STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B059012	A. BUILDING: _____ B. WING _____	05/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations #167196, #170051, #170248, and #170453 for the above named Home Plus facility conducted on 05/16/22, 05/17/22, and 05/24/22.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated 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 26-42-201 (C)(2) The facility reported a census of 10 residents(R). The sample included 3 residents. Based on interview and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" (FCS) for one (R518) of 3 sampled residents following a significant change in condition. Findings Included: - Review of R518's medical record revealed he moved into the facility on 08/11/21 with diagnoses of diabetes mellitus, congestive heart failure, chronic obstructive pulmonary disease, diabetic neuropathy, and chronic back pain.	S5085		

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

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S5085	Continued From page 1 R518's "Functional Capacity Screen" (FCS) dated 08/11/21 identified the resident required physical assistance with bathing, dressing, toileting, and transfers. It also identified the resident was independent with walking/mobility, self administered medications, and did not have a current problem or risk for falls. The facility failed to update the FCS after the resident required staff to push him in a wheelchair, used a mechanical lift for transfers, when staff began to administer his medications, and after the resident had falls which required increased assistance from staff. Review of the residents "Negotiated Service Agreement" (NSA) dated 08/11/21 had handwritten on 08/20/21 the facility Nurse/Certified Medication aide (CMA) to manage all medications. R518's paper record included on 09/15/21 the resident observed laying on his right side in his room on the floor. The assessment noted the resident had skin tear to left knee and carpet burn areas on right forehead. On 09/18/21 staff found the resident in his room on the floor. The assessment form noted the resident told staff he toppled out of his wheelchair falling forward and landing on the floor. On 01/03/22 staff heard resident call out for help and found him on floor in his room. The resident refused to go to ER and said, "I fall out of my chair, will probably happen again". The resident had another unwitnessed fall on 02/26/22 where staff found him on the floor on his left side in front of wheelchair. Observation on 05/16/22 at 01:11 PM revealed Administrative staff/Licensed Nurse A pushed the	S5085		

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S5085	Continued From page 2 resident to his room, used the sit-to-stand mechanical lift to transfer the resident from his wheelchair to the bed and then again out of bed and onto the commode. Review of the "Resident Functional Capacity Screen" policy and procedure revised on 06/01/01 revealed staff shall conduct a "Functional Capacity Screen" following a significant change in the resident's physical, mental, or psycho=social functioning which would require a change in the "Negotiated Service Agreement". The operator failed to ensure designated staff completed a FCS for R518 when he had significant changes in his functional ability.	S5085		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure 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, 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:	S5116		

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	B059012	A. BUILDING: _____ B. WING _____	05/24/2022

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S5116	Continued From page 3 KAR 26-42-202(d)(2) The facility reported a census of 10 residents with three residents (R) sampled. Based on observations, interview, and record review, the operator failed to ensure a Licensed Nurse (LN) reviewed and if necessary revised one (R518) of three sampled residents "Negotiated Service Agreement" to identify services related to wound care and falls when the resident had a significant change in status. Findings included: - Review of R518's medical record revealed he moved into the facility on 08/11/21 with diagnoses of diabetes mellitus, congestive heart failure, chronic obstructive pulmonary disease, diabetic neuropathy, and chronic back pain. R518's "Functional Capacity Screen" dated 08/11/21 identified the resident required physical assistance with bathing, dressing, toileting, and transfers. He also had bladder incontinence, impaired decision-making, and used a wheelchair for mobility. Review of the "Negotiated Service Agreement" (NSA) dated 08/11/21 identified staff would provide services related to bathing, toileting, mobility, incontinence assistance, and transfer assistance. It identified the resident had current Home Health (HH) services for wounds to his bilateral lower extremities. The resident's "Service Plan" (SP) dated 08/11/21 identified staff would assist with transfers to toilet and change incontinent products when soiled and will assist the resident with all transfers. It also identified medical treatments would be done by	S5116		

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S5116	Continued From page 4	S5116		

facility nurse and HH staff. It did not include any interventions for staff to provide to help promote healing of his wounds.

Review of the resident's record included the following fall assessments:

On 09/15/21 R518 had an unwitnessed fall and staff found him in his room laying on his right side. He had a skin tear on his left knee and carpet burn on his forehead. Intervention to monitor while in wheelchair and continue to offer bed/recliner when sleeping in wheelchair.

On 09/18/21 the resident had an unwitnessed fall where the resident toppled out of wheelchair going forward landing on floor. Intervention included providing education to the resident on wearing safety/seatbelt if in electric wheelchair as well as staff education on his need to wear seat belt.

On 01/03/22 the resident had an unwitnessed fall out of electric wheelchair with intervention to ensure seat belt is on when in electric wheelchair.

Review of the resident's record revealed progress/nurses' notes between 08/11/21 to 05/05/22 as follows:

On 8/11/21 at 6:30 PM the resident arrived at the facility and noted multiple skin tears to bilaterally lower extremities being managed by Home Health (HH).

