STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N075005	A. BUILDING: _____ B. WING _____	07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTY COMMUNITY CARE HOME	105 N HIGHWAY 99 WESTMORELAND, KS 66549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#172585 and #165062) at the above named assisted living facility conducted on 07/05/22, 07/06/22, 07/07/22, 07/11/22 and 07/12/22.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c) (2) The census equaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 1 of 1 closed record review resident (R)705, Operator/Certified Medication Aide (CMA) A failed to ensure designated facility staff conducted a screening following any significant change in condition as defined in K.A.R. 26-39-100. Findings included:	S3081		

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

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S3081	Continued From page 1 - Closed record review for R705 revealed she admitted on 07/09/21 with diagnoses of Parkinson's Disease, hypertension and major depressive disorder. R705 discharged to funeral home on 06/20/22. R705's "Functional Capacity Screen" (FCS) dated 07/09/21 recorded the resident as independent with management of medications and treatments. R705's "Assessment for Self-Administration of Medications" was dated 07/09/21. Facility progress note dated 04/27/22 at 11:39 AM recorded R705 and DPOA (durable power of attorney) had asked staff to administer medications as of 04/27/22. Review of R705's June 2022 "Medication Administration Record" (MAR) identified staff as administering all medications. Interview on 07/05/22 at 01:40 PM with Director of Nursing (DON)/ Licensed Nurse (LN) C confirmed R705's FCS was not updated when resident stopped self-administering her medications. Operator/CMA A failed to ensure designated facility staff conduct a screening following any significant change in condition as defined in K.A.R. 26-39-100.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure	S3092		

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S3092	Continued From page 2	S3092		

the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days;
(2) following any significant change in condition, as defined in K.A.R. 26-39-100;
(3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and
(4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-202 (d) (2)

The census equaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 1 of 1 closed record review resident (R)705, Operator/Certified Medication Aide (CMA) A failed to ensure the review, and if necessary, revision of the negotiated service agreement (NSA) following any significant change in condition, as defined in K.A.R. 26-39-100.

Findings included:

- Closed record review for R705 revealed she admitted on 07/09/21 with diagnoses of Parkinson's Disease, hypertension and major depressive disorder. R705 discharged to funeral home on 06/20/22.

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S3092	Continued From page 3 The resident's "Negotiated Service Agreement" (NSA) dated 07/09/21 recorded R705 was able to complete management of medications and treatments independently. R705's "Assessment for Self-Administration of Medications" was dated 07/09/21. Facility progress note dated 04/27/22 at 11:39 AM recorded R705 and DPOA (durable power of attorney) had asked staff to administer medications as of 04/27/22. Review of R705's June 2022 "Medication Administration Record" (MAR) identified staff as administering all medications. Interview on 07/05/22 at 01:40 PM with Director of Nursing (DON)/ Licensed Nurse (LN) C confirmed R705's NSA was not updated when resident stopped self-administering her medications. Operator/CMA A failed to ensure the review, and if necessary, revision of the negotiated service agreement following any significant change in condition, as defined in K.A.R. 26-39-100.	S3092		
S3171 SS=G	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced	S3171		

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S3171	Continued From page 4 by: KAR 26-41 204 (i) The census totaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on observation, interview and record review, Operator/Certified Medication Aide (CMA) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R) 356 and 1 of 1 closed record review resident (R)705. This failure led to R705 being found with her head trapped in-between a bed rail and mattress. Findings included: - Closed record review for R705 revealed she admitted on 07/09/21 with diagnoses of Parkinson's Disease, hypertension and major depressive disorder. R705 discharged to funeral home on 06/20/22. R705's "Functional Capacity Screen" dated 07/09/21 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility, eating and management of medications and treatments. R705 had no impaired cognition and was at risk for falls. The resident's "Negotiated Service Agreement" (NSA) dated 07/09/21 recorded R705 was able to complete all cares (bathing, dressing, toileting, ambulation, transfers, eating, management of medications and treatments) independently. The NSA failed to identify the use of a bed assistive	S3171		

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S3171	Continued From page 5 device. The resident's "Service Plan and Care Plan" dated 07/09/21 recorded R705 as independent with ambulation, transfers, dressing, eating, toileting, bathing and medication administration, used a walker for ambulation, and was at risk for falls. Observation on 07/05/22 at 05:03 PM with Licensed Nurse (LN) E of R 705's room revealed no bed in room. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bed rail/assistive device and the resident's ability to safely use the device, an assessment of the bed rail/assistive device to ensure the device was securely attached to the bed or bed frame and posed no risk for entrapment. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches.	S3171		

