STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 42966 The facility identified a census of 102 residents. The sample included 13 residents; one reviewed for self-administration of medications. Based on observations, record reviews, and interviews, the facility failed to ensure safe and appropriate self-administration of medication for Resident (R) 2. This had the risk for unnecessary medication side effects and self-administration errors. Findings included: - R2 admitted to facility on 05/28/22. The Diagnoses tab of R2's Electronic Medical Record (EMR) documented a diagnosis of end stage renal disease (ESRD- occurs when chronic kidney disease or the gradual loss of kidney function reaches an advanced state). R2's Baseline Care Plan dated 05/28/22 directed no self-administration of medications. The Orders tab of R2's EMR documented an order with a start date of 06/09/22 for calcium acetate (Phosphate Binders- binds phosphorous from foods in the diet and prevents from being absorbed into the blood stream) 667 milligrams (mg) for ESRD. R2's medical record lacked an assessment for self-administration of medications. On 06/15/22 at 12:50 PM, a medication cup sat on R2's tray table with an unidentified blue and white capsule in it. R2 stated it was a phosphor binder and she was waiting for food to take it. On 06/15/22 at 12:50 PM, R2 sat in her chair and waited for lunch to be delivered. She appeared comfortable and without distress. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated residents were not able to self-administer medications and staff were not able to leave medications in the resident's room. If a resident took medications with meals, she brought medications to the resident once they got their food. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated staff were not supposed to leave medications at the bedside. She stated if medications were to be given with food, staff gave medications when residents received their food. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/16/22 at 11:07 AM, Administrative Nurse D stated residents were able to self-administer medications. Residents who wanted to self-administer were assessed and care planned to do so. She stated staff did not leave medications in the room and watched residents take their medications before leaving. The facility's Self-Administration of Medications policy, last revised September 2018, directed residents had the right to self-administer medications if the interdisciplinary team had determined that clinically appropriate and safe for the resident to do so. The policy directed as part of their overall evaluation, the staff and practitioner assessed each resident's mental and physical abilities to determine whether self-administering medications was appropriate for the resident. The facility failed to ensure safe and appropriate self-administration of medications for R2. This deficient practice had the risk for unnecessary medication side effects and self-administration errors for R2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 42966 The facility identified a census of 102 residents. The facility had two units with three halls on each unit. Based on observations, record reviews, and interviews, the facility failed to provide a homelike environment for three of three hallways on North unit and two of three hallways on South unit when the facility stored unused equipment in the hallways. This deficient practice had the risk for impaired psychosocial wellbeing and decreased mobility for affected residents. Findings included: - On 06/14/22 at 09:53 AM, four wheelchairs and a shower bed were on one side of the hallway in one hall on North unit. On 06/14/22 at 10:12 AM, four wheelchairs and a mechanical lift were on one side of the hallway in another hall on North unit. On 06/14/22 at 10:30 AM, one chair scale and a chair with a lift sling in it were on one side of the hallway in another hall on North unit. On 06/14/22 at 11:38 AM, three mechanical lifts and one chair scale were on one side of the hallway in one hall on South unit. On 06/14/22 at 11:43 AM, one electric wheelchair was on one side of the hallway and a chair on the other side of the hallway in another hall on South unit. On 06/16/22 at 09:19 AM, R5 stated there was a lot of equipment stored in the hallways. On 06/16/22 at 09:19 AM, R4 stated staff stored wheelchairs and lifts on both sides in the hallway and it was difficult to get through. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated unused wheelchairs and mechanical lifts were stored in the hallways or in the shower room, usually in the hallway all on one side of the hallway. She stated storing equipment in the hallways did not create a homelike environment. On 06/16/22 10:31 AM, Licensed Nurse (LN) G stated mechanical lifts and wheelchairs were stored along the wall in the hallway on one side. She stated storing wheelchairs and lifts in the hallways was not a homelike environment. On 06/16/22 at 11:07 AM, Administrative Nurse D stated mechanical lifts and wheelchairs were stored in the hallway lined up on one side of the hallway. She preferred lifts were not stored in hallway, but storage was challenging. She stated storing mechanical lifts and wheelchairs in hallway did not create a homelike environment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Space and Equipment policy, dated May 2019, directed the facility ensured proper space for equipment, residents, and staff movement to provide adequate care and working, living environment. The policy directed unused equipment was stored in non-resident areas for safety and space concerns. The facility failed to provide a homelike environment when the facility stored unused equipment in the hallways. This deficient practice had the risk for impaired psychosocial well-being and decreased mobility for affected residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. 42966 The facility identified a census of 102 residents. The sample included 13 residents. Based on record reviews, observations, and interviews, the facility failed to complete an Admission Minimum Data Set (MDS) within 14 days of admitted for Resident (R) 2 and R3. This deficient practice had the risk for miscommunication related to nursing services and care plan development. Findings included: - R2 admitted to facility on 05/28/22. The Admission MDS was opened on 06/03/22 but had not been completed on 06/15/22. On 06/15/22 at 12:50 PM R2 sat in a chair in her room and waited for lunch to be delivered. She appeared comfortable and without signs of distress. R3 admitted to facility on 05/24/22 and discharge on 06/15/22. The Admission MDS was opened on 05/26/22 but had not been completed on 06/15/22. On 06/16/22 at 11:00 AM Administrative Nurse E stated Admission Assessments were due within 14 days of admission. The facility's MDS Completion and Submission policy, last revised August 2019, directed the facility conducted and submitted resident assessments in accordance with current Federal and state submission timeframes. Admission (Comprehensive) assessments were completed within the timeframe of admitted plus 13 calendar days. The facility failed completed an Admission MDS within 14 days of admitted for R2 and R3. This deficient practice had the risk for miscommunication related to nursing services and care plan development

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents. The sample included 13 residents. Based on record review, observations, and interviews, the facility failed to complete a Significant Change Minimum Data Set (MDS) within 14 days of the identification of a significant change for Resident (R) 8. This deficient practice had the risk for miscommunication related to nursing services for R8. Findings included: - R8 admitted to facility on 04/05/22. The Diagnosis tab of R8's Electronic Medical Record (EMR) for Alzheimer's Disease with late onset (progressive mental deterioration characterized by confusion and memory failure). The Admission MDS dated [DATE] documented R8 had a Brief Interview for Mental Status (BIMS) score of nine which indicated moderate cognitive impairment. R8 was not on hospice care. The Significant MDS dated [DATE], was opened but not completed on 06/16/22. The Orders tab of R8's EMR documented an order to admit to hospice as of 05/27/22 for diagnosis of Alzheimer's Disease with Late Onset. The Notes tab of R8's EMR revealed a Social Service Documentation note on 05/27/22 at 01:30 PM that documented R8 admitted to hospice. On 06/15/22 at 11:29 AM, R8 sat in her Broda (specialized wheelchair with the ability to tilt and recline) chair near the nurse's desk. She appeared comfortable and without signs of distress. On 06/16/22 at 11:00 AM, Administrative Nurse E stated Significant Change assessments were completed within 14 days of identification of the significant change. The facility's MDS Completion and Submission policy, last revised August 2019, directed the facility conducted and submitted resident assessments in accordance with current federal and state submission timeframes. The policy directed Significant Change assessments were completed by the 14th day after determination of significant change in status. The facility failed to complete a Significant Change MDS within 14 days of identification of a significant change for R8. This deficient practice had the risk for miscommunication of nursing services for R8.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents. The sample included 13 residents; five residents reviewed for bathing. Based on record reviews, observations, and interviews, the facility failed to provide consistent bathing for Resident (R) 2, R3, R4, R5, and R6. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for affected residents. Findings included: - R2 admitted to facility on 05/28/22. The Diagnoses tab of R2's Electronic Medical Record (EMR) documented diagnoses of end stage renal disease (occurs when chronic kidney disease or the gradual loss of kidney function reaches an advanced state) and pain. The Care Plan dated 05/31/22, documented R2 required assistance with Activities of Daily Living (ADLs) related to weakness, fatigue, and loss of balance. The Care Plan directed R2 required physical assistance with part of bathing with one staff and received shower/bath on Monday, Wednesday, and Friday day shift. Review of R2's EMR from 05/28/22 to 06/15/22 revealed bathing was completed on 06/05/22 and 06/10/22. No refusals documented. The South Master Shower Schedule revealed R2 was scheduled for bathing on Wednesday and Saturday day shift. On 06/15/22 at 12:50 PM, R2 stated she was not getting baths regularly and had received maybe five showers since admission. On 06/15/22 at 12:50 PM, R2 sat in her chair in her room and waited for lunch to be served. She appeared comfortable and without signs of distress. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated there was a shower schedule and all Certified Nurse Aides (CNA) have access to the schedule. Bathing was documented in Point of Care (POC-EMR documentation system). If a resident refused a bath, they were asked three different times and if they still refused then the nurse was notified. Refusals were documented in POC as well. