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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #159497 and 164629 at the above named Home Plus conducted on 05/03/22 - 05/04/22.	S 000		
S5105 SS=D	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(2) The facility reported a census of 10 residents. The sample included three residents and two focused record reviews. Based on record review and interview the operator failed to identify the hospice provider for Resident (R)503 in the "Negotiated Service Agreement" (NSA). Findings included:	S5105		

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

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S5105	Continued From page 1 - R503's medical record revealed she moved into the facility on 08/10/21 with a diagnosis of severe dementia. R503's medical record documented an order dated 03/25/22 for palliative care through (local hospice provider). R503's medical record lacked documentation the NSA was amended to identify the hospice provider for R503. On 05/04/21 at 12:05 AM Certified Medication Aide C stated R503 was on hospice. On 05/04/22 at 01:05 PM Licensed Nurse A stated the NSA should have been amended to document the use of (local hospice provider) for hospice services for R503. The operator failed to ensure designated staff amended R503's NSA to identify which hospice provided care for R503.	S5105		
S5161 SS=D	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 10 residents. The sample included three residents and two	S5161		

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S5161	Continued From page 2	S5161		

focused record reviews. Based on interview and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) identified the name of the licensed nurse responsible for the implementation and supervision of the plan for two of three residents reviewed. (Resident (R)503, and R505.)

Findings included:

- R503's medical record revealed she moved into the facility on 08/10/21 with a diagnosis of severe dementia.

Review of R503's medical record revealed the NSA was not updated or amended to document the current nurse responsible for the implementation and supervision of the NSA.

On 05/04/22 at 01:05 PM Licensed Nurse A stated the NSA should have been amended to document the new nurse responsible for care of R503.

The operator failed to identify the name of the licensed nurse responsible for the implementation and supervision of the NSA.

- R505's medical record revealed he moved into the facility on 04/12/21 with a diagnosis of dementia.

Review of R505's medical record revealed the NSA was not updated or amended to document the current nurse responsible for the implementation and supervision of the NSA.

On 05/04/22 at 01:05 PM Licensed Nurse A stated the NSA should have been amended to document the new nurse responsible for care of

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S5161	Continued From page 3 R505. The operator failed to identify the name of the licensed nurse responsible for the implementation and supervision of the NSA.	S5161		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 10 residents. The sample included three residents and two focused record reviews. Based on observation, interview and record review the operator failed to ensure staff served food at the proper temperature by not checking food temperatures prior to serving meals to residents.	S5192		

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S5192	Continued From page 4 Findings included: - On 05/03/22 at 11:15 AM dietary staff arrived from the assisted living building with food for the memory care residents in a rolling hot box. Memory care staff placed the food containers on a warmer in the memory care kitchen. On 05/03/22 at 11:27 AM Certified Medication Aide (CMA) B failed to check food temperatures prior to distributing meals to residents. On 05/03/22 at 11:56 AM CMA B stated they used have a thermometer to check food temperatures but stated it did not work anymore. CMA B stated they haven't filled out temperature log for a while and referred to the April 2022 "Food Temperatures" log. This log was set up for daily food temperatures to be logged for breakfast, dinner and supper with spaces for various types of foods to be temped. Staff failed to document food temperatures on this log as it was blank. On 05/04/22 at 11:22 AM CMA C failed to temp foods prior to distributing to residents. On 05/04/21 at 11:55 AM CMA C stated she doesn't check the food temperatures before serving foods and stated she didn't know if they were required to temp foods prior to serving to residents. On 05/04/22 at 01:40 PM Administrative Nurse A stated she expected staff to take and document food temperatures prior to serving food to the residents. The 2014 "Food Services" policy documented, " ...hot foods must be maintained at temperatures over 140 degrees F ...as per "Focus on Food	S5192		

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S5192	Continued From page 5 Safety" from the Kansas Department of Health and Environment." The operator failed to ensure staff took and documented food temperatures prior to serving food which affected all residents.	S5192		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (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 home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' 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: 26-42-104(d)(3) The facility reported a census of 10 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.	S5215		

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S5215	Continued From page 6 Findings included: Operator provided dates of quarterly reviews of the emergency management plan with employees and residents having been completed on 11/01/21 and on 04/09/22. The documentation provided for these dated lacked an agenda to show what materials were covered. No other documentation of previous reviews was provided. On 05/03/22 at 11:00 AM Administrative Staff A stated she was unable to locate any documentation of reviews of the emergency management plan with staff and residents completed prior to her hire date of 10/2021. Administrative Staff A stated she completed the emergency disaster reviews twice a year with both staff and residents. The operator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and residents.	S5215		
S5230 SS=F	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	S5230		