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S3171	Continued From page 6 Interview on 07/05/22 at 04:59 PM with LN E stated he was called into R705's room on 06/20/22 by CMA F. LN E stated inside R705's room, resident observed laying in prone position with head between bed assistive device and bed. R705 was found to be expired on 06/20/22 after assessment. LN E confirmed R705 had a bed assistive device in the form of a bed cane. Interview on 07/05/22 at 05:32 PM with Operator/CMA A confirmed no safety checks or bed rail assessments completed on residents and further confirmed she was not aware they needed to be completed. Notarized witness statement dated 07/05/22 recorded, "On 06/20/22 at approximately 8:00 AM, certified medication aide [F] called this nurse to assisted living apartment [room number] urgently. Upon arrival resident was found face down with her body on the floor and her head between her bed rail and mattress. Resident was being held by certified medication aide [F]. This nurse helped certified medication aide [F] lift resident fully to the ground. When resident was lowered to the ground this nurse attempted to assess breathing, no breath was found. This nurse attempted to palpate pulses, no radial or carotid pulses were found. Instructed certified medication aide to obtain code status. Certified medication aide reported resident was DNR [do not resuscitate]. This nurse attempted to auscultate heart sounds, no heart sounds heard at 8:05 AM. Primary care provider notified, durable power of attorney notified, and funeral home notified." Signed by LN E and notarized by Administrator/ LN B on 07/05/22.	S3171		

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S3171	Continued From page 7	S3171		

Notarized witness statement dated 07/06/22 recorded, "At approximately 07:55 AM on 06/20, this certified medication aide took pills into assisted living apartment [room number]. Resident had fallen out of bed with her head between the bed rail and mattress. Resident was face down with her knees on the floor. Resident was pale and unresponsive. I called for charge nurse [Licensed Nurse E]. I supported resident until help arrived. [Licensed Nurse E] entered the room and helped lower resident to the floor. [Licensed Nurse E] checked for radial and carotid pulse and asked this certified medication aide to check code status. This certified medication aide confirmed resident was DNR [do not resuscitate]. [Licensed Nurse E] listened for heart sounds. No pulse or heart sounds found at 08:05 AM." Signed by CMA F and notarized by Administrator/ LN B on 07/06/22.

- On 07/05/22, facility provided the "Resident Roster", which identified R356 used a bed rail.

Review of R356's "Medical Record" revealed he admitted to the facility on 07/16/21 with diagnoses of hypertension, hypothyroidism, hyperlipidemia, Alzheimer's Disease, diabetes mellitus type II without complications, chronic kidney disease, congestive heart failure, and hypokalemia.

R356's "Functional Capacity Screen" dated 03/15/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to complete management of medications and treatments. He had impaired short term memory recall, impaired

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S3171	Continued From page 8	S3171		

decision making and was at risk for falls. R 356 used a walker and wheelchair for mobility.

The resident's "Negotiated Service Agreement" dated 03/15/22 and signed 07/06/22 recorded bathing, dressing, toileting, ambulation, transfer, eating, and management of medications and treatments as a supervised nursing service to be provided. The NSA further recorded side rails were requested for mobility/positioning and sense of security.

The resident's record lacked a "Service Plan and Care Plan."

Observation on 07/05/22 at 04:49 PM in R356's room revealed a half bed rail/ assistive device in the upright position on both sides of R356's bed. The bed assistive device had no unsafe gaps and was noted to be securely attached to the hospice bed.

Record review revealed no assessment to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bed rail/assistive device, the resident's ability to safely use the device, an assessment of the bed rail/assistive device to ensure the device was securely attached to the bed or bed frame and posed no risk for entrapment.