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated there was a shower schedule that all CNAs had access to. Showers were assigned by room number and day and showers were completed by the CNAs but sometimes nurses completed showers too. LN G stated bathing was documented in POC. If a resident refused bathing, staff encouraged them to take a shower. If the resident continued to refuse bathing then the CNA notified the nurse, the nurse asked the resident why they did not want to bathe, then documented in POC if resident refused. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	On 06/16/22 at 11:07 AM, Administrative Nurse D stated there was a shower schedule and all CNAs had access to it. Bathing was assigned by room number and she expected CNAs to complete their showers. Administrative Nurse D stated bathing was documented in POC. If a resident refused bathing, the CNA alerted the nurse. The nurse verified the refusal and staff reapproached the resident a few times then documented in the EMR if the resident continued to refuse bathing. The facility's ADL- Bathing (Shower) last revised July 2019, directed it was the policy of the facility to shower resident, to cleanse and refresh the resident, observe the skin, and to provide increased circulation. The facility failed to provide consistent bathing to R2. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R2. - R3 admitted to facility on 05/24/22 and discharged on [DATE]. The Diagnoses tab of R3's Electronic Medical Record (EMR) documented diagnoses of Parkinson's disease (slowly progressive neurologic disorder characterized by resting tremor, rolling of the fingers, masklike faces, shuffling gait, muscle rigidity and weakness), dementia (progressive mental disorder characterized by failing memory, confusion) without behavioral disturbances, anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and fracture of left femur (thigh bone). The Care Plan dated 05/25/22, documented R3 required assistance with Activities of Daily Living (ADLs) related to left femur fracture, Parkinson's disease, and anxiety. The Care Plan directed R3 required physical assistance for part of bathing with one staff and received shower/bath on Wednesday and Saturday day shift. Review of R3's EMR from 05/24/22 to 06/15/22 revealed bathing was completed on 06/01/22, 06/08/22, and 06/13/22. No refusals documented. The South Master Shower Schedule revealed R3 was scheduled for bathing on Wednesday and Saturday day shift. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated there was a shower schedule and all Certified Nurse Aides (CNA) have access to the schedule. Bathing was documented in Point of Care (POC-EMR documentation system). If a resident refused a bath, they were asked three different times and if they still refused then the nurse was notified. Refusals were documented in POC as well. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated there was a shower schedule that all CNAs had access to. Showers were assigned by room number and day and showers were completed by the CNAs but sometimes nurses completed showers too. LN G stated bathing was documented in POC. If a resident refused bathing, staff encouraged them to take a shower. If the resident continued to refuse bathing then the CNA notified the nurse, the nurse asked the resident why they did not want to bathe, then documented in POC if resident refused. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	On 06/16/22 at 11:07 AM, Administrative Nurse D stated there was a shower schedule and all CNAs had access to it. Bathing was assigned by room number and she expected CNAs to complete their showers. Administrative Nurse D stated bathing was documented in POC. If a resident refused bathing, the CNA alerted the nurse. The nurse verified the refusal and staff reapproached the resident a few times then documented in the EMR if the resident continued to refuse bathing. The facility's ADL- Bathing (Shower) last revised July 2019, directed it was the policy of the facility to shower resident, to cleanse and refresh the resident, observe the skin, and to provide increased circulation. The facility failed to provide consistent bathing to R3. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R3. - R4 admitted to facility on 10/06/21. The Diagnoses tab of R4's Electronic Medical Record (EMR) documented diagnoses of chronic pain and fracture of tibia (bone of the lower leg) or fibula (one of the two bones of the lower leg). The Admission Minimum Data Set (MDS) dated [DATE], documented R4 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R4 required total assistance with two staff for bed mobility and transfers; total assistance with one staff for dressing, toileting, and personal hygiene. Bathing activity did not occur. The Quarterly MDS dated [DATE], documented R4 had a BIMS score of 15 which indicated intact cognition. R4 required extensive physical assistance with two staff for bed mobility and dressing; extensive physical assistance with one staff for bathing and transfers; total dependence with two for toileting. The Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA) dated 10/27/21, documented R4 needed mainly extensive to dependent assistance with ADLs due to health. The Care Plan dated 10/07/21, documented R4 required assistance with ADLs related to history of non-weight bearing related to fibula fracture. The Care Plan directed R4 required physical assistance for part of bathing with one staff and received shower/bath Wednesday and Saturday evening shift. Review of R4's EMR from 04/01/22 to 06/15/22 revealed bathing was completed on 04/12/22. R4 refused bathing on 06/01/22. The North Master Shower Schedule revealed R4 was scheduled for bathing on Wednesday and Saturday evening shift. On 06/14/22 at 10:01 AM, R4 stated he had not received a bath for about five weeks. On 06/14/22 at 10:01 AM, R4 laid in bed and conversed with surveyor. He appeared comfortable and without signs of distress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated there was a shower schedule and all Certified Nurse Aides (CNA) have access to the schedule. Bathing was documented in Point of Care (POC-EMR documentation system). If a resident refused a bath, they were asked three different times and if they still refused then the nurse was notified. Refusals were documented in POC as well. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated there was a shower schedule that all CNAs had access to. Showers were assigned by room number and day and showers were completed by the CNAs but sometimes nurses completed showers too. LN G stated bathing was documented in POC. If a resident refused bathing, staff encouraged them to take a shower. If the resident continued to refuse bathing then the CNA notified the nurse, the nurse asked the resident why they did not want to bathe, then documented in POC if resident refused. On 06/16/22 at 11:07 AM, Administrative Nurse D stated there was a shower schedule and all CNAs had access to it. Bathing was assigned by room number and she expected CNAs to complete their showers. Administrative Nurse D stated bathing was documented in POC. If a resident refused bathing, the CNA alerted the nurse. The nurse verified the refusal and staff reapproached the resident a few times then documented in the EMR if the resident continued to refuse bathing. The facility's ADL- Bathing (Shower) last revised July 2019, directed it was the policy of the facility to shower resident, to cleanse and refresh the resident, observe the skin, and to provide increased circulation. The facility failed to provide consistent bathing to R4. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R4. - R5 admitted to facility on 04/30/21. The Diagnoses tab of R5's Electronic Medical Record (EMR) documented diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (muscular weakness of one half of the body) following nontraumatic intracerebral hemorrhage (loss of a large amount of blood in a short period of time) affecting right dominant side and cerebral infarction (CVA- sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain). The Annual Minimum Data Set (MDS) dated [DATE], documented R5 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R5 required extensive physical assistance with one staff for bed mobility and dressing; limited physical assistance with one staff for bathing and toileting; and supervision with setup help with transfers, walking, and personal hygiene. The Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA) dated 05/18/22, documented R5 needed assistance with ADLs due to decreased balance due to CVA. The Care Plan dated 08/10/21, documented R5 required assistance with ADLs related to weakness and impaired mobility from cerebral infarction. The Care Plan directed R5 required physical assistance for part of bathing with one staff and received shower/bath Wednesday and Saturday evening shift. Review of R5 's EMR from 04/01/22 to 06/15/22 revealed bathing was completed on 04/12/22, 04/24/22, 05/02/22, 05/19/22, and 05/26/22. R5 refused bathing on 06/01/22 and 06/10/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	The North Master Shower Schedule revealed R5 was scheduled for bathing on Wednesday and Saturday evening shift. On 06/14/22 at 10:01 AM, R5 stated he was not receiving baths regularly, he was supposed to receive two baths a week but cannot get one. On 06/14/22 at 10:01 AM, R5 sat up in bed and conversed with surveyor. Appeared comfortable and without signs of distress. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated there was a shower schedule and all Certified Nurse Aides (CNA) have access to the schedule. Bathing was documented in Point of Care (POC-EMR documentation system). If a resident refused a bath, they were asked three different times and if they still refused then the nurse was notified. Refusals were documented in POC as well. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated there was a shower schedule that all CNAs had access to. Showers were assigned by room number and day and showers were completed by the CNAs but sometimes nurses completed showers too. LN G stated bathing was documented in POC. If a resident refused bathing, staff encouraged them to take a shower. If the resident continued to refuse bathing then the CNA notified the nurse, the nurse asked the resident why they did not want to bathe, then documented in POC if resident refused. On 06/16/22 at 11:07 AM, Administrative Nurse D stated there was a shower schedule and all CNAs had access to it. Bathing was assigned by room number and she expected CNAs to complete their showers. Administrative Nurse D stated bathing was documented in POC. If a resident refused bathing, the CNA alerted the nurse. The nurse verified the refusal and staff reapproached the resident a few times then documented in the EMR if the resident continued to refuse bathing. The facility's ADL- Bathing (Shower) last revised July 2019, directed it was the policy of the facility to shower resident, to cleanse and refresh the resident, observe the skin, and to provide increased circulation. The facility failed to provide consistent bathing to R5. