

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER CLEARWATER NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 620 E WOOD STREET CLEARWATER, KS 67026	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility census totaled 39 residents (R) with seven residents in the complaint sample. Based on observation, interview, and record review, the facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R1, R2, R3, R4, R5, and R6. Findings included: - Review of R1 pertinent [DIAGNOSES REDACTED]. A review of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 15, indicating cognition. The resident was total dependence on one-person assistance for bathing. A review of the Significant Change MDS, dated [DATE], revealed a BIMS of 14, indicating cognition. The resident was total dependence on one-person assistance for bathing. The resident rated choosing bathing preference as somewhat important. A review of the ADL Care Area Assessment (CAA) dated 05/23/20 revealed R1 diagnosed with [REDACTED]. R1 was able to make his needs and wants to be known. Staff would also anticipate his needs and wants. Review of Care Plan dated 12/02/19, revision 07/29/20 revealed for bathing/showering, R1 required total assistance by one staff twice weekly and as necessary. Review of Certified Nurse Aide (CNA)- ADL Tracking Form for bathing revealed: April 2020- resident received four out of eight showers for the entire month. May 2020- resident received three out of eight showers for the entire month. June 2020- resident received one out of eight showers for the entire month. July 2020- resident received two out of seven showers for the entire month. Observation of resident on 07/28/20 at 04:45 PM revealed linens and clothing are clean, appeared groomed. Observation of resident on 07/28/20 at 07:52 AM revealed the resident was wearing the same clothes as noted yesterday. Interview with the resident on 07/28/20 at 04:32 PM revealed his showers were supposed to be completed on Tuesday and Fridays, and in the last month, he had missed two. He stated, I should be upset, but what can I do. He did not feel that the facility tried to get it done. Interview with the resident on 07/29/20 at 04:27 PM revealed he had not received a shower today after not having one yesterday on his scheduled shower day. Per observation, R1 was wearing the same clothes as 07/28/20. Interview with CNA J on 07/29/20 at 10:54 AM revealed we chart on the kiosk if R1 refused or completed his shower. She would tell the nurse if any resident refused and write it on the shower sheet. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with CNA H on 07/29/20 at 03:30 PM revealed she did not know R1 was wearing the same clothes today as he was yesterday. She would have showered him yesterday if she had been working. The CNA's and nurses did not communicate that he had not had a shower on his designated day, they should have told her during report or the staff yesterday should have told the charge nurse. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed. Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R1. - Review of R2 pertinent [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 15, indicating intact cognition. The resident was total dependence on one person for bathing. A review of the Significant Change MDS, dated [DATE], revealed a BIMS of 15, indicating intact cognition. The resident was total dependence on one person for bathing. The resident rated choosing bathing preference as very important. Review of the ADL Care Area Assessment (CAA) dated 05/28/20 revealed R2 required total assistance with bathing ADL. She was able to make her needs and wants known. Review of Care Plan dated 03/11/20, revision 05/17/20, revealed for bathing/showering R2 required total assistance with the help of one staff. When R2 could not tolerate a full bath/shower, the staff were to provide a sponge bath. Review of CNA- ADL Tracking Form for bathing revealed: March 2020- resident received one out of nine showers for the entire month. April 2020- resident received four out of nine showers for the entire month. May 2020- resident received no showers out of eight scheduled showers for the entire month. June 2020- resident received four out of nine showers for the entire month. July 2020- resident received four out of five showers for the entire month. Observation of resident on 07/29/20 at 09:30 AM revealed R2 with groomed hair, no odors, and appeared to be in clean clothes. She had her glasses and oxygen in place. Interview with R2 on 07/29/20 at 09:21 AM revealed she believed she had not missed too many showers, but the staff was always so busy. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed. Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R2. - Review of R3 pertinent [DIAGNOSES REDACTED]. Review of the Annual Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 15, indicating intact cognition. The resident required physical help with bathing of one staff member. The resident rated choosing bathing preference as very important. Review of the Quarterly MDS, dated [DATE], revealed a BIMS of 15, indicating intact cognition. The resident required physical help with bathing of one staff member. Review of the ADL Care Area Assessment (CAA) dated 01/06/20 revealed R3 required extensive to total assistance from staff to complete his ADLs safely. Staff would assist him as needed. Review of Care Plan dated 01/06/20, revision 05/06/20 revealed R3 had an ADL self-care performance deficit. R3 required assistance from two staff to complete all of his bathing needs. When R3 could not tolerate a full bath/shower, the staff were to provide a sponge bath. Review of CNA- ADL Tracking Form for bathing Monday, Wednesday, and Friday revealed: March 2020- resident received two out of twelve showers for the entire month. April 2020- resident received four out of ten showers for the entire month. May 2020- resident received one out of twelve showers for the entire month. June 2020- resident received five out of nine showers for the entire month. July 2020- resident received five out of nine showers for the entire month. Observation of resident on 07/29/20 at 12:35 PM</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.

