolerance, implement preventive measures as indicated and treat skin breakdown. Weekly skin assessments will be completed by the licensed nurse and if new skin alterations are noted the licensed nurse

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F 686	Continued From page 6 will initiate treatment per guidelines and document as indicated. Position to alleviate pressure over bony prominences and shearing forces over the heels, elbows, base of head. Use heel protectors, boots or pillows to support heels and reduce shearing. Consider suspending or floating heels. The facility failed to provide services to prevent the development of a right heel PU for R52, who was admitted with a PU to his left heel, by not ensuring his right foot had pressure relief interventions. This placed the resident at risk for further skin breakdown.	F 686		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows:	F 732		

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F 732	Continued From page 7 (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: The facility had a census of 58 residents. The sample included 15 residents. Based on observation and interview, the facility failed to display staffing information in a prominent place accessible to residents and visitors. This placed the residents at risk to be uninformed of nursing staff hours. Findings included: -During the survey process on March 22, 23, 24, and 28, 2022 observation revealed no posting of nursing hours in the facility. On 03/28/22 at 09:00 AM, Administrative Staff A reported the nursing hours were usually posted on the wall inside the healthcare entrance/exit. Administrative Staff A stated the posted nursing hours had been removed for wall painting and verified the posting had not been accessible to residents or public.	F 732		

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F 732	Continued From page 8 The facility's "Daily Nurse Staffing Report" policy, dated 10/11/21, documented nursing service is to provide each resident admitted to health care center with the appropriate level of care to attain his/her optimum level of functioning. Nursing service is staffed, organized, and equipped, to provide nursing care on a 24-hour basis. Daily resident census and staffing information is available to the public. Daily, at the beginning of each shift, identify the actual hours expected to be worked for licensed and unlicensed staff directly responsible for resident care. Then completed "Daily Nursing Staffing Form" in a prominent place readily accessible to residents and visitors. The facility failed to display daily staffing information in a readable format visible to staff, residents, and visitors, which placed them at risk for being uninformed of nursing staff hours.	F 732		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.	F 756		

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(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
The facility had a census of 58 residents. The sample included 15 residents with six reviewed for unnecessary medications Based on observation, record review and interview, the facility failed to ensure the Consultant Pharmacist identified and reported staff not adequately assessing elevated blood sugars greater than physician ordered parameters for two sampled residents, Resident (R) 4, and R23. This placed the residents at risk for continued elevated blood sugars and adverse side effects.

Findings included:

- R4's "Physician Order Sheet," dated 03/09/22,

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recorded diagnoses of dementia (progressive mental disorder characterized by failing memory and confusion), diabetes mellitus (disease that impairs the body's ability to regulate blood sugar), congestive heart failure (a condition with low heart output and the body becomes congested with fluid), and history of transient ischemic attack (episode of cerebrovascular insufficiency).

R4's "Quarterly Minimum Data Set (MDS)," dated 03/21/22, documented the resident had a Brief Interview for Mental Status (BIMS) score of 12 (cognitively intact). The MDS documented R4 had a diagnosis of diabetes and received insulin (medication used to regulate blood sugar levels) injections seven days a week.

The "Diabetic Care Plan," dated 03/07/22, directed staff to check R4's blood sugars as ordered by the physician, monitor for signs and symptoms of hyperglycemia (more than normal amount of sugar in the blood), notify the physician of abnormal blood sugars and administer insulin as ordered by the physician.

The "Physician's Order," dated 02/09/22, directed staff to check R4's blood sugar levels before meals and at bedtime (08:00 AM, 12:00 PM, 05:00 PM, 08:00 PM), and notify the physician if the blood sugars were greater than 400 milligrams per deciliter (mg/dl).

The "Physician's Order," dated 02/09/22, directed staff to administer Novolog insulin (fast acting medication to regulate blood sugars) ten units to R4 for blood sugars greater than 350 mg/dl.