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R5. - R6 admitted to facility on 05/19/22. The Diagnoses tab of R6's Electronic Medical Record (EMR) documented a diagnosis of generalized muscle weakness. The Care Plan dated 05/20/22, documented R6 required assistance with Activities of Daily Living (ADL) related to weakness. The Care Plan directed R6 required physical assistance for part of bathing with one staff and received shower/bath on Monday and Thursday day shift. Review of R6's EMR from 05/19/22 to 06/15/22 revealed bathing was completed on 05/26/22 and 06/08/22. R6 refused bathing on 06/02/22. The South Master Shower Schedule revealed R6 was scheduled for bathing on Monday and Thursday day shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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	On 06/15/22 at 12:49 PM, R6 sat in his wheelchair in his room, appeared comfortable and without signs of distress. On 06/16/22 at 10:06 AM, Certified Medication Aide (CMA) R stated there was a shower schedule and all Certified Nurse Aides (CNA) have access to the schedule. Bathing was documented in Point of Care (POC-EMR documentation system). If a resident refused a bath, they were asked three different times and if they still refused then the nurse was notified. Refusals were documented in POC as well. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated there was a shower schedule that all CNAs had access to. Showers were assigned by room number and day and showers were completed by the CNAs but sometimes nurses completed showers too. LN G stated bathing was documented in POC. If a resident refused bathing, staff encouraged them to take a shower. If the resident continued to refuse bathing then the CNA notified the nurse, the nurse asked the resident why they did not want to bathe, then documented in POC if resident refused. On 06/16/22 at 11:07 AM, Administrative Nurse D stated there was a shower schedule and all CNAs had access to it. Bathing was assigned by room number and she expected CNAs to complete their showers. Administrative Nurse D stated bathing was documented in POC. If a resident refused bathing, the CNA alerted the nurse. The nurse verified the refusal and staff reapproached the resident a few times then documented in the EMR if the resident continued to refuse bathing. The facility's ADL- Bathing (Shower) last revised July 2019, directed it was the policy of the facility to shower resident, to cleanse and refresh the resident, observe the skin, and to provide increased circulation. The facility failed to provide consistent bathing to R6. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 103 residents. The sample included 12 residents. Based on record review and interviews, the facility failed to follow a physician order for negative pressure wound therapy (NPWT) via wound vac (a vacuum-assisted wound treatment that applies gentle suction to a wound to help it heal) for Resident (R) 13, which placed him at risk of delayed wound healing. Findings included: - R13 admitted to the facility on [DATE] and discharged from the facility on 06/24/22. R13's electronic medical record (EMR) from the Diagnoses tab documented diagnoses of chronic kidney disease (damaged kidneys and unable to filter blood the way they should), non-pressure chronic ulcer of the right foot, and osteomyelitis (local or generalized infection of the bone and bone marrow) of the right foot/ankle. The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 14 which indicated intact cognition. The MDS documented that R13 required extensive assistance of one staff member for activities of daily living (ADL's). The MDS documented R13 received dialysis during the look back period. R13's Pressure Ulcer Care Area Assessment (CAA) dated 06/22/22 documented R13 admitted with a diabetic (person suffering from diabetes) foot ulcer with wound treatment changed on 05/25/22. R13's Care Plan dated 05/20/22 directed staff to apply treatment per physician order. Review of the EMR under Misc. tab revealed the discharge orders Wound Care Instructions for R13's right foot dated 05/19/22 Cleanse with normal saline. Apply Skin-Prep (a solution when applied that forms a protective waterproof barrier on the skin) area around foam-to include area needed for bridge. Apply black granufoam (a specialized dressing used for diabetic foot ulcers to wound with a wound vac); drape. Cut a small hole to expose foam and apply [NAME]. Connect [NAME] tubing to canister tubing and initiate NPWT at 125 millimeters of mercury (mmHg) continuously. Change granufoam dressing three times weekly and as needed if dressing was soiled or not intact. Change exudate (drainage) canister per manufactures guidelines or when full. Transport Dressing: Cleanse with normal saline; Skin-prep to area around wound; loosely pack wound with saline moist gauze; cover with absorbent dressing and change dressing twice daily and as needed if the dressing was soiled or not intact until the NPWT was resumed. Review of the EMR under Progress Notes dated 05/20/22 revealed documentation the facility would continue wet to dry dressing until clarification of wound dressing order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The medical record lacked the clarification order for the wound dressing for R13's right foot and further lacked documentation facility staff contacted anyone for clarification of the order including who would be clarifying the order. Review of the Treatment Administrative Record (TAR) from 05/19/22 to 05/24/22, when R13 was seen for wound consult in facility, revealed the wound vac was never started as ordered. The EMR lacked physician notification and lacked an order for the wound vac to be discontinued. Review of the EMR under Orders tab revealed the following physician's orders: Wound care for top of right foot diabetic ulcer. Cleanse with normal saline; apply skin prep to peri-wound; loosely pack with saline moist gauze; cover with absorbent dressing; twice a day and as needed every 12 hours for prevention dated 05/19/22. Consult: Wound care consult for evaluation and treatment dated 05/24/22. On 08/10/22 at 10:53 AM Agency Licensed Nurse (LN) G stated he was not aware R13 had orders for a wound vac. LN G stated if a newly admitted resident had an order for a wound vac, he would notify the nursing director. LN G said he was unsure how to order a wound vac. LN G stated he was comfortable with changing a wound vac dressing. On 08/10/22 at 04:40 PM Administrative Nurse D Stated Administrative Staff A would order the wound vac if one was needed for a resident. Administrative Nurse D reviewed R13's EMR and verified she was unable to locate an order which discontinued the need for a wound vac or evidence of clarification of the order. Administrative Nurse D stated the facility did have a wound vac available in the facility for resident use. The facility did not provide a policy related to wound care. The facility failed to follow a physician's order for negative pressure wound therapy for Resident (R)13, which placed him at risk of delayed wound healing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents. The sample included 13 residents; three reviewed for pressure ulcers (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). Based on record review, observations, and interviews, the facility failed to implement and provide pressure ulcer prevention for Resident (R) 8. This deficient practice had the risk for skin breakdown and physical complications for R8. Findings included: - R8 admitted to facility on 04/05/22. The Diagnoses tab of R8's Electronic Medical Record (EMR) documented diagnosis of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure) with late onset. The Admission Minimum Data Set (MDS) dated [DATE], documented R8 had a Brief Interview for Mental Status (BIMS) score of nine which indicated moderate cognitive impairment. R8 required extensive physical assistance with one staff for bed mobility, transfers, and bathing; total physical dependence with one staff for dressing and toileting. R8 was always incontinent of bowel and bladder. R8 did not have a pressure ulcer at time of assessment but was at risk for pressure ulcers. R8 had a pressure reducing device for chair and bed. The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA) dated 04/19/22, documented R8 was frequently incontinent of bowel and bladder due to her Alzheimer's disease. The Activities of Daily Living (ADL) Functional/Rehabilitation Potential CAA dated 04/18/22, documented R8 needed assistance with her ADLs until she got her strength back. The Pressure Ulcer/Injury CAA dated 04/19/22, documented R8 was at risk for skin breakdown and had a Braden Score (tool developed to help health professionals assess a patient's risk of developing a pressure ulcer) of 17 which indicated a low risk for pressure ulcers. The Care Plan dated 04/07/22, directed R8 required assistance with ADLs related to pain, impaired mobility, and Alzheimer's disease. R8 was totally dependent with two staff for toileting and transfers. The Care Plan dated 04/15/22, directed R8 was at risk for impaired skin integrity related to incontinence and directed staff minimized exposure of skin to moisture by providing frequent incontinence care and prompt removal or wet/damp clothing or sheets as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan dated 04/06/22, directed R8 was at risk for pressure ulcer development related to adult failure to thrive, chronic pain, and impaired mobility. The Care Plan directed facility educated the resident, family/caregivers as to causes of skin breakdown including: transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition, and frequent repositioning. The Care Plan directed staff minimized extended exposure of skin to moisture by providing frequent incontinence care and prompt removal of wet/damp or sheets as needed. R8's Weekly Skin/Braden Scale for Predicting Pressure Sore Risk on 04/26/22, documented a score of 12 which indicated high risk for pressure ulcers. On 06/15/22 at 11:29 AM, R8 sat in her Broda chair (specialized wheelchair with the ability to tilt and recline) near the nurse's desk. On 06/15/22 at 12:06 PM, R8 sat in her Broda chair near the nurse's desk. On 06/15/22 at 01:09 PM, R8 sat in her Broda chair in the dining room and drank fluids independently. On 06/15/22 at 01:29 PM, R8 sat in her Broda chair near the nurse's desk after lunch. On 06/15/22 at 02:05 PM, R8 sat in her Broda chair near the nurse's desk, no observation of staff providing incontinence care or repositioning since 11:29 AM. On 06/15/22 at 02:16 PM, Certified Medication Aide (CMA) S propelled R8 to her room for incontinence care and explained to her what staff were going to do. CMA S donned gloves. On 06/15/22 at 02:19 PM, Certified Nurse Aide (CNA) M entered R8's room with clean linens and donned gloves. CMA S and CNA M used a Hoyer lift (total body mechanical lift used to transfer residents) to transfer R8 from her Broda chair to her bed. CNA M removed wipes from the container and placed them on R8's mattress without a clean barrier. CMA S and CNA M removed R8's pants then unfastened her brief, R8's brief was completely soiled with bowel movement and urine. CNA M performed peri-care (cleaning the genital and anal areas of a patient) in the front appropriately. CMA S rolled R8 onto her right side, CNA M doffed her gloves then donned new gloves, no hand hygiene in between. CNA M continued peri-care and cleaned bowel movement off R8. CNA M doffed gloves and donned new gloves, no hand hygiene between. CNA M applied barrier cream to R8's buttocks with right gloved hand then continued to place new brief with soiled glove. CMA S removed soiled lift sling from under R8, placed in soiled linen bag, doffed gloves, then donned new gloves, no hand hygiene between. CMA S unable to find new pants for R8; she doffed gloves and exited room to go to laundry while CNA M stayed with R8. On 06/15/22 at 03:20 PM, R8 sat in her Broda chair near the nurse's desk. No pressure relieving device observed in her Broda chair. On 06/16/22 at 09:16 AM, R8 sat in her Broda chair near the nurse's desk. No pressure relieving device observed in her Broda chair. On 06/15/22 at 03:20 PM, CMA S stated R8 did not have a pressure relieving device in her Broda chair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/16/22 at 10:06 AM, CMA R stated incontinent residents were checked and changed at least every two hours. She stated R8 should have been changed every two hours. Staff prevented pressure ulcers by repositioning and laying residents down to change them every two hours. CMA R stated all pressure risk residents have a wheelchair cushion and R8 should have had a cushion in her wheelchair. