

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>17A020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ITREGO CO-LEMKE MEMORIAL HOSPITAL LTCU</b>		STREET ADDRESS, CITY, STATE, ZIP <b>320 N 13TH ST WAKEENEY, KS 67672</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0609  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility had a census of 36 residents. The sample included three residents reviewed for abuse. Based on observation, record review, and interview, the facility failed to immediately report an allegation of abuse, when Certified Nurse Aide (CNA) M witnessed CNA N allegedly verbally abuse Resident (R) 1. Findings included: - R1's Physician order [REDACTED]. The Quarterly Minimum Data Set (MDS), dated [DATE], documented the resident had a Brief Interview for Mental Status (BI[CONDITION]) score of 12, indicating moderately impaired cognition, and verbal behavior symptoms directed toward others. The MDS documented the resident required extensive staff assistance for bed mobility, and personal hygiene, total staff assistance for transfers, toileting, bathing, dressing, locomotion on and off the unit, limited staff assistance for eating, and used a wheelchair for mobility. The Communication and Memory Care Plan, dated 0[DATE]20, documented the resident occasionally had slurred speech, short-term memory loss, discussed how he disliked living in the facility, and wanted to go home. The care plan documented the resident made choices in his care and made his needs known to staff. The Behavior Care Plan, dated 0[DATE]20, directed staff to re-direct the resident when he called staff inappropriate names and increased episodes of irritation. The care plan documented the resident often made negative statements about living in the facility, and directed staff to offer him choices, as he enjoyed controlling things around him. On 03/05/2020 at 08:00 AM, observation revealed R1 sat in his wheelchair, and ate breakfast in the dining room. Further observation revealed R1 calm and had no behaviors. On 03/04/2020 at 05:05 PM, CNA M stated on 03/01/2020, at approximately 11:45 AM, she observed CNA N propel R1 in his wheelchair toward the doors that connected the facility to the hospital. CNA M stated she heard CNA N tell R1 he would have him admitted to the hospital because of his bad attitude. CNA M stated R1 was upset, his face was red, he was crying, and R1 said to CNA N, No, please. CNA M stated CNA N took R1 to the dining room, shoved his wheelchair into his place at the table, and said to R1 I can do whatever I want. CNA M stated she took R1 out of the dining room, talked to him until he was calm, and they returned to the dining room. CNA M verified she immediately reported the incident to Licensed Nurse (LN) G. CNA M stated LN G did not ask for details but told her she could file a complaint about CNA N and got the form for CNA M to complete. CNA M stated she completed the form and slid it under Administrative Nurse D's office door. On 03/05/2020 at 09:15 AM, LN G stated on 03/01/2020 at approximately 11:50 AM, CNA M reported to her that CNA N had been mean to R1. LN R stated she informed CNA M if she thought the incident was bad enough, CNA M could file a complaint about CNA N, showed her where the forms were located, and explained where to place the completed form. LN G stated CNA M did not provide any details of the incident and she did not ask CNA M about the incident. LN M stated she should have assessed the resident, sent CNA N home, and immediately contacted Administrative Nurse D. On 03/05/2020 at 09:40 AM, Certified Medication Aide (CMA) R stated on 03/01/2020 at approximately 11:45 AM, CNA M was with R1 in the living room area and she observed R1's face was red, he was upset, and crying. CMA R stated she asked CMA M about R1 and she said R1 and CNA N had gotten into it. CMA R stated she did not report what she observed to anyone. On 03/05/2020 at 12:40 PM, Administrative Nurse D stated she learned about the 03/01/2020 incident between R1 and CNA N on 03/02/2020 at approximately 03:00 PM, when she found a complaint form from CNA M that was on the floor of her office. Administrative Nurse D stated LN G did not follow the facility's policy and procedure for abuse and LN G should have assessed R1, suspended CNA N, and contacted her immediately. On 03/05/2020 at 01:00 PM, Administrative Staff A verified staff did not follow the facility's abuse policy and Administrative Nurse D should have been notified of the incident immediately. The facility's Abuse and Neglect Policy, dated 2016, documented any employee of the facility who suspected a resident had been abused, should immediately report such knowledge or suspicion to their supervisor, and an immediate assessment of the resident's situation and condition would be performed by the charge nurse or director of nursing. The facility failed to immediately report an allegation of abuse when R1 was allegedly abused by CNA N, placing the resident at risk for abuse.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.