Review of R4's "February 2022 Medication Administration Record" (MAR) recorded the

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resident had the following blood sugar levels greater than 400 mg/dl, lacked staff assessment for symptoms of hyperglycemia, or reassessment of the resident's blood sugar to monitor the effectiveness of insulin administration:
02/09/22 at 05:00 PM - 419 mg/dl
02/12/22 at 12:00 PM - 407 mg/dl
02/12/22 at 08:00 PM - 432 mg/dl
02/14/22 at 05:00 PM - 484 mg/dl
02/15/22 at 08:00 PM - 496 mg/dl
02/18/22 at 08:00 PM - 472 mg/dl
02/21/22 at 12:00 PM - 419 mg/dl
02/24/22 at 08:00 AM - 553 mg/dl

The "Monthly Pharmacist Medication Review," dated 02/24/22, did not address the lack of assessment for R4's eight blood sugars greater than the physician ordered parameters.

On 03/23/22 at 07:40 AM, observation revealed R4 walked independently with a walker in the hall to the dining room for breakfast.

On 03/24/22 at 08:45 AM, Licensed Nurse (LN) H stated staff should check R4's blood sugar as ordered by the physician, and if the resident's blood sugar was greater than 400 mg/dl, staff should follow the facility's hyperglycemic protocol to assessed for adverse symptoms and monitor the effectiveness of insulin administration.

On 03/28/22 at 10:41 AM, Administrative Nurse D stated staff should check R4's blood sugar as ordered by the physician, assess for symptoms of hyperglycemia when the resident's blood sugar was greater than the physician ordered parameter of 400 mg/dl, and monitor the effectiveness of the insulin administration. Administrative Nurse D stated the consultant

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pharmacist had not addressed the lack of assessment for R4's elevated blood sugars.

The facility's "Consultant Pharmacist Services Agreement" policy, dated 10/15/21, directed the pharmacist to ensure staff adequately assessed residents with abnormal vital signs, monitored medication effectiveness, and reported irregularities to the physician, medical director and DON.

The facility failed to ensure the CP identified and reported staff not adequately assessing R4's elevated blood sugars greater than physician ordered parameters, placing the resident at risk for continued elevated blood sugars and adverse side effects.

- R23's "Physician Order Sheet" (POS), dated 01/04/22, documented diagnoses of hypertension (high blood pressure), anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and diabetes mellitus (impairment in the way the body regulates and uses sugar as a fuel).

The "Significant Change Minimum Data Set" (MDS), dated 02/03/22, documented a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired decision-making skills. The MDS documented R23 was independent with eating, required one staff extensive assistance for dressing, locomotion, hygiene, and extensive assistance of two staff for bed mobility, transfers, and toileting. The MDS documented R23 received insulin injections seven days of the look-back period.

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SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

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F 756	Continued From page 13	F 756		

The "Diabetic Care Plan," dated 02/09/22, included hypo/hyperglycemia (low/high blood sugar) signs and directed staff to notify the physician if R23's blood sugar was less than (<)70 milligrams per deciliter (mg/dl) or greater than (>)300 mg/dl, also if <80 mg/dl and symptomatic. The "Care Plan" directed staff to administer insulin per orders, observe injection site for redness, drainage or pain, encourage consistent carbohydrate diet, and provide appropriate foot care.

R23's Physician Orders included:
Lantus (long acting insulin), 15 units at bedtime, started 08/19/21
Humalog (fast acting insulin), 5 units, three times daily before meals, started 08/04/21
Blood Sugar Check & Record Fasting (without food for a period of time) and before supper, started 07/30/21. Notify the physician if blood sugar <80 mg/dl with symptoms; or <70 mg/dl OR >300 mg/dl.

Review of the January, February, and March 2022 Medication Administration Record (MAR) revealed the following before supper blood sugars out of physician set parameters:
01/27/22 = 327 mg/dl
01/28/22 = 418 mg/dl
01/31/22 = 331 mg/dl
02/08/22 = 320 mg/dl
02/11/22 = 411 mg/dl
02/16/22 = 337 mg/dl
02/27/22 = 304 mg/dl
02/28/22 while eating 350 mg/dl. Later 134 mg/dl
03/14/22 at supper = 325 mg/dl

Review of R23's medical record revealed no assessment of R23 for signs or symptoms related

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to the higher than normal blood sugars.