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated residents were rounded on every two hours then check and changed. If a resident was alert and oriented, then staff offered/asked them if they needed toileting every two hours. If a resident was cognitively impaired, then they were check and changed every two hours. LN G stated that residents that were not able to reposition themselves were repositioned by staff every two hours with pillows and wedges. If a resident was in a wheelchair and was at risk for pressure ulcers, they should have had a wheelchair cushion. On 06/16/22 at 11:07 PM, Administrative Nurse D stated she expected nursing staff to check and change or offer toileting every two hours and if resident was in their wheelchair, then they were laid down, checked, and changed if needed every two hours. She stated pressure ulcers were prevented by completing a Braden scale assessment on admission, quarterly, and with change in condition; floating heels; repositioning; positioning with wedges or cushions; and padding boney areas. Administrative Nurse D stated R8 was at risk for pressure ulcers and she was on hospice, hospice usually provided cushions with the wheelchairs. The facility's Incontinence- Urine- Assessment and Management policy, last revised May 2019, directed management of incontinence followed relevant clinical guidelines. The staff and physician evaluated the effectiveness of interventions and implemented additional pertinent interventions as indicated. The facility's Pressure Wound Prevention policy, last revised October 2021, directed pressure ulcer prevention included keeping the skin clean and free of exposure to urine and fecal matter, choosing a frequency for repositioning based on the resident's mobility, the support surface in use, and skin condition and tolerance. Staff chose appropriate support surfaces and skin protection interventions based on the resident's skin condition and tolerance. The facility failed to implement and provide pressure ulcer prevention for R8, who was at high risk for pressure ulcers. This deficient practice had the risk for skin breakdown and physical complications for R8.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45668 The facility identified a census of 103 residents. The sample included one resident reviewed for falls. Based on interview and record review, the facility failed to provide safe care practices to prevent accidents for Resident (R)9 when staff left R9's bed in the high position. Subsequently, R9 fell from her bed in the high position, which resulted in in an injury to her left leg and toes which required emergent treatment and surgical intervention. Finding Included: - R9 admitted to the facility on [DATE] and discharged on [DATE] for hospitalization after a fall. The Medical Diagnosis section within R9's Electronic Medical Records (EMR) included diagnoses of morbid obesity (severely overweight), acute kidney failure, respiratory failure, hypoxia (inadequate supply of oxygen), and anxiety disorder (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear). R9's Admission Minimum Data Set (MDS) dated [DATE] noted a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS noted R9 required total dependence from two staff members for bed mobility, dressing, transfers, toileting, personal hygiene, and bathing. A review of R9's Quarterly MDS dated [DATE] documented a BIMS of 12, indicating intact cognition. The MDS noted R9 remained totally dependent for transfers, toileting, and bathing, but changed to extensive assist for bed mobility. A review of R9's Cognitive Loss/Dementia Care Area Assessment (CAA) dated 06/15/22 noted she had a history of confusion, disorientation, and forgetfulness related to her cognitive functioning and awareness. R9's Activities of Daily Living (ADL's) CAA dated 06/29/22 noted she was totally dependent for most ADL's. The CAA noted R9 required a mechanical lift for all transfers. R9's Falls CAA dated 06/29/22 noted she received total assistance with transfers and had no falls before her admission to the facility. The CAA identified fall risk factors of R9 having difficulty maintaining a sitting balance and impaired balance during transitions. The CAA noted considerations for falls as to avoid complications and minimize the risks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0689 Level of Harm - Actual harm Residents Affected - Few	A review of R9's Care Plan initiated 06/11/22 indicated that she was at high risk for falls related to medical diagnoses, medications, and incontinence. The care plan noted that staff were to anticipate her needs, encourage activities increase strength and improve mobility, and work with physical therapy. On 07/22/22 an intervention was added to R9's care plan stating that she preferred to have her bed in a higher position than recommended. This intervention created on 07/22/22 was backdated to an effective date of 06/13/22. The care plan also noted R9 had anxiety related to a fear of falling initiated on 06/14/22. The care plan indicated that R9 required total dependence from two staff members for bed mobility, transfers, personal hygiene, toileting, bathing. The interventions stated that she did not actively participate during cares and staff were required to provide all cares for her. Review of R9's clinical record lacked evidence of R9's preference to have her bed in the highest position. The record lacked evidence the facility provided education related to safety hazards for keeping the bed in the highest position. A review an Accident Statement Form dated 07/22/22 at 06:50 AM stated R9 had a witnessed injury fall from her bed to the floor. The statement completed by Certified Medication Aide (CMA) R stated that she was alerted that R9 was falling out of her bed. CMA R revealed upon entry, she found R9 hanging with her legs out of the bed. She recorded R9 held onto the side rails of the bed. The statement indicated CMA R ran over to R9 and tried to move R9's legs back in the bed, but R9 grabbed CMA R and slid down to the floor. The statement indicated that the resident's leg was badly injured during the fall. The statement revealed R9's bed was in the highest position due to the resident's request. A review of an Accident Statement Form completed by Certified Nurse Aide (CNA) N on 07/22/22 regarding R9's fall indicated that R9's bed was in the highest position. A review of an Accident Statement Form completed by CNA O on 07/22/22 regarding R9's fall revealed R9's bed had been in the high position. A Witness Statement completed by Licensed Nurse (LN) K on 07/22/22, stated LN K entered the room directly after the fall and witnessed R9 sitting on the floor in between the two beds. He noted that she had her left leg bent underneath her. He noted a gaping wound about six inches wide across R9's knee and located directly above her left knee. He noted that the wound was about six inches and had a bubbling stream of blood flowing out into a large puddle of blood that covered the floor. He noted that the wound was deep enough to see fatty tissue and bone within the resident's leg. He also noted that the resident's bed was in the highest position. R9's Surgical History from the hospital report on 07/22/22 noted she received a surgical wound washout, laceration repair, and suturing of her left leg wound. Additionally, she needed laceration repair and suturing of her left foot's second, third, and fourth toes. The report noted R9 stated she was very anxious and fell out of bed. The report noted R9 could not recall if she hit her head or passed out during the fall. On 08/10/22 at 04:40 PM in an interview with Administrative Nurse D, she stated that R9's bed height had been discussed by R9's treatment team and added into the care plan, but she was not sure if it was in place before the fall on 07/22/22. She stated R9 preferred her bed to be in a higher position. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0689 Level of Harm - Actual harm Residents Affected - Few	On 08/11/22 at 04:30 PM in an interview LN J reported while she worked at another nurse's station, she heard a resident yelling in the hallway stating that R9 was falling out of her bed. When LN J arrived in the room, she found R9 alone sitting next to her bed, on the floor, bleeding heavily from her leg. LN J reported the resident's bed was in the high position that morning. On 08/11/22 at 12:00 PM in an interview with R9's representative, she stated on 07/22/22 she called the facility about R9's condition. She reported that three of R9's left foot toes were severely damaged in the fall and required surgery. She stated that R9 had a fear of falling and would have never wanted or requested the bed to be left in the high position. A review of the facility's Fall Prevention Policy revised 09/2015 stated fall risks would be completed on all residents upon admission, quarterly, with significant changes, and after falls. The policy noted that all risks factors will be identified for each resident. The facility failed to provide safe care practices to prevents accidents and eliminate hazards when facility staff left R9's bed in the high position. R9, who required extensive to total assistance from staff for transfers and bed mobility fell out of bed which resulted in an injury to her left leg and toes which required emergent treatment and surgical intervention.