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	B049001	A. BUILDING: _____ B. WING _____	03/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN SENIOR LIVING LLC	321 N MAIN STREET HAVILAND, KS 67059

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S 000	INITIAL COMMENTS The following citations represent the findings of the resurvey for the above named assisted living facility conducted on 3/1,2,3/2021.	S 000		
S5095 SS=E	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR -26-42-201 (e) The facility reported a census of 9 residents. The sample included 3 residents. Based on interview and record review the operator failed to ensure designated staff completed 2 (#101, #301) of 3 residents functional capacity to accurately reflect the residents functional ability at the time of the screening. Findings included: - Review of resident #101's medical record revealed the resident admitted to the facility on 2-22-2010 with diagnoses of coronary artery disease, osteoporosis, and macular degeneration. Review of the resident's functional capacity screen completed on 2-2-21 failed to identify the resident had a current or recent problem with falls / unsteadiness.	S5095		

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

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S5095	Continued From page 1 Review of the resident's record revealed on 1-9-21 the resident had a fall on 1-9-21, 24 days prior to completion of the functional capacity screen. - Review of resident #301's medical record revealed she admitted to the facility on 11-21-18 with diagnoses of diabetes and dementia. The resident's functional capacity screen (FCS) dated 11-16-20 failed to identify the resident had a current or recent problem with falls / unsteadiness. Review of the resident's record revealed she had a falls on 8-20-20, 9-23-20 and one on 9-30-20. Licensed nurse F completed both resident's FCS and failed to identify on the screen the resident had problems related to falls. Review of the FCS manual dated 2008 it directed the completion of the current problem section to be marked if the resident has fallen within the last 180 days and/or exhibits unsteadiness when attempting to rise from a chair or when walking. The operator failed to ensure that designated staff completed 2 of 3 functional capacity screens to accurately reflect the residents functional capacity at the time of the screening.	S5095		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall	S5126		

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S5126	Continued From page 2	S5126		

ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-202 (h)

The facility reported a census of 9 residents and the sample included 3 of those residents. Based on interview and record review for 2 (#101, #301) the operator failed to ensure that each individual involved in the development of the negotiated service agreement signed the agreement.

Findings included:

- Review of resident #101's medical record revealed the resident admitted to the facility on 2-22-2010 with diagnoses of coronary artery disease, osteoporosis, and macular degeneration.

Review of the resident's functional capacity screen completed on 2-2-21 revealed the resident was independent with activities of daily living, required supervision with medication management, had impaired vision and hearing and used a mobility assistive device.

Review of the residents negotiated service agreement and health care service plan dated 2-2-21 revealed family set up the residents medications due to the resident's macular degeneration and that the resident used a 4 wheeled walker for mobility assistance.

The NSA was signed by licensed nurse F but was

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S5126	Continued From page 3	S5126		

not signed by the resident or legal family representative.

- Review of resident #301's medical record revealed she admitted to the facility on 11-21-18 with diagnoses of diabetes and dementia.

The resident's functional capacity screen (FCS) dated 11-16-20 required physical assistance with bathing and supervision with dressing and toileting. She also required physical assistance with management of medications and medical treatments, had bladder incontinence and cognitive impairment. The resident also had impaired hearing and decision making ability and used an assistive device for mobility.

The resident's negotiated service agreement dated 11-16-20 identified facility staff would provide reminders and assist as needed with dressing, assist with bathing needs and would administer medications. Staff would also assist with the residents CPAP (breathing) machine. The negotiated service agreement failed to include the resident's signature or her legal representatives signature.

During an interview on 3-1-21 at 1:33 PM licensed nursing staff F reported that she would visit with the resident but if there were no changes in the service agreement she did not have the resident or family sign it.

Review of the negotiated service agreement policy dated 5-23-11 revealed the agreement will be signed by each individual participating in the development of the agreement.