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F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>revealed resident in his bed reading a newspaper. Clothing appeared drab and his hair appeared greasy. Interview with the resident on 07/28/20 at 04:55 PM revealed R3's showers were scheduled for three times a week, and he reported he had been receiving about two a week. He repeatedly had talked to the facility about his showers, and was advised there was a certain amount of time and specific staff that gave the showers. He reported he had had about four baths in the last month and that he never refused. Interview with CNA I on 07/29/20 at 12:01 PM revealed R3 had voiced concerns about not receiving his showers as scheduled. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R3. - Review of R4 pertinent [DIAGNOSES REDACTED]. Review of the Admission Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 5, indicating severely impaired cognition. The resident required physical help with one staff for bathing. The resident rated choosing bathing preference as somewhat important. A review of the Quarterly MDS, dated [DATE], revealed a BIMS of 8, indicating moderately impaired cognition. The resident was totally dependent on one staff for bathing. Review of the ADL Care Area Assessment (CAA) dated 12/25/19 revealed R4 had a history of [REDACTED]. R4 required staff assistance with all ADL's from limited to extensive assistance. Review of Care Plan dated 12/25/19, revision 05/06/20 revealed for ADL showering, he preferred showers on Tuesdays and Thursdays in the morning. He would need assistance with bathing of one staff member. When R4 could not tolerate a full bath/shower, the staff were to provide a sponge bath. Review of CNA- ADL Tracking Form for bathing Tuesday and Friday revealed: March 2020- resident received no showers out of nine showers for the entire month. April 2020- resident received no showers out of eight showers for the entire month. May 2020- resident received no showers out of nine showers for the entire month. June 2020- resident received three out of five showers for the entire month. July 2020- resident received five out of eight showers for the entire month. Observation of resident cares on 07/29/20 at 08:01 AM revealed CNA J and CNA K assisted the resident with dressing with clean clothing which had been removed from the closet. R4's hair appeared ungroomed and unwashed. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R4. - Review of R5 pertinent [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 3, indicating severely impaired cognition. The resident required the physical help of one staff member with bathing. A review of the Significant Change MDS, dated [DATE], revealed a BIMS of four, indicating severely impaired cognition. The resident required total assistance of one staff member with bathing. The resident preferred showers when bathing. Review of the Cognitive Care Area Assessment (CAA) dated 07/13/20 revealed R5 had a history of [REDACTED]. She showed a decline in the ability to assist as much with her ADL's. Staff would anticipate her needs and wants and would encourage R5 to contribute as much as possible with her ADLs. Review of Care Plan dated 12/20/19, last revised on 05/17/20, revealed she preferred showers on Sundays, Tuesdays, and Thursdays in the morning. R5 required partial assistance of one staff for bathing/showering needs at least twice weekly and as needed. Staff were to provide sponge bath when a full bath or shower cannot be tolerated. Review of CNA- ADL Tracking Form for bathing Monday and Thursday revealed: March 2020- resident received no showers out of nine showers for the entire month. April 2020- resident received no showers out of nine showers for the entire month. May 2020- resident received two out of eight showers for the entire month. June 2020- resident received one out of ten showers for the entire month. July 2020- resident received six out of ten showers for the entire month. Observation of R5 on 07/29/20 at 11:23 PM revealed the resident in the dining area assisted by staff with eating. The clothing protector was covering her shirt. Pants noted to have some food remnants noted. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R5. - Review of R6 pertinent [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed a brief interview for mental status (BIMS) of 15, indicating intact cognition. The resident required physical help with bathing. Review of the Annual MDS, dated [DATE], revealed a BIMS of 15, indicating intact cognition. The resident required the physical help of one staff with bathing. Review of the ADL Care Area Assessment (CAA) dated 04/14/20 revealed R6 required supervision with ADL's due to [MEDICAL CONDITION] in one eye. Review of Care Plan dated 03/15/20 revealed she had the potential for an ADL self-care performance deficit related to visual impairment. R6 required the assistance of one staff for showering and preferred to have showers at least twice weekly and as needed. Review of CNA- ADL Tracking Form for bathing Monday and Thursday revealed: March 2020- resident received one out of ten showers for the entire month. April 2020- resident received one out of ten showers for the entire month. May 2020- resident received no showers out of eight showers for the entire month. June 2020- resident received no showers out of nine showers for the entire month. July 2020- resident received two out of seven showers for the entire month. Observation of resident on 07/30/20 at 08:30 AM revealed resident in the room eating breakfast. Clothing, top, and bottoms, noted to have food remnants, and also appear to be not clean. Interview with R6 on 07/29/20 at 12:30 PM revealed the last few months she has missed quite a few showers. Interview with CNA I on 07/29/20 at 11:26 AM revealed there are certain days for each resident to shower based on what hall they are on unless they have a personal preference. Interview with LN E on 07/28/20 at 02:03 PM revealed in March 2020 there was a rough patch getting showers completed. Interview with LN L on 07/29/20 at 06:18 AM revealed residents had expressed concern with showers not being completed. Interview with Administrative staff D on 07/28/20 at 05:15 PM revealed when COVID-19 happened in March 2020; showers were challenging to complete. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed they were aware residents had concerns about not receiving showers before their employment with the facility and felt they had implemented processes to address the resident's concerns. They did not know that resident's currently had concerns about showers not being completed Review of undated Preparing to Bathe an Elder policy revealed staff could find the resident's bathing preferences in their individualized care plan. The staff was to focus on the elder rather than the bathing task. The facility failed to provide the Activities of Daily Living (ADL) for appropriate showering/hygiene for R6.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>The facility census totaled 39 residents (R). Based on observation, interview, and record review the facility failed to ensure two staff appropriately used personal protective equipment (PPE) in resident areas. Observation on the COVID-19</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2)</p> <p>unit, revealed Certified Nurse Aide (CNA) F did not wear her N95 (particulate-filtering facepiece respirator) correctly by the failure to use both elastic loops to ensure a secure fit of the mask to her head. Further observation in the long-term care unit revealed CNA G pulled his facemask down to speak to a resident who was hard of hearing. Findings included: - Observation of the COVID-19 unit on 07/28/20 at 10:50 AM revealed two COVID-19 positive residents on the unit. CNA F wore an N95 (particulate-filtering facepiece respirator) mask with the bottom loop not secured around her head, but when the surveyor asked about how she should wear the mask to effectively protect herself and others, she applied it correctly. Interview with CNA F on 07/28/20 at 10:58 AM revealed she did not know that it mattered whether or not she had only one strap secured for her N95 mask and stated she would use both straps from now on. Observation on 07/28/20 at 01:15 PM revealed CNA G with his facemask down under his chin talking inches from R7 face, who did not have a mask in place either. Interview with CNA G on 07/28/20 at 01:30 PM revealed he removed his mask to ensure R7 could hear him, because R7 was hard of hearing. CNA G stated he understood the risk, but just wanted R7 to be able to hear him. Review of Staff Screening Form COVID-19 dated 07/28/20 at 06:53 AM for CNA G revealed a temperature of 96.3 degrees Fahrenheit and no signs or symptoms noted. Interview with Administrative Staff A and Administrative Nurse B on 07/28/20 at 08:59 AM revealed staff working with residents should be masked with straps secured. The only time staff can remove their masks, would be away from resident areas, break room, outside, etc. Review of the undated Personal Protective Equipment (PPE) and Equipment Optimization During Pandemic policy revealed staff will leave the care area if/when facemask were removed. Review of 07/30/20 Emergency Plan for Coronavirus 2019-nCoV/COVID-19 Outbreak 2020 policy revealed Health care personnel would wear a facemask at all times while in the facility. The facility failed to appropriately use PPE equipment to include facemask in resident areas, during the COVID-19 pandemic.</p>		