The 03/22/22 labwork documented an A1C (blood test that measures your average blood sugar levels over the past 3 months) of 7.7 high. (normal range 4.8 to 6.4)

The "Consultant Pharmacist Reviews," dated 01/27/22 and 02/24/22, did not note the lack of assessment for the out of parameter blood sugars.

On 03/23/22 at 07:55 AM, observation revealed R23 in her room with a right foot brace on and her leg on the raised wheelchair footrest. R23 was pleasant and alert and oriented.

On 03/28/22 at 08:44 AM, Licensed Nurse (LN) H stated the blood sugar parameters were 70-300 mg/dl or <80 mg/dl with symptoms and staff documented those in the MAR. LN H stated if staff called the physician, it was documented in a progress note.

On 03/28/22 at 10:41 AM, Administrative Nurse D verified the facility consult pharmacist had not noted R23's blood sugars above parameters and lack of staff documentation of assessment of the resident for signs or symptoms with the higher than parameter blood sugars.

The facility's "Consultant Pharmacist Services Agreement" policy, dated 10/15/21, directed the pharmacist to ensure staff adequately assessed residents with abnormal vital signs, monitored medication effectiveness, and reported irregularities to the physician, medical director and DON.

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F 756	Continued From page 15 The facility failed to ensure the Consultant Pharmacist identified and reported the lack of assessment or physician notification of the elevated blood sugars for R23 which were higher than the physician ordered parameters. This deficient practice placed R23 at risk for for continued elevated blood sugars and adverse side effects.	F 756		
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- §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 had a census of 58 residents. The sample included 15 residents with six reviewed for unnecessary medications. Based on	F 757		

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observation, record review, and interview the facility failed to adequately assess elevated blood sugars above the physician ordered parameters for two sampled residents, Resident (R) 4 and R23. This placed the residents at risk for continued elevated blood sugars and adverse side effects.

Findings included:

- The "Physician Order Sheet," dated 03/09/22, recorded diagnoses of dementia (progressive mental disorder characterized by failing memory and confusion), diabetes mellitus (disease that impairs the body's ability to regulate blood sugar), congestive heart failure (a condition with low heart output and the body becomes congested with fluid), and history of transient ischemic attack (episode of cerebrovascular insufficiency).

R4's "Quarterly Minimum Data Set (MDS)," dated 03/21/22, documented the resident had a Brief Interview for Mental Status (BIMS) score of 12 (cognitively intact). The MDS documented R4 had a diagnosis of diabetes and received insulin (medication used to regulate blood sugar levels) injections seven days a week.

The "Diabetic Care Plan," dated 03/07/22, directed staff to check R4's blood sugars as ordered by the physician, monitor for signs and symptoms of hyperglycemia (more than normal amount of sugar in the blood), notify the physician of abnormal blood sugars and administer insulin as ordered by the physician.

The "Physician's Order," dated 02/09/22, directed staff to check R4's blood sugar levels before meals and at bedtime (08:00 AM, 12:00 PM,

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05:00 PM, 08:00 PM), and notify the physician if the blood sugars were greater than 400 milligrams per deciliter (mg/dl).

The "Physician's Order," dated 02/09/22, directed staff to administer Novolog insulin (fast acting medication to regulate blood sugars) ten units to R4 for blood sugars greater than 350 mg/dl.

Review of R4's "February 2022 Medication Administration Record" (MAR) recorded the resident had the following blood sugar levels greater than 400 mg/dl, lacked staff assessment for symptoms of hyperglycemia, or reassessment of the resident's blood sugar to monitor the effectiveness of insulin administration:
02/09/22 at 05:00 PM - 419 mg/dl
02/12/22 at 12:00 PM - 407 mg/dl
02/12/22 at 08:00 PM - 432 mg/dl
02/14/22 at 05:00 PM - 484 mg/dl
02/15/22 at 08:00 PM - 496 mg/dl
02/18/22 at 08:00 PM - 472 mg/dl
02/21/22 at 12:00 PM - 419 mg/dl
02/24/22 at 08:00 AM - 553 mg/dl
02/25/22 at 12:00 PM - 457 mg/dl
02/27/22 at 12:00 PM - 427 mg/dl
02/28/22 at 12:00 PM - 422 mg/dl