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S5230	Continued From page 7 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 26-42-207(c) The facility reported a census of 10 residents. The sample included three residents and two focused record reviews. 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 guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure effected all residents who lived in the memory care unit. Findings included: - Resident (R)505 moved into the facility on 04/21/21 with a diagnosis of dementia. Review of R505's medical record revealed a two-step tuberculosis (TB) skin test was not initiated until 08/27/21 which was four months late. On 05/04/22 at 01:18 PM Licensed Nurse (LN) A acknowledged the TB skin test was not completed when R505 was admitted to the facility. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Resident (R)503 moved into the facility on	S5230		

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S5230	Continued From page 8 08/10/21 with a diagnosis of severe dementia. Review of R503's medical record revealed a tuberculosis (TB) symptom screening questionnaire and two-step TB skin test was not initiated until approximately three months after R503 was admitted to the facility. On 05/04/22 at 01:05 PM Licensed Nurse (LN) A acknowledged the TB skin test was not completed when R505 was admitted to the facility. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference to K.A.R. 26-29-105. - Review of five newly hired staff records revealed the following: Certified Nurse Aide (CNA) E hired on 04/13/21 did not have a TB screening questionnaire or two-step TB skin test initiated until 12/16/21 which was approximately eight months late. CMA F hired on 09/27/21 did not have a two-step TB skin test initiated until 12/16/21 which was approximately three months late and did not have a TB screening questionnaire completed until 03/14/22 which was approximately six months late. CMA G hired on 03/03/21 refused to have a TB skin test completed. The operator failed to obtain documentation of a TB skin test completed by the local health department. Review of the Tuberculosis (TB) guidelines for adult care homes June 2013 revealed: A. Each new resident and new employee shall have an	S5230		

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S5230	Continued From page 9 initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of residency or employment. On 05/04/22 at 01:44 PM Licensed Nurse (LN) A stated a TB screen should be started at the time of hire. Staff verified a couple of newly hired employees TB skin tests were late in being completed. The 2014 "Hiring Staff" policy documented, "Each new employee shall be required to have the first step TB Skin Test as soon as employment begins, the second step within 7-21 days." The operator failed to ensure the compliance with the department's tuberculosis guidelines for adult care homes adopted by reference to K.A.R. 26-39-105.	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records 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 26-42-105(f)(11) The facility reported a census of 10 residents. The sample included three residents and two focused record reviews. Based on record review and interview the operator failed to ensure three of five sampled residents records contained	S5251		

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S5251	Continued From page 10 documentation of all incidents, symptoms, and other indications of illness or injury. (Resident (R)505, R506, R507.) Findings included: - R505's medical record revealed she moved into the facility on 04/12/21 with a diagnosis of dementia. The 11/10/21 "Negotiated Service Agreement" (NSA) lacked documentation R505 had a stage two pressure ulcer to her buttocks or the use of heel protectors. The 02/22/22 "Medication Profile" documented instructions for staff to, "Float heels at all times. Heel protector boots at all times while in bed." The 01/29/22 hospice "Medical Director Certification of Terminal Illness" documented, "Stage 2 to buttocks on admit is improving." Further review of R505's medical chart revealed it lacked any measurements or description of wounds to her heels or to her buttocks. On 05/04/22 at 01:18 PM, Licensed Nurse (LN) A stated R505 did not have any skin issues and was not aware of any current or prior skin issues. LN A stated if a resident had a skin wound the nurse should visually assess the wound at least once a week to include wound measurements at least every other week and this should be documented in the resident's chart. The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, actions taken, and results of the action.	S5251		

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S5251	Continued From page 11 - R506's medical record revealed he moved into the facility on 08/25/15 with a diagnosis of dementia. Review of R506's medical record and progress notes lacked any documentation of R506 having passed away. The 07/11/21 "Report of Resident Death" documented R506 died on 07/11/21. On 05/04/22 at 03:15 PM Licensed Nurse (LN) A stated the resident's death should have been documented in the resident's progress notes. The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury including the date, time of occurrence, actions taken, and results of the action. -R507's medical record revealed he moved into the facility on 04/19/21 with a diagnosis of dementia. Review of R507's medical record and progress notes lacked any documentation of R507 having passed away. The 07/30/21 "Report of Resident Death" documented R507 died on 07/20/21. On 05/04/22 at 03:15 PM Licensed Nurse (LN) A stated the resident's death should have been documented in the resident's progress notes. The operator failed to ensure designated staff included documentation of all incidents, symptoms and other indications of illness or injury	S5251		

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S5251	Continued From page 12 including the date, time of occurrence, actions taken, and results of the action.	S5251		