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents. The sample included 13 residents; three reviewed for incontinence care. Based on record review, observations, and interviews, the facility failed to provide the necessary care and services related to incontinence care for Resident (R) 8. This deficient practice had the risk for skin breakdown, loss of dignity, and physical complications for R8. Findings included: - R8 admitted to facility on 04/05/22. The Diagnoses tab of R8's Electronic Medical Record (EMR) documented diagnosis of Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure) with late onset. The Admission Minimum Data Set (MDS) dated [DATE], documented R8 had a Brief Interview for Mental Status (BIMS) score of nine which indicated moderate cognitive impairment. R8 required extensive physical assistance with one staff for bed mobility, transfers, and bathing; total physical dependence with one staff for dressing and toileting. R8 was always incontinent of bowel and bladder. The Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA) dated 04/19/22, documented R8 was frequently incontinent of bowel and bladder due to her Alzheimer's disease. The Activities of Daily Living (ADL) Functional/Rehabilitation Potential CAA dated 04/18/22, documented R8 needed assistance with her ADLs until she got her strength back. The Care Plan dated 04/07/22, directed R8 required assistance with ADLs related to pain, impaired mobility, and Alzheimer's disease. R8 was totally dependent with two staff for toileting and transfers. The Care Plan dated 04/15/22, directed R8 was at risk for impaired skin integrity related to incontinence and directed staff minimized exposure of skin to moisture by providing frequent incontinence care and prompt removal or wet/damp clothing or sheets as needed. The Care Plan dated 04/06/22, directed R8 had bowel and bladder incontinence related to cognitive impairment and directed staff applied incontinence devices as identified as appropriate for resident. On 06/15/22 at 11:29 AM, R8 sat in her Broda chair (specialized wheelchair with the ability to tilt and recline) near the nurse's desk. On 06/15/22 at 12:06 PM, R8 sat in her Broda chair near the nurse's desk. On 06/15/22 at 01:09 PM, R8 sat in her Broda chair in the dining room and drank fluids independently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/15/22 at 01:29 PM, R8 sat in her Broda chair near the nurse's desk after lunch. On 06/15/22 at 02:05 PM, R8 sat in her Broda chair near the nurse's desk, no observation of staff providing incontinence care since 11:29 AM. On 06/15/22 at 02:16 PM, Certified Medication Aide (CMA) S propelled R8 to her room for incontinence care and explained to her what staff were going to do. CMA S donned gloves. On 06/15/22 at 02:19 PM, Certified Nurse Aide (CNA) M entered R8's room with clean linens and donned gloves. CMA S and CNA M used a Hoyer lift (total body mechanical lift used to transfer residents) to transfer R8 from her Broda chair to her bed. CNA M removed wipes from the container and placed them on R8's mattress without a clean barrier. CMA S and CNA M removed R8's pants then unfastened her brief; R8's brief was completely soiled with bowel movement and urine. CNA M performed peri-care (cleaning the genital and anal areas of a patient) in the front appropriately. CMA S rolled R8 onto her right side, CNA M doffed her gloves then donned new gloves, no hand hygiene in between. CNA M continued peri-care and cleaned bowel movement off R8. CNA M doffed gloves and donned new gloves, no hand hygiene between. CNA M applied barrier cream to R8's buttocks with right gloved hand then continued to place new brief with soiled glove. CMA S removed soiled lift sling from under R8, placed in soiled linen bag, doffed gloves, then donned new gloves, no hand hygiene between. CMA S unable to find new pants for R8; she doffed gloves and exited room to go to laundry while CNA M stayed with R8. On 06/16/22 at 10:06 AM, CMA R stated incontinent residents were checked and changed at least every two hours. She stated R8 should have been changed every two hours. On 06/16/22 at 10:31 AM, Licensed Nurse (LN) G stated residents were rounded on every two hours then check and changed. If a resident was alert and oriented, then staff offered/asked them if they needed toileting every two hours. If a resident was cognitively impaired, then they were check and changed every two hours. On 06/16/22 at 11:07 PM, Administrative Nurse D stated she expected nursing staff to check and change or offer toileting every two hours and if resident was in their wheelchair, then they were laid down, checked, and changed if needed every two hours. The facility's Incontinence- Urine- Assessment and Management policy, last revised May 2019, directed management of incontinence followed relevant clinical guidelines. The staff and physician evaluated the effectiveness of interventions and implemented additional pertinent interventions as indicated. The facility failed to provide the necessary care and services related to incontinence care for R8. This deficient practice had the risk for skin breakdown, loss of dignity, and physical complications for R8.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 103 residents. The sample included 13 residents with one resident reviewed for hemodialysis (procedure using a machine to remove excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally). Based on record reviews, and interviews, the facility failed to retain dialysis communication sheets and failed to assess arteriovenous (AV-a surgically created connection between artery and a vein used for hemodialysis) fistula for thrill (palpable vibration) and bruit (an audible vascular sound associated with turbulent blood flow usually heard with stethoscope that may occasionally also be palpated as a thrill) consistently for Resident (R) 13. This deficient practice placed R13 at risk of potential adverse outcomes and physical complications related to dialysis. Findings included: - R13 admitted to the facility on [DATE] and discharged from the facility on 06/24/22. R13's Electronic Medical Record (EMR) from the Diagnoses tab documented diagnoses of chronic kidney disease (damaged kidneys and unable to filter blood the way they should), non-pressure chronic ulcer of the right foot, and osteomyelitis (local or generalized infection of the bone and bone marrow) of the right foot/ankle. The Admission Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 14 which indicated intact cognition. The MDS documented that R13 required extensive assistance of one staff member for activities of daily living (ADL's). The MDS documented R13 received dialysis during the look back period. R13's Urinary Incontinence and Indwelling Catheter Care Area Assessment (CAA) dated 06/24/22 documented R13 required limited to extensive assistance with ADL's. R13's Care Plan dated 05/20/22 documented the facility was to communicate with the dialysis center. Review of the EMR under Orders tab revealed physician orders: Monitor the AV site for bleeding and placement every shift. If bleeding noted apply pressure and notify physician. If dislodged apply pressure and call 911 dated 05/20/22. Dialysis every Monday, Wednesday, and Friday at 11:10 AM dated 05/19/22. Review of the EMR under Assessment tab revealed Pre-dialysis Assessments were completed five out of the 16 opportunities on 06/01/22, 06/03/22, 06/06/22, 06/10/22 and 06/15/22. Review of the Post dialysis Assessment were completed three out of the 16 opportunities on 05/20/22, 06/01/22, and 06/03/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the dialysis communication sheets provided by the facility for R13 revealed out of 16 opportunities, the facility lacked dialysis communication sheets for seven (05/20/22, 05/23/22, 05/25/22, 05/27/22, 05/30/22, 06/17/22, and 06/20/22). Review of the EMR lacked documentation nursing staff assessed the thrill and bruit at the AV site for R13. On 08/10/22 at 10:53 AM Agency Licensed Nurse (LN) G stated he would obtain R13's vital signs, fill out the dialysis communication sheet, administer his medication and send the dialysis book with R13 to dialysis. LN G stated the dialysis communication sheet frequently did not return from dialysis with R13. LN G stated he would call the dialysis provider and ask for the communication to be faxed to the facility. LN G stated the dialysis provider stated that they would return the communication sheet on the next visit. LN G stated the AV site should be assessed every shift but was uncertain where that was documented for R13. On 08/10/22 at 04:40 PM Administrative Nurse D stated the nurse obtained the resident's vital signs and performed a dialysis assessment, then documented that onto the dialysis communication sheet. Administrative Nurse D stated the communication sheet was sent with R13 to the dialysis provider and should be filled out by the provider, and returned to the facility with R13. Administrative Nurse D stated upon the resident's return from the dialysis appointment, the nurse reviewed the information on the communication sheet provided by the dialysis provider, and completed a post dialysis assessment. Administrative Nurse D stated the AV site should be assessed every shift and documented on the Treatment Administration Record (TAR). Administrative Nurse D reviewed R13's TAR and confirmed it lacked evidence the AV site was assessed. The facility Dialysis Management policy last revised July 2016 documented facility would observe shunt for thrills and bruits every shift. The facility would establish open communication with the dialysis provider, utilizing a Dialysis Communication Book. The facility failed to monitor and document assessment of AV fistula for hemodialysis and retain dialysis communication sheets for R13, which had potential for adverse outcomes and physical complications related to dialysis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39752 The facility identified a census of 69 residents The sample included 12 residents with one resident reviewed for Coumadin (blood thinner) use. Based on interview, record review and observation, the facility failed to ensure staff possessed the knowledge and skills necessary to maintain the standards of care for Coumadin when staff administered Coumadin prior to reviewing the Prothrombin Time Test/International Normalized Ration (PT/INR-test that measures how long it took for a clot to form in a blood sample) results ordered daily by the physician. R1 one dose of Coumadin with an INR which indicated blood was too thin (above the therapeutic range) and then the next day, received a dose of Coumadin when his PT/INR contained a critically high value. This placed R1 at risk for serious complications and bleeding related to the Coumadin use. Findings included: - R1's electronic medical record (EMR), under the Diagnosis tab listed diagnoses of fracture of left acetabulum (a break in the back column of bone or area around the bony rim of the hip socket), epidural hemorrhage (loss of a large amount of blood in a short period of time), fusion of spine (surgical fusing of two or more unstable vertebrae into one), spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), and pancreatitis (inflammation of the pancreas). The Admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition. R1 received anticoagulants (blood thinner) seven out of seven days during the look back The Activities of Daily Living Care Area Assessment (CAA) dated 09/06/22 documented R1 had a traumatic accident, fell from a roof about 26 feet high. R1 fractured both legs and required back surgery. The At Risk for Bleeding Care Plan initiated 08/28/22 directed staff to administer medications as prescribed, monitor for effectiveness of medications given and observe for adverse reactions. The Orders tab documented the following physician's orders: Daily PT/INR one time a day for atrial fibrillation (A-fib: an irregular and often very rapid heart rhythm that can lead to blood clots in the heart) on Coumadin therapy ordered on 08/24/22 Warfarin sodium (Coumadin) oral tablet five milligrams (mg) give one tablet by mouth in the evening every Monday, Sunday for blood clots ordered 08/24/22 (discontinued on 09/06/22). Warfarin sodium oral tablet five mg give one and a half tablets (7.5 mg) by mouth in the evening every Tuesday, Wednesday, Thursday, Friday, Saturday for blood clots ordered on 08/24/22 (discontinued on 09/06/22). Review of the Lab Results Report dated 09/01/22 at 01:52 PM documented R1's INR was high at 3.4 (reference range of 2.0-3.0). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The September 2022 Medication Administration Record (MAR) revealed Certified Medication Aid R administered R1 7.5 mg Coumadin on 09/01/22 at 03:53 PM. The General Nurses Note dated 09/01/22 at 07:19 PM documented Licensed Nurse (LN) G reported INR lab value of 3.4 to the Consultant GG, with no new ordered received. Review of the Lab Results Report dated 09/02/22 at 04:30 PM documented the lab contacted LN G at 04:29 PM due to being unable to reach the nurse to report the critical INR result at 02:30 PM. The INR of 5.2 (reference range 2.0-3.0) was flagged as a critical result. The September 2022 MAR revealed LN H administered R1 7.5 mg Coumadin on 09/02/22 at 04:00 PM. The General Nurses Note dated 09/02/22 at 06:37 PM documented LN G reported the critical INR lab value of 5.2 to Consultant GG. Consultant GG ordered to hold the Coumadin for three days; and to repeat the PT/INR on Tuesday. On 09/08/22 at 11:15 AM Consultant GG stated he expected staff to contact him with critical lab values to get updated orders and directions. On 09/08/22 at 01:35 PM R1 sat in his wheelchair and spoke with an unidentified nursing staff. On 09/08/22 at 02:00 PM LN G stated he always contacted the doctor about PT/INR lab results. LN G further stated that he checked the lab value before he administered the medication. LN G revealed that he contacted Consultant GG on 09/02/22 with the critical lab result and received the order to hold the medication and get a lab redraw ordered. On 09/08/22 at 02:04 PM LN H stated that he would not have administered the medication without looking at the lab results. LN H reviewed the PT/INR results for 09/02/22, and stated the result was high and Coumadin should not be administered with a high INR. LN H then reviewed R1's MAR and verified that the MAR documented he administered the Coumadin on 09/02/22. LN H further verified that the Coumadin should not have been given. On 09/08/22 at 03:15 PM Consultant GG stated that he would order staff to hold the Coumadin for a critical high INR. Consultant GG stated that he ordered the nursing staff to hold the Coumadin for three days, repeated a lab draw on that third day, and then he lowered the Coumadin order. Consultant GG stated the Coumadin should have been held on 09/02/22, not administered. On 09/08/22 at 04:55 PM Administrative Nurse D stated that the nurses recently started documenting the INR results in the MAR. She further stated that the nurses who received the lab results were expected to review them and notify the physician to see if any changes were warranted. Administrative Nurse D stated a nurse should not give Coumadin without reviewing the INR first. She further revealed that the Coumadin should not have been given and this resulted in the medication error. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Coumadin Management policy dated 11/2021 directed that residents that received anticoagulation therapy may require monitoring of laboratory values but not limited to PT/INR. The policy further directed that the anticoagulation therapy ordered required supporting diagnosis, appropriate dosage, desired INR rage, and the parameters for physician notification of abnormal laboratory results. The policy further directed staff that prior to and with each medication administration, the nurse would review the dosage orders, documented the most recent lab result (PT/INR), notify the physician of the lab results and documented the net laboratory draw date identified. The policy stated that anticoagulation therapy required close monitoring and each resident would be continuously assessed for adverse drug reactions such as bruising, bleeding gums, rectal bleeding, bloody urine and change in mental status. The facility failed to ensure staff possessed the knowledge and skills necessary to maintain the standards of care for Coumadin when staff administered Coumadin prior to reviewing and addressing PT/INR results ordered daily by the physician. R1 received a dose of Coumadin with an INR which indicated blood was too thin (above the therapeutic range) and then the next day, received a dose of Coumadin when his PT/INR contained a critically high value. This placed R1 at risk for serious complications and bleeding related to the Coumadin use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents. The sample included 13 residents. Based on observations, record reviews, and interviews, the facility failed to ensure availability of physician ordered medications for Resident (R) 1. This deficient practice had the risk for unwarranted physical complications and less than desired/therapeutic effects of prescribed medications for R1. Findings included: - R1 admitted to facility 09/12/20, discharged to hospital on 06/10/22, and readmitted to facility 06/14/22. The Diagnoses tab of R1's Electronic Medical Record (EMR) documented diagnoses of major depressive disorder (major mood disorder), acute embolism (an obstruction in a blood vessel due to a blood clot or other foreign matter that gets stuck while traveling through the blood stream) and thrombosis (clot that developed within a blood vessel) of right tibial (bone of the lower leg) vein, schizoaffective disorder (a mental disorder in which a person experiences a combination of symptoms of schizophrenia [psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought] and mood disorder), and drug induced secondary parkinsonism (caused by medications that reduce dopamine [neurotransmitter that works to control bodily movements] levels in the brain). The Admission Minimum Data (MDS) dated [DATE], documented R1 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R1 received antipsychotic (class of medications used to treat psychosis [any major mental disorder characterized by a gross impairment in reality testing] and other mental emotional conditions), antianxiety (class of medications that calm and relax people with excessive anxiety, nervousness, or tension), antidepressant (class of medications used to treat mood disorders and relieve symptoms of depression), and anticoagulant (medication used to prevent blood from thickening or clotting) medications seven days in the seven-day lookback period. The Quarterly MDS dated [DATE], documented R1 had a BIMS score of 15 which indicated intact cognition. R1 received antipsychotic, antidepressant, and anticoagulant medications seven days in the seven-day lookback period. The Psychosocial Well-Being Care Area Assessment (CAA) dated 09/28/21, documented R1 had a history and current diagnosis of schizoaffective disorder and major depressive disorder. The Psychotropic Drug Use CAA dated 09/28/21, documented R1 had been on long-term use of antidepressants, antianxiety, and antipsychotics with no plans to change at that time. The Care Plan dated 06/01/20, documented R1 had the potential for/exhibited behaviors related to Schizoaffective disorder and directed staff to administer psychotropic (any drug that affects brain activities associated with mental processes and behavior) medication as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan dated 07/09/20, documented R1 used psychotropic medications and directed staff gave medications as ordered by physician. The Care Plan dated 11/13/20, documented R1 was at risk for bleeding secondary to anticoagulant use status post deep vein thrombosis (DVT- potentially life threatening blood clot, usually in the legs) and directed staff administered medications as prescribed. The Orders tab of R1's EMR documented an order with a start date of 09/10/21 for Zoloft (antidepressant) 25 milligram (mg) one time a day for depression, an order with a start date of 12/29/20 for Eliquis (anticoagulant) 2.5 mg two times a day for DVT, an order with a start date of 09/12/20 for clozapine 200 mg at bedtime for schizoaffective disorder, an order with a start date of 09/12/20 for clozapine 50 mg one time a day for schizoaffective disorder, and an order with a start date of 11/05/20 for Exelon patch 24 hour (hr) 9.5 mg/24 hours in the morning for Parkinsonism. Review of R1's Medication Administration Record (MAR) from 05/01/22 to 06/10/22 revealed the following missed administrations of medications: Zoloft 25 mg)nine out of 41 possible administrations), Eliquis 2.5 mg (22 out of 82 possible administrations), Exelon 9.5 mg/24 hr (17 out of 41 possible administrations), clozapine 200 mg (five out of 33 administrations), and clozapine 50 mg (ten out of 34 administrations). R1's EMR revealed a General Documentation note on 06/01/22 at 11:07 AM that documented there was confusion on what the medical director followed resident and prescribed medications which caused the delay in refills. On 06/15/22 03:19 PM, R1 laid in bed, eyes closed. He appeared comfortable and had no behaviors noted. On 06/15/22 at 10:06 AM, Certified Medication Aide (CMA) R stated CMAs and nurses were responsible for re-ordering medications and residents should not go without their medications. She stated R1 was out of some of his medications. If a resident was out of a medication, she let the nurse know and if the nurse was not able to handle it then she would let the Director of Nursing (DON) or unit manager know. On 06/15/22 at 10:31 AM, Licensed Nurse (LN) G stated nurses and CMAs were responsible for ordering medications. R1's medications were ordered through the Veterans Administration (VA) and there was a communication breakdown between them and the facility's pharmacy. She stated residents should not go without a medication for more than 24 hours, especially Eliquis or a mood stabilizer. LN G stated R1 did start to have effects from missing medications and some behaviors. On 06/15/22 at 11:07 AM, Administrative Nurse D stated the CMA or nurse passing medications reordered medications and no resident should miss any medications. If a medication was not available, it was pulled out of the Cubex (automated medication dispensing system) and if it was not available in the Cubex then the pharmacy was contacted. She stated R1 received his medications from the VA, the primary care physician (PCP) who was not affiliated with the VA ordered medications and the VA would not fill them. Administrative Nurse D stated staff had not noticed any effects from missing the medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/15/22 