The operator failed to ensure that all who

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S5126	Continued From page 4 participated in the development of the negotiated service agreement signed the agreement.	S5126		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (a) The facility reported a census of 13 residents. The sample included 3 residents. Based on observation, interview and record review operator the failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of 2 (#201 and 301) of 3 residents who experienced falls. Findings included: -- Review of resident #201's medical record revealed the resident admitted to the facility on 12-17-18 with a diagnoses of hypertension, diabetes and depression. Review of the functional capacity screen dated 8-4-20 revealed the resident required physical assistance with all activities of daily living,	S5155		

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S5155	Continued From page 5	S5155		

including management of medications and treatments. The resident also had current problems with falls and unsteadiness.

Review of the resident roster provided by licensed nursing staff G it indicated the resident had a fall on 1-9-21. Licensed nursing staff G also provided the surveyor with a fall report for 9-7-20.

Review of the resident's medical record lacked information regarding the resident having a fall on 9-7-20 or 1-9-21. The record included documentation on 8-3-20 that the resident would be returning to the facility on 8-4-20 from skilled rehab. facility. The nurses note prior to 8-3-20 identified certified staff walked with the resident and had to lower the resident to the floor. The notes lacked information that the staff contacted EMS and the resident went to the hospital and was admitted.

- Review of resident #301's medical record revealed she admitted to the facility on 11-21-18 with diagnoses of diabetes and dementia.

The resident's functional capacity screen (FCS) dated 11-16-20 required physical assistance with bathing and supervision with dressing and toileting. She also required physical assistance with management of medications and medical treatments, had bladder incontinence and cognitive impairment. The resident also had impaired hearing and decision making ability and used an assistive device for mobility.

The resident's negotiated service agreement dated 11-16-20 identified facility staff would provide reminders and assist as needed with dressing, assist with bathing needs and would

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S5155	Continued From page 6 administer medications. Staff would also assist with the residents CPAP (breathing) machine. The negotiated service agreement failed to include the resident's signature or her legal representatives signature.	S5155		
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 26-42-207(c) The facility identified a census of 9 residents. The sample included 3 residents and 5 personnel records reviewed. Based on 4 (certified staff A, B, C, and D) of 5 personnel records reviewed the operator failed to ensure the facility's compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		

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S5230	Continued From page 7 Findings included: - Review of 5 newly hired employees records revealed the following: Certified staff A hired onto the facility on 10-29-20 and received the first TB skin test on 10-30-20 which was negative. Certified staff B hired onto the facility on 7-15-20 and received her first TB skin test on 8-19-20 which was negative. Certified staff C hired onto the facility on 1-26-21 and received her first TB skin test on 2-2-21 which was negative. Certified staff D hired onto the facility on 1-27-21 and had received a prior TB skin test on 8-31-20 which was negative. None of the above certified staff received a second TB skin test. During an interview on 3-1-21 at 12:11 PM administrative staff E reported the facility only completed the questionnaire with the first TB skin test and then did a questionnaire annually. Review of the tuberculosis testing policy dated 5/23/2011 revealed all new residents and employees will be skin tested using the two-step method unless documentation is provided to Home Again Senior Living of a previous significant reaction. The operator failed to ensure the facility's compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S5230		
S5251 SS=E	26-42-105 (f) (11) Resident Records Documentation of Incidents	S5251		

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S5251	Continued From page 8 (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 9 residents The sample included 3 residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury for 2 (#201, #301) of 3 residents. Findings included: -- Review of resident #201's medical record revealed the resident admitted to the facility on 12-17-18 with a diagnoses of hypertension, diabetes and depression. Review of the functional capacity screen dated 8-4-20 revealed the resident required physical assistance with all activities of daily living, including management of medications and treatments. The resident also had current problems with falls and unsteadiness. Review of the resident's negotiated service agreement and health care service plans dated 8-4-20 revealed staff needed to keep the resident's walker and call light in reach at all times. It identified the resident needed 1 person assistance with transferring and was only 50% weight bearing on his left leg. There were no	S5251		

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S5251	Continued From page 9	S5251		

other specific interventions to address the resident's risk for falls.