Review of R4's "March 2022 Medication Administration Record" (MAR) recorded the resident had the following blood sugar levels greater than 400 mg/dl, lacked staff assessment for symptoms of hyperglycemia, or reassessment of the resident's blood sugar to monitor the effectiveness of insulin administration:
03/02/22 at 12:00 PM - 405 mg/dl
03/20/22 at 05:00 PM - 444 mg/dl
03/23/22 at 08:00 PM - 432 mg/dl
03/24/22 at 12:00 PM - 431 mg/dl

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On 03/23/22 at 07:40 AM, observation revealed R4 walked independently with a walker in the hall to the dining room for breakfast.

On 03/24/22 at 08:45 AM, Licensed Nurse (LN) H stated staff should check R4's blood sugar as ordered by the physician, and if the resident's blood sugar was greater than 400 mg/dl, staff should follow the facility's hyperglycemic protocol to assess for adverse symptoms and monitor the effectiveness of insulin administration.

On 03/28/22 at 10:41 AM, Administrative Nurse D stated staff should check R4's blood sugar as ordered by the physician, assess for symptoms of hyperglycemia when the resident's blood sugar was greater than the physician ordered parameter of 400 mg/dl, and monitor the effectiveness of the insulin administration.

The facility's "Protocol for Hyperglycemia" policy, dated 10/11/21, directed staff to check blood sugar levels as ordered by the physician, assess residents with blood sugars greater than 400 mg/dl for symptoms of hyperglycemia, notify the physician, and monitor the effectiveness of insulin administration.

The facility failed to adequately assess R4's elevated blood sugars, placing the resident at risk for continued elevated blood sugars and adverse side effects.

- R23's "Physician Order Sheet" (POS), dated 01/04/22, documented diagnoses of hypertension (high blood pressure), anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere

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with one's daily activities), and diabetes mellitus (impairment in the way the body regulates and uses sugar as a fuel.

The "Significant Change Minimum Data Set" (MDS), dated 02/03/22, documented Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired decision-making skill. The MDS documented R23 was independent for eating, required one staff extensive assistance for dressing, locomotion, hygiene, and extensive assistance of two staff for bed mobility, transfers, and toileting. The MDS documented R23 received insulin (medication used to regulate blood sugar levels) seven days of the look-back period.

The "Diabetic Care Plan," dated 02/09/22, included hypo/hyperglycemia (low/high blood sugar) signs and directed staff to notify the physician if R23's blood sugar was less than (<)70 milligrams per deciliter (mg/dl) or greater than (>)300 mg/dl, also if <80 mg/dl and symptomatic. The "Care Plan" directed staff to administer insulin per orders, observe injection site for redness, drainage or pain, encourage consistent carbohydrate diet, and provide appropriate foot care.

R23's Physician Orders included:
Lantus (long acting insulin), 15 units at bedtime, started 08/19/21
Humalog (fast acting insulin), 5 units, three times daily before meals, started 08/04/21
Blood Sugar Check & Record Fasting (without food for a period of time) and before supper, started 07/30/21. Notify the physician if blood sugar <80 mg/dl with symptoms; or <70 mg/dl OR >300 mg/dl.

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F 757	Continued From page 20	F 757		

Review of the January, February, and March 2022 Medication Administration Record (MAR) revealed the following before supper blood sugars out of physician set parameters:
01/27/22 = 327 mg/dl
01/28/22 = 418 mg/dl
01/31/22 = 331 mg/dl
02/08/22 = 320 mg/dl
02/11/22 = 411 mg/dl
02/16/22 = 337 mg/dl
02/27/22 = 304 mg/dl
02/28/22 while eating 350 mg/dl. Later 134 mg/dl
03/14/22 at supper = 325 mg/dl

Review of R23's medical record revealed no assessment of R23 for signs or symptoms related to the higher than normal blood sugars.

