STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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 the licensure survey for the above named facility conducted on 05/31/22-06/01/22.	S 000		
S3026 SS=G	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: 26-41-101(f)(1)(B) The facility reported a census of 10 residents with three included in the sample. Based on observation, interview, and record review the operator failed to protect on at-risk resident from neglect when licensed staff did not provide skin assessment monitoring and interventions to prevent pressure sores. During bathing, certified staff provided routine skin checks and reported a red spot on Resident (R) 601's buttocks to a licensed nurse. R601's record lacked evidence the report was followed up on, which resulted in R601 developing two open sores on her buttocks. Findings included: - Record review for R601 revealed an admission date of 04/20/18 with the following diagnoses:	S3026		

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
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S3026	Continued From page 1	S3026		

dementia, anxiety, and type two diabetes mellitus.

The 12/27/21 annual "Functional Capacity Screen" (FCS) identified R601 required physical assistance with bathing and dressing, was unable to perform toileting, transfers, walking/mobility, and was incontinent. She lacked short-term and long-term memory, memory/recall and decision making. She was sometimes understandable and sometimes understood during verbal communication.

The 09/27/21 annual "Healthcare Service Plan" (HSP) and annual "Negotiated Service Agreement" (NSA) identified facility staff would provide R601 assistance with bathing, dressing, transfers, and toileting. Staff would propel R601 in a wheelchair for mobility about the home and provide reminders and cues for memory/recall and decision making. R601's medical care would be supervised by a licensed nurse. The HSP and NSA lacked any interventions to prevent or treat skin sores.

The "Resident Roster" provided by the facility on 05/31/22 upon state surveyor's entrance to the facility documented R601 required two-staff assistance with transfers.

The 12/07/21 "Braden Scale for Predicting Pressure Sore Risk" documented a score of 14.0, which indicated R601 was at moderate risk for developing pressure sores.

The 05/23/22 "Health Status Note" by Advanced Practice Nurse Registered Nurse (APRN) J documented no skin breakdown was noted on R601's coccyx.

The 06/01/22 "Skin/Wound Note" late entry dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S3026	Continued From page 2	S3026		

05/22/22 (10 days later) by Licensed Nurse D documented staff reported a red area at the top of R601's coccyx. Certified staff were informed to apply cream, reposition R601 frequently, and monitor. Licensed Nurse D notified APRN J about the red area during rounds on 05/23/22. Licensed Nurse D and APRN J assessed R601's buttocks and found no red areas. APRN instructed staff to continue frequent repositioning and monitoring of R601.

The 06/01/22 at 02:09 PM "Skin/Wound Note" by Licensed Nurse D documented two open areas on R601's buttocks were found. One at the top left of cleft was 0.9 centimeters (cm) and the other at the top right of cleft was 0.6 cm. Wound cream was applied and APRN would be notified.

Review of R601's record from admission to 06/01/22 lacked evidence of skin monitoring by licensed staff prior to open skin sores.

Observation on 05/31/22 at 01:38 PM revealed R601 sat at the dining table in a wheelchair eating potato salad, coleslaw, fried shrimp, chocolate cake, and a 12-oz glass of water. At 02:02 PM CMA H encouraged R601 to drink water and helped her hold a spoon to eat. At 02:18 PM R601 had eaten 70% of the food on her plate and had refused to drink any water. A hospice nurse sat beside R601 at the dining table and assessed her vital signs. He asked facility staff if she had issues that he should be aware of. Administrative Nurse C and CMA H stated there were no issues. At approximately 02:30 PM CMA H repositioned the resident from her wheelchair to a recliner in the common area.

On 06/01/22 at 12:08 PM CNA K stated R601 had an open sore on her coccyx. CNA K had not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S3026	Continued From page 3	S3026		

reported it to the nurse because she thought it was already known.

On 06/01/22 at 12:10 PM Administrative Nurse C stated she expected an open sore to be reported to a nurse. She was unable to find any nursing skin assessments or progress notes documenting any skin issues in R601's record.

On 06/01/22 at 12:11 PM Licensed Nurse D stated the last time she looked at R601's skin was last week. There was a red area on the coccyx, but no open sores. She put bandages on to protect the resident's skin. The area developed an open sore "a couple days ago" and she thought she wrote a progress note about it.

On 06/01/22 at 01:30 PM Administrative Nurse C stated Licensed Nurse D told her she checked R601's sore, found another red area, and contacted APRN J for orders. Administrative Nurse C stated the certified staff used a skin mapping tool to document skin issues found during bathing and would notify the nurse. She stated skin assessments were also done quarterly by a nurse.

On 06/02/22 at 09:26 AM APRN J stated she had not been notified since 05/23/22 of any skin issues for R601. R601 had a history of skin breakdown although APRN J could not recall specifics at that time. It was up to the facility's best practice to provide regular skin monitoring of at-risk residents to prevent open sores.

A skin monitoring policy was asked for on 06/22. Administrative Nurse C stated the facility did not have one.

The operator failed to protect R601 from neglect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S3026	Continued From page 4 when licensed staff did not provide skin assessment monitoring and interventions to prevent pressure sores which resulted in R601 developing two open sores on her buttocks.	S3026		
S5230 SS=E	26-42-207 (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; (c) Each administrator or operator shall ensure the home ' 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: KAR 26-207(c) The facility reported a census of 10 residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with three out of five staff sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Review of Certified Nurse Aid (CNA) F's	S5230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S5230	Continued From page 5 employee record revealed a hire date of 03/02/22. The employee record included a document from a previous employer with TB skin test completed on 07/01/21(first step) and 07/24/21 (second step). The operator failed to conduct a two-step TB skin test within seven days of employment since the previous testing was not within six months of hiring as required in the "Tuberculosis Guidelines for Adult Care Homes." Review of CNA G's employee record revealed a hire date of 03/02/22 and lacked evidence of TB testing. Review of CNA E's employee record revealed a hire date of 04/12/22 and lacked evidence of TB testing. During an interview on 06/01/22 at 01:33 PM Administrative Nurse C confirmed the employee records lacked evidence of TB testing as required. The administrator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		
S5380 SS=E	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets	S5380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S5380	Continued From page 6	S5380		

at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by:
KAR 28-39-437(i)(2)

The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure the hot water temperature ranged between 98 degrees Fahrenheit (F) and 120 degrees F in one bathroom/shower room that was accessible to residents. This failure put four out of 10 residents who routinely used the shower room safety at risk.

Findings included:

- Observation on 05/31/22 at 12:05 PM revealed the east bathroom/shower room water temperature was 129.7 degrees F.

On 05/31/22 at 12:16 PM Administrative Staff B stated he spot checked the water temperatures monthly. The last temperature check was completed on 05/17/22. He could not recall the temperature as he did not keep a log, but stated the temperatures were fine at that time. He stated there were two hot water heaters supplying the house. He would re-set the water heater that supplied the east side of the building.

On 05/31/22 at 01:26 PM Administrative Staff A stated he knew safe water temperature range was between 98 F and 120 F. They had a system in place to check water temperatures every month.

The operator failed to ensure the hot water temperature ranged between 98 degrees

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B023014	A. BUILDING: _____ B. WING _____	06/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR CARE HOMES OF BALDWIN CITY, LL	232 ELM STREET BALDWIN CITY, KS 66006

(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
S5380	Continued From page 7 Fahrenheit (F) and 120 degrees F in one bathroom/shower room which put four resident's safety at risk.	S5380		