The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows:

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S3171	Continued From page 9 Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Interview on 07/05/22 at 05:32 PM with Operator/CMA A confirmed no safety checks or bed assistive device assessments completed and further confirmed she was not aware they needed to be completed. Operator/CMA A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs R356 and R705 regarding use of a bed assistive device.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a	S3175		

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S3175	Continued From page 10 significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (a) (1) The census equaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, observation, and interview for 1 Residents (R) 599, the facility failed to ensure a licensed nurse performed an assessment annually for residents who self-administered their medications. Findings included: - The "Resident Roster" obtained on 07/05/22 identified 2 residents who self-administered their medications. Review of R599's "Medical Record" revealed she admitted to the facility on 10/11/19 with diagnoses of hypertension, hypokalemia, diabetes mellitus type 2 without complications, hyperlipidemia, hypothyroidism. R599's current "Functional Capacity Screen" dated 10/06/21 identified the resident required physical assistance with management of her medications or medical treatments. R599's current "Negotiated Service Agreement" dated 10/06/21 identified medication	S3175		

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administered by staff and R599 self-administered insulin.

R599's current July 2022 "Medication Administration Record" (MAR) identified the following medication as "unsupervised self-administration": "Flonase Suspension 50 mcg (micrograms) 1 spay in both nostrils in the morning; Probiotic Capsule, give 1 capsule by mouth in the morning; NovoLog FlexPen injector 100 unit/mL (milliliter) inject 20 units subcutaneously before meals; Systane Complete Solution 0.6% instill 1 drop in both eyes four times a day for dry eyes; Artificial Tears Solution 0.4 % instill 1 drop in both eyes as needed for dry eyes; Lidocaine Cream 3% apply to port site topically as needed for prior to port flush at oncology."

Review of R599's record on 07/05/22 lacked evidence a licensed nurse performed a self-administration of medication assessment for the resident since 11/17/20. The assessment identified Miralax 17 grams as needed every 24 hours as the only medication being considered for resident self-administration.

Observation on 07/05/22 at 04:38 PM of R599's room revealed a NovoLog FlexPen injector and over the counter medications.

Interview on 07/05/22 at 04:38 PM with R599 stated she self-administered her insulin and some over the counter medications.

Interview on 07/05/22 at 05:20 PM, Operator/Certified Medication Aide (CMA) A confirmed she was unable to locate a medication

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S3175	Continued From page 12 self- administration assessment for R599 since 2020 assessment. Interview on 07/06/22 at 01:21 PM with Operator/CMA A confirmed prior to completing a self-administration assessment on 07/06/22, R599's self-administration assessment hadn't been completed since 2020. The facility's "Assisted Living Apartments Medications Management" policy (no date) recorded, "B. Assessments shall be performed when the member is admitted AND before the resident begins to self-administer medications with assistance; assessments shall also be performed following a significant change in condition and at least annually. Each assessment shall be maintained in the members clinical record." The facility failed to ensure a licensed nurse performed an assessment annually for R599, who self-administered some of her medications.	S3175		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the	S3211		

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S3211	Continued From page 13 original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (3) The census totaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on observation and interview for 2 Residents (R) 113 and R356 and 1 non-sampled resident R800, Operator/Certified Medication Aide (CMA) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation of the medication room on 07/05/22 at 01:39 PM revealed a locked medication cart in the dining room. The following over the counter medications were noted without first and last names: For R113 the cart contained one bottle of Acetaminophen (pain reliever), one bottle of Cetirizine Hydrochloride (antihistamine), one bottle of Bisacodyl (laxative) and one bottle of Fish Oil (supplement). For R356 the cart contained one bottle of Docusate Sodium (stool softener) and two bottles of Acetaminophen (pain reliever). For R800, the cart contained one bottle of Acetaminophen (pain reliever), one bottle of Loratadine (antihistamine), one bottle of	S3211		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3211	Continued From page 14 Melatonin (hormone), one bottle of Aspirin (nonsteroidal anti-inflammatory drug), one bottle of Cal Mag Zinc + D3 (supplement), ClearLax Polyethylene Glycol (laxative) and one bottle of Guaifenesin (cough medicine). Interview on 07/05/22 at 01:43 PM with Operator/ CMA A confirmed all over the counter medications were to be labeled with full name. Interview on 07/05/22 at 01:45 PM with Operator/ CMA A confirmed the above listed medications were without full first and last names for R800. Interview on 07/05/22 at 01:50 PM with Licensed Nurse (LN) D confirmed the above listed medications were without full first and last names for R113. Interview on 07/05/22 at 01:55 PM with LN D confirmed the above listed medications were without full first and last names for R356. Facility's "Assisted Living Apartments Medication Management" policy (no date) recorded, "e. 3. Over the counter drugs. The pharmacist or licensed nurse shall place the full name of the member on the package." Operator/CMA A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3213 SS=D	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a	S3213		