The 03/22/22 labwork documented an A1C (blood test that measures your average blood sugar levels over the past 3 months) of 7.7 high. (normal range 4.8 to 6.4)

The "Consultant Pharmacist Reviews," dated 01/27/22 and 02/24/22, did not note the lack of assessment for the out of parameter blood sugars.

On 03/23/22 at 07:55 AM, observation revealed R23 in her room with a right foot brace on and her leg on the raised wheelchair footrest. R23 was pleasant and alert and oriented.

On 03/24/22 at 02:05 PM, Certified Nurse Aide (CNA) O stated staff talked to R23 to help calm her when she got anxious over her blood sugars. CNA O stated if R23 seemed "off" or different CNA O reported that to the nurse.

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F 757	Continued From page 21	F 757		

On 03/28/22 at 08:44 AM, Licensed Nurse (LN) H stated the blood sugar parameters were 70-300 mg/dl or <80 mg/dl with symptoms and staff documented those in the MAR. LN H stated if staff called the physician, it was documented in a progress note.

On 03/28/22 at 08:48 AM, LN I stated staff documented in the progress notes if they called the physician and if R23 had any signs or symptoms.

On 03/28/22 at 10:41 AM, Administrative Nurse D stated she was not sure if the computer red flagged/alerted staff on Matrix or eMAR when the resident had critical blood sugars. Administrative Nurse D stated for blood sugars >300 (above physician ordered parameters) staff should assess, treat, call the physician, and reassess or recheck the blood sugars. Administrative Nurse D stated she needed to re-educate staff about facility policy/procedures for blood sugars above/below parameters and verified staff had not documented if they assessed R23 for signs or symptoms with the higher than parameter blood sugars.

The facility's "Hyperglycemia" policy, dated 10/11/21, documented results outside of resident parameters are immediately reported to the physician for further action. Nurses are to document in Matrix care.

The facility failed to assess R23 for symptoms of elevated blood sugars higher than physician ordered parameters and document notification to the physician.

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F 812	Continued From page 22	F 812		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		

§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 58 residents. The sample included 15 residents. Based on observation and interview, the facility failed to store, prepare, and serve food under sanitary conditions, placing the residents at risk for foodborne illness.

Findings included:

- On 03/23/22 at 11:47 AM, observation revealed Certified Nurse Aide (CNA) M assisted Resident (R) 1 with the midday meal. CNA M, without wearing gloves picked up one half of R1's meat salad sandwich and tore it in half. CNA M then held the sandwich while R1 took bites from it.

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CNA M then adjusted a chair for another resident and returned to holding R1's sandwich without gloves until R1 indicated she was finished eating by turning her head away from the food.

On 03/28/22 at 12:47 PM, Licensed Nurse (LN) G stated she believed the CNAs could touch the resident's food without wearing gloves as long as the CNA washed their hands or used alcohol gel or foam between residents.

The facility's undated "Serving Basic" policy, documented team members must properly serve food to prevent contamination. Serving staff should avoid bare-hand contact with ready-to-eat food. Wear single-use gloves whenever handling ready-to-eat food. As an alternative, food can be handled with spatulas, tongs, deli sheets or other utensils.

The facility failed to serve ready-to eat food for R1 in a sanitary manner, placing the resident at risk for foodborne illness.
- On 03/22/22 at 07:55 AM, observation in the facility kitchen revealed a utensil drawer with a one inch round black colored dried food spill in the center of the drawer and a small amount of dried food particles in the back of the drawer.

On 03/24/22 at 11:12 AM, observation revealed the same kitchen drawer still had the black colored dried food spill and a few dried food crumbs.

On 03/24/22 at 11:28 AM, observation revealed Dietary Staff (DS) CC repositioned the beverage glasses of water which were on the counter of the kitchenette using her fingers to hold the rim of the glasses.