On 11/30/21 resident seen at wound care and identified an area on left lower back described as a stage 1 (Intact skin with non-blanchable of a localized area, usually over a bony prominence) pressure ulcer with ordered daily dressing

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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S5116	Continued From page 5 changes. Licensed nursing staff failed to review and revise the NSA to include any interventions to promote healing of the residents' current venous ulcers or interventions to reduce risk of development of additional skin problems. The NSA also lacked revisions after the resident developed a pressure ulcer to his lower left back to include specific recommendations made by the wound clinic medical provider which included a cushion on the back of the resident's wheelchair where pressure was applied to his newly developed wound, encourage repositioning, and offloading to affected area to maintain wound healing. Staff also failed to revise the NSA regarding services related to the resident's risk for falls. Review of the undated "Negotiated Service Agreement" policy identified a resident's NSA shall be reviewed at least annually, revised if necessary, and revised more frequently if requested by the resident or resident's legal representative. The operator failed to ensure the resident's NSA was reviewed and revised when the resident had a significant change in status.	S5116		
S5120 SS=D	26-42-202 (f) NSA Refusal of Service f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following: (1) The service or services refused;	S5120		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5120	Continued From page 6 (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(f)(1)(2)(3)(4) The facility reported a census of 10 residents with three residents (R) sampled. Based on observations, interview, and record review, for one (R518) of three sampled residents the Operator or Licensed Nurse failed to include in the resident's 'Negotiated Service Agreement" (NSA) his refusal to reposition in and out of his electric wheelchair, allow staff to change incontinent products and clothing, and comply with best practices to promote wound healing. The NSA also failed to include identification of any potential negative outcomes for the resident if services were not provided, evidence of providing education to the resident or his legal representative and an indication of acceptance by the resident or the resident's legal representative of the potential risk. Findings included: - Review of R518's medical record revealed he moved into the facility on 08/11/21 with diagnoses of diabetes mellitus, congestive heart failure, chronic obstructive pulmonary disease, diabetic	S5120		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5120	Continued From page 7	S5120		

neuropathy, and chronic back pain.

R518's "Functional Capacity Screen" dated 08/11/21 identified the resident required physical assistance with bathing, dressing, toileting, and transfers. He also had bladder incontinence, impaired decision-making, and used a wheelchair for mobility.

Review of the "Negotiated Service Agreement" (NSA) dated 08/11/21 identified staff would provide services related to bathing, toileting, mobility, incontinence assistance, and transfer assistance. It identified the resident had current Home Health (HH) services for wounds to his bilateral lower extremities.

The resident's "Service Plan" (SP) dated 08/11/21 identified staff would assist with transfers to toilet and change incontinent products when soiled and will assist the resident with all transfers. It also identified medical treatments would be done by facility nurse and HH staff.

Review of the resident's medical record included refusal forms dated 11/29/21- refused to be toileted and changed; 12/13/21- refused to lay down/reposition; 01/03/22- refused to stay in bed out of wheelchair for at least 3 hours; 02/01/22- refused to let staff change him out of wet brief; 02/01/22- refused to get out of electric wheelchair for repositioning; 02/02/22- refused to reposition; and on 03/21/22 refused to lay down/reposition. Each one of these forms included a reason the resident did not want to change or reposition and included that if he continued to refuse, he could have further skin issues and the wounds wound not heal.

On 05/17/22 at 09:33 AM "Certified Medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5120	Continued From page 8	S5120		

Aide" (CMA) C reported staff needed to take the resident to the commode, provide peri-care and change him as needed. We also check and change him every two hours as able. Staff C confirmed that the resident has an open wound on his lower back, and it is painful for him. CMA C also reported the resident would not let us change him and the bandage would get wet and often came off. The resident lets the nurses do the dressing changes where he would not before and wouldn't let them debride it either.

On 05/17/22 at 2:45 PM Administrative staff/Licensed Nurse A reported he first had the wound in November and then within a couple of weeks it was unstageable. Our staff and Home Health staff tried to get him to reposition and get out of his scooter, to allow us to change him when he was wet, and he wouldn't let us. He would refuse to get out of his scooter at the wound clinic so they really couldn't get him in a good position to do things. Administrative staff/Licensed Nurse A stated the resident pretty much knows what is going on but will forget things and make choices not to do what is needed for it to heal. He understands that not letting us do the care can make it worse. Licensed Nurse A also stated she had contacted the residents Durable Power of Attorney to let her know the resident was non-compliant in allowing us to provide cares to promote healing.

For R518, the operator failed to ensure the NSA included services for refusal of repositioning and incontinent care; identify potential negative outcome if services not provided; evidence of the provision of education to the resident of any negative outcomes if the services are not provided; and an indication of acceptance by the resident of the potential risk for not allowing staff

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S5120	Continued From page 9 to provide services that would promote healing of a deteriorating pressure ulcer.	S5120		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 4 residents. Based on observation and interview the operator failed to ensure staff secured all chemicals to maintain the safety of all residents and the public. Findings included: - During initial tour on 05/16/22 surveyor had the following observations of chemicals in areas that were not secured from confused resident's or visitors. On 05/16/22 at 11:24 an unlocked closet in the west hall had sign on the front of it "Please keep this door locked at all times". The closet contained a variety of cleaning supplies, some of which included: Awesome carpet spot and stain remover, Daily shower cleaner, Windex, Kaboom Oxi cleaner, Oxygen orange, Pine-sol, bottle of	S5335		

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	B059012	A. BUILDING: _____ B. WING _____	05/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND HAVEN HOME PLUS	1345 CHEROKEE ROAD INMAN, KS 67546

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S5335	Continued From page 10 Clorox, Lysol spray, Prospray wipes, dishwasher packets, Brody disinfectant spray can, bottles of Lime away, can of Hot Shot flying insect killer and Clorox toilet cleaner. All the items had warning labels on them which included to keep out of reach of children. On 05/16/22 at 11:31 AM Certified Medication Aide C confirmed the door was supposed to be locked. Another observation on 05/16/22 at 11:36 AM the beauty shop/craft room was wide open and in the middle of the floor was a tool bag on wheels. It had sections that were open and had the following chemicals in it: Clorox spray, Clorox toilet cleaner, Carpet cleaner, Kaboom, Lime away, and a bottle of The Works, all of which had warning labels on them. On 05/16/22 at 11:40 AM Administrative staff/Licensed Nurse A reported the door to the beauty shop is normally closed except for when the neighboring resident made crafts. The operator failed to ensure staff kept chemicals safely secured to maintain safety for all residents and the public.	S5335		