

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP 601 CROSS STREET BURLINGTON, KS 66839	
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 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 59 residents, with five residents reviewed. Based on observation, interview and record review, the facility failed to complete an accurate comprehensive assessment for one of the five residents, Resident (R)2 with refusals of care. Findings included: - The signed Physician order [REDACTED]. The Annual Minimum Data Set (MDS), dated [DATE], documented the resident admitted [DATE] from the community. The MDS revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating he had an intact cognition. The resident's functional status was documented as he required extensive two-person assistance with bed mobility, toileting and personal hygiene. He had Impaired Range of Motion(ROM) bilaterally (both) to his upper and lower extremities. The resident required a wheelchair for mobility. There were two stage two pressure ulcers. There was no rejection of care. The Pressure Ulcer Care Area Assessment (CAA), dated 04/17/2020, documented R2 had multiple pressure wounds. He admitted to the facility with over 10 wounds, all at various stages. Several of the wounds were healed. The Activity of Daily Living Functional/Rehabilitation Care Area Assessment, dated 04/17/2020, documented R2 was a quadriplegic and required total assistance of staff with his cares. The Quarterly MDS, dated [DATE], documented the resident had a BIMS score of 15, and had no rejection of care. The care plan, dated 02/07/2020, documented the resident frequently refused position changes, despite receiving education about the importance of position changes, for wound healing. He rarely agreed to get out of bed, and he often refused to turn. On 09/08/2020 at 11:22 AM, Certified Nurse Aide (C.N.A.) N entered the residents' room to reposition the resident. The resident rejected the repositioning request for his cares. On 09/08/2020 at 02:30 PM, CNA M confirmed R2 frequently refused his cares and refused to allow staff to turn and reposition himself. On 09/08/2020 at 03:30 PM, Licensed Nurse (LN) G confirmed R3 frequently refused cares. On 09/09/2020 at 01:50 PM, Administrative Nurse D stated R2 rejected cares. The facility used the Resident Assessment Instrument (RAI) manual for instructions for the MDS assessments and it would be the expectation that rejection of care would be accurately documented on these assessments. The facility lacked a policy for accuracy of assessments. The facility failed to complete an accurate comprehensive assessment for this resident on 04/17/2020 and 07/15/2020, when the resident rejected cares from staff.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 59 resident with five residents sampled, including three residents reviewed for restorative services. Based on observation, interview and record review, the facility failed to develop an accurate care plan to ensure the residents received care based on their individual needs, for two Residents (R)4 and R5, to prevent possible decreased range of motion. Findings included: - The signed Physician order [REDACTED]. The Annual Minimum Data Set (MDS), dated [DATE], revealed R4 had a Brief Interview for Mental Status (BIMS) score of 14, indicating she had intact cognition. She had impaired range of motion to one side of her upper extremity and lower extremity, and she had occasional mild pain. The Pain Care Area Assessment, dated 11/20/2019, did not trigger. The Quarterly MDS, dated [DATE], documented the resident had occasional mild pain and was not receiving restorative services. The POS, dated 08/01/2020, documented on 03/04/2020, a nursing order of Restorative Nursing of Passive Range of Motion (PROM) to left upper extremity and left lower extremity for two sets of 12 to 15 repetitions, each set three times a week. The care plan, dated 02/11/2020, lacked restorative services. The restorative schedule documented the resident received restorative services for the following: : In June 2020, staff provided seven days of restorative services. In July 2020, staff provided three days of restorative services. In August 2020, staff provided five days of restorative services. On 09/08/2020 at 10:50 AM, observed left hand of R4, she was able to make a fist, however she used her right hand to straighten out her left hand. On 09/08/2020 at 10:50 AM, R4 stated she Used to get physical therapy and has since switched to restorative. Restorative, when they come in, work on my left hand. On 09/08/2020 at 02:37 PM, direct care staff P reported R4 Is supposed to get range of motion three times a week for 15 minutes, however restorative staff was Pulled to the floor to work as direct care staff, and has been unable to do restorative as ordered. 09/10/2020 at 12:25 PM, Administrative Nurse D stated Each person that is on restorative should have a care plan. The policy for Resident Care Plan, dated 12/2018, instructed the facility is to review care plans to reflect the residents' current needs, problems, goals, care, treatment and services. The facility failed to develop an accurate care plan to ensure this resident received care based on her individual needs, for this resident for restorative cares. - The signed Physician order [REDACTED]. The Significant Change Minimum Data Set(MDS), dated [DATE], revealed R5 was unable to complete a Brief Interview for Mental Status (BIMS), but was able to recall season, her room, staff and knew where she was. Long- and short-term memory were ok. She had impaired range of motion to both sides of upper extremity and lower extremity. There was occasional mild pain. The Pain Care Area Assessment, dated 04/23/2019, did not trigger. The Quarterly MDS, dated [DATE], documented the resident had occasional mild pain. The resident received no restorative services. The POS, dated 08/01/2020, documented on 07/23/2020, a nursing order of Restorative Nursing of walking R5, using a platform walker. Therapeutic exercises included the resident to sit to stand, three repetitions, for 10 cycles and hip adductions (the movement of a limb or other part toward the midline of the body), two sets of 15 repetitions. The care plan, dated 03/13/2020, lacked restorative services. The restorative schedule documented the resident received restorative services for the following: In July 2020, restorative staff failed to provide the resident with restorative services. In August 2020, restorative services provided on three occasions. On 09/08/2020 at 10:40 AM, R5 stated, When I get therapy, they work on my left side. I do not get as often as I would like. On 09/08/2020 at 02:37 PM, direct care staff P reported the resident Is supposed to get therapeutic exercises of sit to stand, and working with her hip, however restorative staff was Pulled to the floor to work as direct care staff and has been unable to do restorative as ordered. 09/10/2020 at 12:25 PM, Administrative Nurse D stated Each person that is on restorative should have a care plan. The policy for Resident Care Plan, dated 12/2018, instructed the facility is to review care plans to reflect the residents current needs, problems, goals, care, treatment and services. The facility failed to develop an accurate care plan to ensure this resident received care based on her individual needs, for this resident for restorative cares.		
