STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N039005	A. BUILDING: _____ B. WING _____	05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ESTATES ASSISTED LIVING	1212 HICKORY STREET HARPER, KS 67058

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Assisted Living facility conducted on 05/11/22 - 05/12/22.	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: K.A.R.26-41-201(c)(1) The facility reported a census of 12 residents. Based on record review and interview the operator failed to ensure designated staff completed Resident (R)511's "Functional Capacity Screen" (FCS) at least every 365 days. Findings included: - R511's medical record revealed she moved into the facility on 09/18/19 with diagnoses of hypertension and weakness. Review of the resident's record revealed staff completed the prior FCS on 09/18/20 with the most recent FCS completed on 01/04/22, more than 365 days prior to current FCS.	S3081		

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

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S3081	Continued From page 1 On 05/12/22 at 01:57 PM Administrative Staff A stated the facility did not have an annual FCS completed for 2021 for R511. The 07/25/19 "Functional Capacity Screen" policy documented the facility would conduct a FCS at least annually. The operator failed to ensure designated staff completed the resident's FCS at least every 365 days.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement 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, 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: 26-41-202(d)(1) The facility reported a census of 12 residents. Based on record review and interview the	S3092		

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S3092	Continued From page 2 operator failed to ensure designated staff completed Resident (R)511's "Negotiated Service Agreement" (NSA) at least every 365 days. Findings included: - R511's medical record revealed she moved into the facility on 09/18/19 with diagnoses of hypertension and weakness. Review of the resident's record revealed staff completed the prior NSA on 09/2020 with the most recent FCS completed on 01/05/22, more than 365 days prior to current FCS. On 05/12/22 at 01:57 PM Administrative Staff A stated the facility did not have an annual NSA completed for 2021 for R511. The 07/25/19 "Negotiated Service Agreement" policy documented the facility would develop a written negotiated service agreement with each resident upon admission and at least annually thereafter. The operator failed to ensure designated staff completed the resident's NSA at least every 365 days.	S3092		
S3225 SS=F	26-41-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition.	S3225		

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S3225	Continued From page 3	S3225		

This REQUIREMENT is not met as evidenced by:
3225
26-41-205(l)

The facility reported a census of 12 residents. The sample included three residents. Based on interview and record review the operator failed to ensure a licensed pharmacist offered to conduct a medication regimen review at least quarterly for two of three residents reviewed.

Findings included:

- Resident (R)511 moved into the facility on 09/18/19 with diagnoses of hypertension and weakness.

R511's medical record lacked evidence that a licensed pharmacist completed a medication regimen review the first two quarters of 2022.

On 05/12/22 at 01:57 PM Administrative Staff A stated the pharmacist was good about completing pharmacy reviews, but she was unable to locate any reviews completed for 2022.

The facility failed to ensure a medication regimen review was completed on a quarterly basis for R511.

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S3225	Continued From page 4 - Resident (R) 512 moved into the facility on 10/01/21 with diagnoses of hypertension and osteoporosis. R512's medical record lacked evidence that a licensed pharmacist completed a medication regimen review the first two quarters of 2022. On 05/12/22 at 02:06 PM Administrative Staff A stated she was unable to find pharmacy reviews completed for R512 for 2022. The facility failed to ensure a medication regimen review was completed on a quarterly basis for R512.	S3225		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) (11) The facility reported a census of 12 residents. The sample included three residents. Based on interview and record review the operator failed to ensure one of three sampled residents record contained documentation of all incidents, symptoms, and other indications of illness or injury.	S3261		

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S3261	Continued From page 5 Findings included: - Resident (R)512's medical record documented she moved into the facility on 10/01/21 with diagnoses of hypertension and osteoporosis. Review of R512's medical records revealed the "Care Plan" was last updated on 11/03/21. On 11/11/21 "Nurses Notes" documented, "Felt light headed while doing pills, slid to floor, waited a bit then got to the chair called daughter. 03/16/22 "Quality Review Report" by Tania Baker documented, "Got a page from resident at 707 PM, found her on floor in kitchen. Said she was doing dishes when she turned and fell to the floor ...We got her up with their help. We got her to a sitting position, and she passed out. I was right behind her and she leaned up against my legs. I told family I was going to call ambulance to take her in to hospital, as we waited which was like 3 mins she came to but was slurring her words and wouldn't open her eyes, then she acted like she was going to get sick, but she didn't, but the time the ambulance got here she was still slurring words but could hold a better conversation, still confused and said she was hot. Was in and out of consciousness." 04/06/22 "Nurse Assessment" documented, "Resident suffered fall March 15 in apartment with subsequent LOC. Resident seen in ER (No) residual effects from fall. Up and around in room. Difficult for her to recall fall." On 05/12/22 at 02:06 PM Administrative Staff A stated fall interventions should be included both in the resident's care plan and the NSA.	S3261		