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S3213	Continued From page 15 dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g) (2) The facility reported a census of 8 residents and identified 7 residents received facility management of medications. Based on observation, interview and record review, Operator/Certified Medication Aide (CMA) A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for resident (R)113. Findings included: - On 07/05/22 at 01:39 PM, Operator/CMA A opened the only medication cart. Observation revealed a plastic basket, which contained 2 insulin injector pens. Operator/CMA A identified the basket as belonging to R113. One of the injector pens had a manufacture label of Levemir FlexTouch and the other had a manufacture label of NovoLog FlexPen. Neither injector pens had any other identification or pharmacist labeling. Interview on 07/05/22 at 01:58 PM with Licensed Nurse D confirmed all insulin injector pens were to be labeled.	S3213		

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S3213	Continued From page 16 Facility's "Medication Management" policy (no date) recorded, "e. 2. The dispensing pharmacist shall label each prescription container." Operator/CMA A failed to ensure prescription medication containers were labeled with a prescription label provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14 for R113.	S3213		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (e) The census equaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, interview, and observation for all residents receiving meal services, Operator/CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 07/05/22	S3299		

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S3299	Continued From page 17 at 02:05 PM revealed a kitchenette containing food/drinks. Observation of the kitchenette cabinets revealed the following food, which were not sealed or dated: one bag of "Santitas" chips, one bag of Lays chips, one bag of Corn Flakes, one loaf of bread, one bag of Cheerios and one bag of Tostitos chips. Observation of the refrigerator/freezer revealed the following foods, which were not sealed or dated: one plastic bottle containing ranch dressing, one plastic bottle containing Italian dressing and one bag of hashbrowns. Interview on 07/05/22 at 02:09 PM with Operator/CMA A confirmed all food should be labeled with date opened and sealed. During an electronic interview with Operator/CMA A on 07/11/22 at 03:53 PM confirmed all residents ate at the facility. Facility's "Food Safety Requirements" policy dated 06/22 recorded, "7. Dry foods that are stored in bins will be removed from original packaging, labeled and dated ("use by" date). Such foods will be rotated using a "first in- first out" system. 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date)." For all residents of the facility, Operator/CMA A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S3299		

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S3310	Continued From page 18	S3310		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R 26-41-207 (c) The census totaled 8 residents. The sample included 3 residents, 1 closed record review resident and review of 5 newly hired employees. Based on record review and interview for 5 staff (Administrator/Licensed Nurse (LN) B, Certified Medication Aide (CMA) F, CMA H, Certified Nurse Aide (CNA) I and CNA G, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of Administrator/LN B's employee record revealed they hired onto the facility on	S3310		

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S3310	Continued From page 19 04/28/22. Administrator/LN B's record lacked evidence of completion of a TB questionnaire upon hire. Review of CMA F's employee record revealed they hired onto the facility on 05/10/21. CMA F's record lacked evidence of completion of a TB questionnaire upon hire. Review of CMA H's employee record revealed they hired onto the facility on 06/15/22. CMA H's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Review of CNA I's employee record revealed they hired onto the facility on 06/04/22. CNA I's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA G's employee record revealed they hired onto the facility on 07/05/21. CNA G's record lacked evidence of completion of TB testing upon hire. Record further lacked evidence of completion of a TB questionnaire upon hire. Interview on 07/06/22 at 09:15 AM with Operator/ CMA A confirmed they do not complete TB questionnaires upon hire and further confirmed she was not aware they needed to. Electronic interview on 07/07/22 at 02:03 PM with Operator/CMA A confirmed no TB skin test found on CMA H and CNA G. The facility's "Tuberculosis Exposure Control	S3310		

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S3310	Continued From page 20 Plan For Employees" policy dated 06/05/22 recorded, "Applicant with no known history of tuberculosis an no previous significant Mantoux (PPD) Tuberculin skin test: Testing method will include: intermediate tuberculin skin test which will be read by a licensed nurse within 72 hours of administration of test ...If skin test develops no induration or an induration area is less than 10 mm, employee will return no earlier than 7 days and no later than 21 days to receive second dose." The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.	S3420		

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S3420	Continued From page 21 (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c) (2) (B) The census equaled 8 residents. The sample included 3 residents and 1 closed record review resident. Based on record review, observation, and interview for all residents, Operator/Certified Medication Aide (CMA) A failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F) at the sinks in resident use areas.	S3420		