at 11:36 AM, Administrative Staff A stated when a resident was out of a medication, the facility ordered from another pharmacy immediately. He stated some residents might have missed a dose or two when dealing with family or physician. Administrative Staff A stated the administrative staff did not know R1 was missing medications but as soon as they did, they tried to figure out how to get the medications that day. The facility's Pharmacy Services policy, last revised April 2020, directed resident had a sufficient supply of their prescribed medications and received medications (routine, emergency, or as needed) in a timely manner and pharmacy services were available to residents 24 hours a day, seven days a week. The facility failed to ensure availability of physician ordered medications for R1. This deficient practice had the risk for unwarranted physical complications and less than desired/therapeutic effects of prescribed medications for R1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41713 The facility identified a census of 103 residents. The sample included 13 residents. Resident (R)10 was sampled for significant medication error. Based on record review and interview, the facility failed to ensure R10 was free from a significant medication error when R10 was administered the anticoagulants (a medication used to thin the blood) coumadin (a blood thinning medication) and aspirin (blood thinner) though the medications were discontinued. This deficient practice put R10 at risk for adverse side effects and medical complications. Findings included: - R10 admitted to the facility on [DATE] and expired in the facility on [DATE] The electronic medical record (EMR) for R10 documented diagnoses of: gastrointestinal hemorrhage (bleeding in the intestinal tract), atrial fibrillation (A-Fib-a rapid, irregular heartbeat), congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), cerebral infarction (a stroke), myocardial infarction (a heart attack), and deep vein thrombosis (DVT- occurs when a blood clot forms in one or more of the deep veins in the body, usually in the legs). The Admission Minimum Data Set (MDS) dated [DATE] documented R10 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated a moderately impaired cognition. R10 required extensive assistance of one staff member with his activities of daily living (ADLs). R10 received an anticoagulant during the look back period. The ADL Care Area Assessment (CAA) dated [DATE] documented R10 required extensive assistance of one staff for ADLs. The Cardiovascular Care Plan dated [DATE] documented to administer medications and prescribed and to monitor for signs and symptoms of abnormal bleeding. R10's EMR documented on [DATE] Consultant HH ordered R10 be sent to the emergency room due to critically low (6.9) hemoglobin (a measure of blood that carried oxygen to the cells from the lungs and carbon dioxide away from the cells to the lungs). The [DATE] hospital Discharge Summary documented a diagnosis of acute blood loss anemia (the loss of red blood cells through bleeding) and long term use of anticoagulants. The summary recorded R10 was not a candidate for any anticoagulation to his severe anemia. The Discharge Summary, signed by the hospital physician, directed R10 to stop taking aspirin and warfarin. The June Medication Review Report documented Agency Licensed Nurse (LN) H entered an order for R10 with an order date of [DATE] and a start date of [DATE] for warfarin sodium 5 milligrams (mg) by mouth every day shift on Monday, Tuesday, Thursday, Friday, Saturday, and Sunday for blood and an order dated [DATE] with a start dated of [DATE] for warfarin sodium give 10 mg by mouth every Wednesday for blood. The report further recorded an order dated [DATE] for aspirin 81 mg give by mouth in the morning for blood thinner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The clinical record lacked evidence the physician was notified or R10's return to the facility and lacked evidence of an order to start coumadin or aspirin. Review of the [DATE] Medication Administration Record (MAR) revealed R10 received 7.5 mg of coumadin on [DATE] through [DATE] and [DATE] through [DATE] and 10 mg coumadin on [DATE].The MAR recorded R10 received aspirin 81 mg on [DATE] through [DATE]. On [DATE] at 12:08 PM Agency LN H stated [DATE] was her second day at the facility and the former Assistant Director of Nursing (ADON) helped her input the discharge summary orders for R10. LN H could not specifically remember R10's order for the coumadin. LN H stated she was not sure if the physician had been called about the orders. On [DATE] at 04:31 PM Administrative Nurse D stated that she could not say for certain where the [DATE] order for the coumadin originated from. Upon reading the [DATE] Hospital Discharge Summary, Administrative Nurse D stated it appeared the order to discontinue the coumadin to had been overlooked. Administrative Nurse D further stated she started an auditing process for the medications to ensure that all orders were put in correctly and she would review them after the unit manager had audited the orders. The undated facility policy Physician Orders documented: it was the policy of the facility to secure physician orders for care and services for resident as required by state and federal law. Physician orders will be dated and signed according to state and federal guidelines. The facility failed to ensure R10 was free from a significant medication administration error when the facility administered coumadin and aspirin despite the physician's order to discontinue both. This placed R10 at risk adverse side effects and medical complications. (refer to F773)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42966 The facility identified a census of 102 residents; six medication carts and four treatment carts. Based on observations, record reviews, and interviews, the facility failed to discard expired medications; and failed to properly store and date insulin (medication used to treat a chronic condition that affected the way the body processed blood sugar) vials/pens, inhalers (device used for administering a medication that was breathed in to relieve asthma [disorder of narrowed airways that caused wheezing and shortness of breath] or other lung disorders), and medication eye drops. This deficient practice had the risk for unwarranted physical complications and ineffective treatment for affected residents. Findings included: - On 06/15/22 at 08:31 AM, one treatment cart on the North unit revealed one Basaglar insulin pen, opened and not dated; and one Levemir insulin pen, opened and not dated. On 06/15/22 at 08:35 AM, one medication cart on North unit revealed the following: One bottle of latanoprost eye drops (medication used to lower pressure in the eye by increasing the flow of natural eye fluids out of the eye), opened and not dated One bottle of naproxen (pain reliever) tablets, expiration date non-readable One Combivent Respimat inhaler (medication used to treat and prevent symptoms caused by ongoing lung disease), opened and not dated One Stiolto Respimat inhaler (medication used to treat and prevent symptoms caused by ongoing lung disease), opened and not dated On 06/15/22 at 08:41 AM, one medication cart on North unit revealed the following: One bottle of magnesium oxide (supplement used to treat constipation, indigestion, and headaches) tablets, expired May 2022 One bottle of bisacodyl (laxative- medication used to treat constipation) tablets, expired January 2022 One bottle of Thera Tabs multivitamin (multivitamin supplement) tablets, expired March 2022 One bottle of naproxen tablets, expired May 2022 One bottle of diphenhydramine (anti-histamine- used to relieve symptoms of allergy, hay fever, and the common cold) tablets, expired May 2022 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	One bottle of [NAME]-Vite (supplement for renal [kidney] patients) tablets, expired May 2022 One bottle of oyster shell calcium tablets (supplement), expired May 2022 One Combivent Respimat Inhaler opened, not dated Three budesonide/formoterol (medication used to help control the symptoms of asthma [disorder of narrowed airways that caused wheezing and shortness of breath] and improve lung function) inhalers, opened and not dated On 06/15/22 at 08:52 AM, one medication cart on South unit revealed the following: One bottle of aspirin (pain reliever) tablets, expired May 2022 One bottle of magnesium oxide tablets, expired May 2022 One bottle of Vitamin E (supplement) capsules, expired May 2022 One bottle of Fiber Caps (used to treat constipation) capsules, expired December 2021 One bottle of melatonin (sleep aid) tablets, expired March 2022 One bottle of bisacodyl tablets, expired October 2021 One bottle of naproxen tablets, expired May 2022 One bottle of latanoprost eye drops, opened and not dated One bottle of timolol (medication used to treat increased pressure in the eye) eye drops, opened and not dated One Striverdi Respimat inhaler (medication used in maintenance of Chronic Obstructive Pulmonary Disease [COPD- a condition with low heart output and the body becomes congested with fluid]), opened and not dated One Symbicort (medication used to treat asthma) inhaler opened, not dated One budesonide/formoterol inhaler opened, not dated On 06/15/22 at 09:05 AM, one treatment cart revealed the following: Three Novolog insulin pens opened, not dated Two insulin glargine vials opened, not dated One Humalog insulin vial opened, not dated One Novolog insulin vial opened, not dated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	One Levemir pen opened, not dated A review of the manufacturer's instructions for Basaglar insulin pens directed Basaglar pens stored at room temperature were good for 28 days. A review of the manufacturer's instructions for Levemir insulin pens directed Levemir pens stored at room temperature were good for 42 days. A review of the manufacturer's instructions for Latanoprost eye drops directed Latanoprost drops stored at room temperature were good for six weeks. A review of the manufacturer's instructions for Combivent Respimat inhaler directed Combivent Respimat inhalers were discarded three months after assembly of inhaler. A review of the manufacturer's instructions for Stiolto Respimat inhaler directed Stiolto Respimat inhalers were discarded three months after assembly of inhaler. A review of the manufacturer's instructions for budesonide/formoterol inhaler directed budesonide/formoterol inhalers were discarded three months after removal from foil pouch. A review of the manufacturer's instructions for timolol eye drops directed timolol eye drops were discarded after four weeks. A review of the manufacturer's instructions for Striverdi Respimat inhalers directed Striverdi Respimat inhalers were discarded three months after assembly of inhaler. A review of the manufacturer's instructions for Symbicort inhalers directed Symbicort inhalers were discarded three months after removal from foil pouch. A review of the manufacturer's instructions for Novolog insulin pens directed Novolog insulin pens stored at room temperature were good for 28 days. A review of the manufacturer's instructions for insulin