F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 59 resident with five residents sampled, including three residents reviewed for restorative services. Based on observation, interview and record review, the facility failed to provide appropriate		
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.

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F 0688 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>treatment and services to increase or maintain range of motion, for two Residents (R)4 and R5, to prevent possible decreased range of motion. Findings included: - The signed Physician order [REDACTED]. The Annual Minimum Data Set (MDS), dated [DATE], revealed R4 had a Brief Interview for Mental Status (BIMS) score of 14, indicating she had intact cognition. She had impaired range of motion to one side of her upper extremity and lower extremity, and she had occasional mild pain. The Pain Care Area Assessment, dated 11/20/2019, did not trigger. The Quarterly MDS, dated [DATE], documented the resident had occasional mild pain and was not receiving restorative services. The POS, dated 08/01/2020, documented on 03/04/2020, a nursing order of Restorative Nursing of Passive Range of Motion (PROM) to left upper extremity and left lower extremity for two sets of 12 to 15 repetitions, each set three times a week. The care plan, dated 02/11/2020, lacked restorative services. The restorative schedule documented the resident received restorative services for the following: : In June 2020, staff provided seven days of restorative services. In July 2020, staff provided three days of restorative services. In August 2020, staff provided five days of restorative services. On 09/08/2020 at 10:50 AM, observed left hand of R4, she was able to make a fist, however she used her right hand to straighten out her left hand. On 09/08/2020 at 10:50 AM, R4 stated she Used to get physical therapy and has since switched to restorative. Restorative, when they come in, work on my left hand. On 09/08/2020 at 02:37 PM, direct care staff P reported R4 Is supposed to get range of motion three times a week for 15 minutes, however restorative staff was Pulled to the floor to work as direct care staff, and has been unable to do restorative as ordered. On 09/08/2020 at 01:56 PM, Administrative Nurse D stated The restorative aide is working the floor, instead of providing restorative services. The policy for Restorative Nursing, dated 05/14/2020, instructed the facility is responsible for providing maintenance and restorative programs as indicated by the resident's comprehensive assessment to achieve and maintain the highest practicable outcome. The facility failed to provide appropriate treatment and services to increase or maintain range of motion, for this resident that had decreased range of motion in her upper and lower extremities, to prevent further decreased range of motion. - The signed Physician order [REDACTED]. The Significant Change Minimum Data Set(MDS), dated [DATE], revealed R5 was unable to complete a Brief Interview for Mental Status (BIMS), but was able to recall season, her room, staff and knew where she was. Long- and short-term memory were ok. She had impaired range of motion to both sides of upper extremity and lower extremity. There was occasional mild pain. The Pain Care Area Assessment, dated 04/23/2019, did not trigger. The Quarterly MDS, dated [DATE], documented the resident had occasional mild pain. The resident received no restorative services. The POS, dated 08/01/2020, documented on 07/23/2020, a nursing order of Restorative Nursing of walking R5, using a platform walker. Therapeutic exercises included the resident to sit to stand, three repetitions, for 10 cycles and hip adductions (the movement of a limb or other part toward the midline of the body), two sets of 15 repetitions. The care plan, dated 03/13/2020, lacked restorative services. The restorative schedule documented the resident received restorative services for the following:In July 2020, restorative staff failed to provide the resident with restorative services. In August 2020, restorative services provided on three occasions. On 09/08/2020 at 10:40 AM, R5 stated, When I get therapy, they work on my left side. I do not get as often as I would like. On 09/08/2020 at 02:37 PM, direct care staff P reported the resident Is supposed to get therapeutic exercises of sit to stand, and working with her hip, however restorative staff was Pulled to the floor to work as direct care staff and has been unable to do restorative as ordered. On 09/08/2020 at 01:56 PM, Administrative Nurse D stated The restorative aide is working the floor, instead of providing restorative services. The policy for Restorative Nursing, dated 05/14/2020, instructed the facility is responsible for providing maintenance and restorative programs as indicated by the resident's comprehensive assessment to achieve and maintain the highest practicable outcome. The facility failed to provide appropriate treatment and services to increase or maintain range of motion, for R5 to prevent possible decreased range of motion.</p>		