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S3420	Continued From page 22 Findings included: - Facility water temperature checks during the initial tour on 07/05/22 at 01:24 PM revealed water temperatures as follows: Conference room kitchenette sink:127.7 degrees F(department thermometer) Public restroom sink (1st floor):129.5 degrees F (department thermometer) Laundry room sink: 131.7 degrees F (department thermometer) Dining room kitchenette sink: 127.2 degrees F (department thermometer) Public restroom sink (2nd floor): 126.3 degrees F (department thermometer) Recheck of the water temperatures with Maintenance Staff J on 07/05/22 at 03:05 PM revealed water temperatures as follows: Conference room kitchenette sink: 129.9 degrees F (department thermometer), 129.5 degrees F (facility thermometer) Public restroom sink (1st floor):129.9 degrees F (department thermometer), 129.5 degrees F (facility thermometer) Laundry room sink: 130.6 degrees F (department thermometer), 130.1 degrees F (facility thermometer) Dining room/kitchenette sink: 129.7 degrees F (department thermometer), 129.5 degrees F (facility thermometer) Public restroom sink (2nd floor): 129.9 degrees F (department thermometer), 129.5 degrees F (facility thermometer) Resident 599 kitchenette sink: 130.1 degrees F (department thermometer), 129.5 degrees F (facility thermometer)	S3420		

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S3420	Continued From page 23 Resident 599 restroom sink: 130.1 degrees F (department thermometer), 129.9 degrees F (facility thermometer) Resident 113 kitchenette sink: 129.0 degrees F (department thermometer), 129.0 degrees F (facility thermometer) Resident 113 restroom sink: 131.5 degrees F (department thermometer), 131.0 degrees F (facility thermometer) Observations on 07/05/22 and 07/06/22 revealed all 8 residents in the facility were mobile and able to access the conference room, public restrooms, dining room and laundry room. Observation on 07/05/22 at 02:36 PM revealed the boiler room, which contained the hot water heater. The hot water heater was set above 130 degrees F. Interview on 07/05/22 at 02:50 PM with Maintenance Staff J. Request to review water temperature logs resulted in no water temperature logs provided. Maintenance Staff J confirmed he does not monitor and record water temperatures in the assisted living. Interview on 07/07/22 at 03:43 PM with Operator/CMA A confirmed no facility policy for water temperatures. For all residents, Operator/CMA A failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.	S3420		

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S9999	Continued From page 24	S9999		
S9999	Final Observations K.S.A. 39-938 Adult care homes shall comply with all the lawfully established requirements and rules and regulations of the secretary of aging and the state fire marshal and any other agency of government so far as pertinent and applicable to adult care homes, their building, operators, staffs, facilities, maintenance, operation, conduct and the care and treatment of resident. This requirement is not met as evidenced by: The census equaled 8 residents. The sample included 3 residents and 1 closed review resident. Based on observation and interviews, for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. - Review of R356's "Medical Record" revealed he admitted to the facility on 07/16/21 with diagnoses of hypertension, hypothyroidism, hyperlipidemia, Alzheimer's Disease, diabetes mellitus type II without complications, chronic kidney disease, congestive heart failure, and hypokalemia. R356's "Functional Capacity Screen" dated 03/15/22 recorded the resident as independent with eating, required physical assistance with bathing, dressing, toileting, transfer, walk/mobility and unable to complete	S9999		

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S9999	Continued From page 25	S9999		

management of medications and treatments. He had impaired short term memory recall, impaired decision making and was at risk for falls. R356 used a walker and wheelchair for mobility.

The resident's "Negotiated Service Agreement" dated 03/15/22 and signed 07/06/22 recorded bathing, dressing, toileting, ambulation, transfer, eating, and management of medications and treatments as a supervised nursing service to be provided.

Observation on 07/05/22 at 04:49 PM revealed two video surveillance cameras in R356's room. R356's daughter confirmed Hospice placed the cameras and facility staff monitored surveillance cameras. Observation of R356's door revealed no sign posted stating video surveillance in progress.

Interview on 07/06/22 at 09:23 AM with Director of Nursing (DON)/Licensed Nurse (LN) C confirmed R356 had two surveillance cameras in his room, which were supplied by Hospice and staff on duty monitored cameras. DON/LN C further confirmed no sign posted on the entrance doors and outside of each resident's rooms stating video surveillance may be in progress.

For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.