glargine vials directed insulin glargine vials stored at room temperature were good for 28 days. A review of the manufacturer's instructions for Humalog vials directed Humalog vials stored at room temperature were good for 28 days. On 06/16/22 at 11:07 AM, Administrative Nurse D stated nurses and Certified Medication Aides (CMA) checked the cart for expired medications every shift and unit managers checked the carts weekly. She stated staff dated new inhalers, eye drops, and insulin when opened. On 06/16/22 at 11:27 AM, CMA R stated nurses and CMAs were responsible for checking the medication carts for expired medications and checked the cart every few weeks. She stated when new eye drops and inhalers were opened, they were dated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/16/22 at 11:29 AM, Licensed Nurse (LN) G stated the staff member working on the cart was responsible for checking for expired medications. She stated insulin was good for 30 days once opened and new inhalers, eye drops, and insulins were dated when opened. The facility's Medication Use: Medication Storage policy, dated February 2009, directed medications were stored in a manner that maintained the integrity of the product, ensured the safety of the residents, and in accordance with the Department of Health guidelines. The policy directed expired, discontinued, and/or contaminated medications were removed from the medication storage areas and disposed of in accordance with facility policy. The facility failed to discard expired medications; and failed to properly store and date insulin vials/pens, inhalers, and medication eye drops. This deficient practice had the risk for unwarranted physical complications and ineffective treatment for affected residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41713 The facility identified a census of 103 residents. The sample included 13 residents. One resident (R) was sampled for laboratory services. Based on record review and interview, the facility failed to ensure R10's lab for prothrombin time (PT)/international normalized ratio (INR) was drawn as ordered. The facility also failed to notify the physician in a timely manner that the PT/INR lab for R10 was not drawn. This deficient practice put R10 at risk for adverse side effects and medical complications. Findings included: - The electronic medical record (EMR) for R10 documented diagnoses of: gastrointestinal hemorrhage (bleeding in the intestinal tract), atrial fibrillation (A-Fib-a rapid, irregular heartbeat), congestive heart failure (CHF-a condition with low heart output and the body becomes congested with fluid), cerebral infarction (a stroke), and myocardial infarction (a heart attack). The Admission Minimum Data Set (MDS) dated [DATE] documented R10 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated a moderately impaired cognition. R10 required extensive assistance of one staff member with his activities of daily living (ADLs). R10 received an anticoagulant (a medication used to thin the blood) during the look back period. The ADL Care Area Assessment (CAA) dated 06/17/22 documented R10 required extensive assistance of one staff for ADLs. The Cardiovascular Care Plan dated 05/31/22 documented to administer medications as prescribed and to monitor for signs and symptoms of abnormal bleeding. The 06/16/22 provider Progress Note by Consultant GG documented lab orders for a PT/INR on 06/18/22. The June Order Audit Report for R10 documented an order created by Consultant GG on 06/17/22 for lab of PT/INR to be drawn on 06/18/22. The order was confirmed by Agency Licensed Nurse (LN) G on 06/17/22. The laboratory Order History for R10 showed no documentation of an order submitted to them for the PT/INR to be drawn on 06/18/22. A 06/22/22 at 10:20 AM LN: Charting by Exception Note for R10 documented an order was received on 06/22/22 from Consultant GG for labs due to the resident being on coumadin (anticoagulant). A STAT (as soon as possible) PT/INR was ordered through the lab portal as well as a hemoglobin and hematocrit (H &H-a measure of blood that carried oxygen to the cells from the lungs and carbon dioxide away from the cells to the lungs and a measure of the packed cell volume of red blood cells, expressed as a percentage of the total blood volume). The note recorded an order for PT/INR every Monday and Thursday as well. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The lab Order History Report for R10 documented completed lab draws for PT/INR on the following dates: 06/22/22, 06/23/22, 06/27/22, 06/29/22, 06/30/22, 07/14/22, 07/18/22, 07/21/22, 07/25/22, and 07/28/22 (cancelled). On 08/10/22 at 10:34 AM LN G stated the lab draw for the PT/INR on 06/18/22 should not have been missed. If the order was submitted to the lab then the lab technicians would have come out to draw the lab. LN G states the unit managers were auditing all orders now but could not say if that was done in June for the 06/18/22 order. At times the physician/provider would enter the order into the EMR. The charge nurse then confirmed the order. Agency LN G stated on 06/18/22, he confirmed the order sent by Consultant GG but did not have access to the lab portal yet to input it into the portal so it would have had to be put in by another staff member. On 08/10/22 at 12:24 PM Consultant II stated that the lab did not have any record of an order received for a lab draw for a PT/INR for 06/18/22. On 08/10/22 at 12:40 PM Administrative Nurse E stated she was able to conclude was that the lab order for the PT/INR was in the EMR for 06/18/22 but for an unknown reason, the lab was not drawn. Administrative Nurse E stated Consultant GG was notified on 06/22/22 that the lab had not been drawn on 06/18/22 so Consultant GG ordered the STAT PT/INR at that time and directed staff to hold the coumadin until the results were received. Administrative Nurse E said the physician should have been notified immediately that the lab had not been drawn. On 08/10/22 at 4:31 PM Administrative Nurse D stated the unit managers did audits on medication orders and the lab orders to ensure that medication and labs were being input correctly. Lab orders were input into the EMR and then the facility has access to the lab portal to input the order into the portal now. Administrative Nurse D could not say why the order for the PT/INR was not drawn on 06/18/22 but it looked as if the lab never received the order. On 08/10/22 at 07:42 AM Administrative Staff A stated to his knowledge the lab could come to the facility on the weekends. Administrative Staff A thought the lab staff were available to come 24 hours a day seven days a week if needed and said there was no reason why the lab technicians could not come to the facility to draw lab on a weekend if needed. The Lab Services facility policy dated 08/2019 documented: The facility will provide or obtain laboratory services to meet the needs of its residents. The facility will promote practices to ensure the quality and timeliness of laboratory services. Laboratory services may only be provided or obtained when ordered by the resident's physician. The facility licensed staff will make appointments and arrangements with the facility's lab for all the resident's ordered laboratory tests. Obtain specimens as needed. Promptly inform the resident's physician of all abnormal results. Check the resident's chart at the end of the month to ensure that all: of the scheduled tests were obtained; physicians were notified of all abnormal results; and notification was documented in the nurse's notes. The facility failed to ensure that R10, who received an anticoagulant had lab drawn for a PT/INR on 06/18/22 as ordered by Consultant GG, which put R10 at risk for an adverse side effects and medical complications. (refer to F760)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42966 The facility identified a census of 102 residents. Based on observations, record reviews, and interviews, the facility failed to ensure staff performed hand hygiene after doffing (remove) gloves and before donning (put on) new gloves during incontinence care for Resident (R) 8. This deficient practice had the risk to spread infection to R8. Findings included: - On 06/15/22 at 02:16 PM, Certified Medication Aide (CMA) S propelled R8 to her room and donned gloves. On 06/15/22 at 02:19 PM, Certified Nurse Aide (CNA) M entered R8's room with clean linens and donned gloves. CMA S and CNA M used a Hoyer lift (total body mechanical lift used to transfer residents) to transfer R8 from her Broda chair (specialized wheelchair with the ability to tilt and recline) to her bed. CNA M removed wipes from the container and placed them on R8's mattress without a clean barrier. CMA S and CNA M removed R8's pants then unfastened her brief, CNA M performed peri-care in the front appropriately. CMA S rolled R8 onto her right side, CNA M doffed her gloves then donned new gloves, no hand hygiene in between. CNA M continued peri-care and cleaned bowel movement off R8. CNA M doffed gloves and donned new gloves, no hand hygiene between. CNA M applied barrier cream to R8's buttocks with right gloved hand then continued to place new brief with soiled glove. CMA S removed the soiled lift sling from under R8, placed in soiled linen bag, doffed gloves, then donned new gloves, no hand hygiene between. On 06/16/22 at 10:06 AM, CMA R stated to prevent cross-contamination during peri-care, staff wore gloves. She stated hand hygiene was performed after doffing gloves and before donning new gloves. On 06/16/22 at 10:31 AM, Licensed Nurse G stated gloves were changed when soiled and hand hygiene was performed after doffing gloves, before donning new gloves. She stated wipes should be left in the wipe container but if removed, wipes were placed on a clean surface. On 06/16/22 at 11:07 AM, Administrative Nurse D stated hand hygiene was performed when moving from a soiled to clean area, after doffing soiled gloves, and before donning new gloves. She stated staff pulled out the wipes they needed for peri-care and placed them on a barrier. The facility's Hand Washing policy, last revised December 2019, directed the facility considered hand hygiene the primary means to prevent the spread of infection and provide a high quality of care to its residents. The policy directed hand hygiene was performed before moving from a contaminated body site to a clean body site during resident care, after contact with bodily fluids, and after removing gloves. The facility's Incontinence- Urine- Assessment and Management policy, last revised May 2019, directed management of incontinence followed relevant clinical guidelines. The staff and physician evaluated the effectiveness of interventions and implemented additional pertinent interventions as indicated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175172	A. Building B. Wing	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Excel Healthcare and Rehab Topeka	2515 SW Wanamaker Road Topeka, KS 66614

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility failed to ensure staff performed hand hygiene after doffing gloves and before donning new gloves during incontinence care for R8. This deficient practice had the risk to spread infection to R8.