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F 812	Continued From page 24 On 03/24/22 at 11:12 AM, DS BB verified the observation of the soiled utensil drawer and stated it should have been cleaned. On 03/24/22 at 11:28 AM, DS CC verified she should handle glasses by the lower part of the glasses and not the rim. The facility's undated "Program: Cleaning and Sanitizing" policy, documented all food service departments must have an effective cleaning program with a cleaning schedule to clean and sanitize as needed, and an appropriate log to track cleaning tasks. The facility's undated "Serving: Basic" policy, documented staff are to carry glasses on a tray or hold glasses by the middle, bottom, or stem to avoid touching the mouth contact surfaces. The facility failed to serve and store food and beverages in a sanitary manner, placing the 58 residents of the facility at risk for illness.	F 812		
F 880 SS=D	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	F 880		

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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:
(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

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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 58 residents. The sample included 15 residents. Based on observation, record review, and interview the facility failed to provide proper infection control during wound care for Resident (R) 52. This deficient practice placed R52 at risk for infection.

Findings included:

- R52's medical record included diagnoses of pressure ulcer (PU-localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction) of left heel, Parkinson's disease (brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination), and hypertension (high blood pressure).

The "Significant Change Minimum Data Set" (MDS), dated 03/09/22, documented a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS documented

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175300	A. BUILDING _____ B. WING _____	03/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINA PRESBYTERIAN MANOR	2601 E CRAWFORD STREET SALINA, KS 67401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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R52 was independent with eating, required extensive assistance of one to two staff for all other activities of daily living, had one Stage 2 (partial-thickness skin loss into but no deeper than the skin including intact or ruptured blisters) PU present on admission, and one Stage 3 (full-thickness skin loss potentially extending into the subcutaneous (beneath the skin) tissue layer) PU not present on admission. The MDS recorded pressure relief interventions to the chair and bed, repositioning, and PU care.

The "Skin Integrity Care Plan," dated 02/02/22, directed staff to provide a low air loss mattress, and reposition every two hours except at night and reposition R52 once during the night. Ensure blue foam pressure relief boots were applied to R52's feet when in bed, transfer with sit to stand lift and two staff, and educate on importance of repositioning.

On 03/23/22 at 10:26 AM, observation revealed Licensed Nurse (LN) H changed the wound dressings on R52's feet. She washed her hands, applied clean gloves, removed R52's pressure relief boots and placed them under the resident's heels. LN H then removed the soiled dressing from R52's left heel. With the same gloves, LN H opened a new package of gauze, sprayed wound cleanser on the back of the left heel, then cleansed the wound with the gauze. With the same soiled gloves, LN H started to cut and shape the clean blue wound dressing. When asked if she should change gloves, LN H stated, "I guess so." She changed gloves without washing her hands or using hand disinfectant gel and continued cutting the dressings to size and applied them to the wound area. LN H then removed the soiled dressing from the right heel

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and cleansed the right heel wound wearing the same gloves. She changed her gloves without washing her hands or using hand disinfectant gel and applied a foam dressing to R52's right heel.

On 03/28/22 at 11:20 AM, observation in the facility shower room revealed LN H placed a towel which had been used to dry the resident on the floor and placed the wound care supplies on it. LN H put on gloves without first washing her hands or using hand disinfectant gel, used wound cleanser and gauze to cleanse the left heel PU. She then changed gloves, without washing her hands or using disinfectant hand gel, cut the dressing to size with scissors, and applied a wound dressing to the left heel. Wearing the same gloves, she then cleansed the right heel PU and set the wound cleanser bottle on the bare, soiled shower room floor. During care to the right heel PU, the wound cleanser spray bottle fell to its side on the bare, soiled floor. After completing the wound care, LN H gathered the wound care supplies and placed them in a locked cabinet in the resident's room. When asked, she verified she should disinfect the wound cleanser spray bottle as it had been on the soiled floor. She did not consider the used towel as soiled.

On 03/28/22 at 12:14 PM, LN J stated wound dressing was not a sterile procedure, but staff do need to place a clean barrier between supplies and unclean surfaces, and change gloves between PU sites.

The facility's "Infection Control" policy, dated 1012/21, documented all staff were responsible to comply with the principles of standard infection control precautions.

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F 880	Continued From page 29 The facility failed to provide proper infection control practices during wound care for R52, placing the resident at risk for infection to the open wounds.	F 880		