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S3261	Continued From page 6 The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: 26-41-104(d)(3) The facility reported a census of 12 residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.	S3280		

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S3280	Continued From page 7 Findings included: - The "Quarterly Disaster Review- 2021" documented quarterly reviews were completed on 01/11/21, 03/11/21, 07/16/21 and 10/10/21. There were no quarterly disaster reviews documented for 2022. On 05/12/22 at 04:45 PM Administrative staff A stated she has not completed emergency management plan reviews with staff and residents for 2022. The facility failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents.	S3280		
S3299 SS=E	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: K.A.R.26-41-206(e)(1) The facility had a census of 12 residents. The operator failed to ensure food items were stored under safe and sanitary conditions by the failure to ensure foods were stored at appropriate temperatures according to Food Safety Guidelines which could potentially affect 11 of 12	S3299		

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S3299	Continued From page 8 residents who eat in the assisted living dining room. Findings included: - Observation on 05/11/22 at 04:04 PM of the kitchen revealed no refrigerator or freezer temperature logs were completed. On 05/11/22 at 04:10 PM Administrative Staff A stated she was never told that she needed to keep a log of refrigerator and freezer temperatures. Observation on 05/11/22 at 04:42 PM of the food storage room across from the operator's office contained a refrigerator/freezer unit. This unit did not have any thermometers to check temperatures and no temperature logs were completed. The 11/02/21 "Food Supply and Storage" policy documented, "Temperatures of all refrigerators and freezers shall be recorded ...The thermometer is located in each refrigerator where it can be easily read." This policy documented food temperatures should be, "listed on the temperature log sheet ..." The operator failed to ensure food items were stored under safe and sanitary conditions.	S3299		
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;	S3310		

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S3310	Continued From page 9 (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: KAR 26-41-207(c) The facility reported a census of 12 residents. The sample included three residents. Based on interview and record review for three residents and five new employee records, the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R 26-39-105. This failure effected all residents who lived in the assisted living facility. Findings included: - Resident (R)512 moved into the facility on 10/01/21 with diagnoses of hypertension and osteoporosis. R512's medical record lacked evidence a "Tuberculosis Symptom Screen Questionnaire" and a two-step TB skin test was completed for this resident. On 05/12/22 at 02:06 PM Administrative staff A verified a TB two-step skin test and TB	S3310		

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S3310	Continued From page 10	S3310		

questionnaire was not completed for R512.
The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R 26-39-105.

- Resident (R)513 moved into the facility on 03/19/22 with diagnoses of diabetes and hypertension.

R513's medical record lacked evidence a "Tuberculosis Symptom Screen Questionnaire" was completed and the TB two-step skin test was started 19 days after she was admitted to the facility instead of within seven days of admissions as directed in the "Tuberculosis (TB) Guidelines for Adult Care Homes."

On 05/12/22 at 01:54 PM Administrative staff A acknowledged the TB skin tests were late and stated she was not aware both a TB questionnaire and a two-step skin test needed to be completed for a newly admitted resident.

The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R 26-39-105.

- Review of five newly hired staff records revealed the following:

Certified Medication Aide (CMA) B hired on 01/30/22 lacked a completed "Tuberculosis Symptom Screen Questionnaire", did not begin a two-step TB skin test within seven days of hire and the second step was not completed.

CMA C hired on 02/28/22 lacked a completed "Tuberculosis Symptom Screen Questionnaire" and did not have the second step of the TB skin test completed.

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S3310	Continued From page 11 On 05/12/22 at 04:43PM Administrative staff A stated the questionnaire and both steps should be completed for all newly hired staff. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R 26-39-105.	S3310		