Review of the resident roster provided by licensed nursing staff G it indicated the resident had a fall on 1-9-21. Licensed nursing staff G also provided the surveyor with a fall report for 9-7-20.

On 3-3-21 at 11:50 AM, operator A was not able to provide an investigation of the fall the resident had on 1-9-21.

Review of the resident's record failed to identify that the resident was assessed by a nurse when he fell on 1-9-21 to ensure the licensed nurse made provision of necessary health care services to meet the needs of the resident.

- Review of resident #301's medical record revealed she admitted to the facility on 11-21-18 with diagnoses of diabetes and dementia.

The resident's functional capacity screen (FCS) dated 11-16-20 required physical assistance with bathing and supervision with dressing and toileting. She also required physical assistance with management of medications and medical treatments, had bladder incontinence and cognitive impairment. The resident also had impaired hearing and decision making ability and used an assistive device for mobility.

The resident's negotiated service agreement dated 11-16-20 identified facility staff would provide reminders and assist as needed with dressing, assist with bathing needs and would administer medications. Staff would also assist with the residents CPAP (breathing) machine. The negotiated service agreement failed to

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S5251	Continued From page 10 include the resident's signature or her legal representatives signature. Review of the resident roster provided by licensed nurse G revealed the resident had a fall on 9-23-20. Licensed nurse G provided a fall investigation for 9-30-20 but could not find one for the fall on 9-23-20. The fall investigation lacked investigation of possible cause of the fall and if there were potentially any measures that could be initiated to reduce the risk of it occurring again. Review of the residents record lacked evidence a licensed nurse assessed the resident after having a fall on 9-23-20. During an interview on 3-3-21 at 11:46 PM licensed nurse G and operator A agreed when a resident fell it should be investigated to identify possible cause and if any measures could be implemented to help reduce the risk of it occurring again. Review of the undated fall policy revealed if a resident fell the licensed nurse needed to assess the resident for immediate injury and document the findings in the clinical record. Any ordered/recommended interventions will be added to the health service plan as appropriate. The operator failed to ensure a licensed nurse provided or coordinated the necessary health care services to reduce falls by the failure to thoroughly investigate the root cause of fall and implement appropriate measures to reduce the risk for further falls.	S5251		

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S5285	Continued From page 11	S5285		
S5285 SS=D	26-42-205 (a) (4) Prefilled Medication Container (a) (4) If a resident self-administers medication with a prefilled medication container or syringe, the prefilled medication container or syringe shall have a label with the resident ' s name and the date the container or syringe was prefilled. The label, or a medication administration record provided to the resident, shall also include the name and dosage of eachmedication and the time or event at which the medication is to be self-administered. Facility staff may remind residents to take medications or inquire as to whether medications were taken. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(4) The facility reported a census of 9 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure 1 (#101) resident who self-administered medications with a prefilled medication container failed to have a label with the resident's name and the date the container was prefilled. Findings included: - Review of resident #101's medical record revealed the resident admitted to the facility on 2-22-2010 with diagnoses of coronary artery disease, osteoporosis, and macular degeneration. Review of the resident's functional capacity screen completed on 2-2-21 revealed the resident	S5285		

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S5285	Continued From page 12	S5285		

was independent with activities of daily living, required supervision with medication management, had impaired vision and hearing and used a mobility assistive device.

Review of the residents negotiated service agreement and health care service plan dated 2-2-21 revealed family set up the residents medications due to the resident's macular degeneration and that the resident used a 4 wheeled walker for mobility assistance.

During an interview on 3-1-21 at 2:29 PM the resident confirmed her family set up the medication planner for her and they she took them like she was supposed to.

Observation of the medication planner on 301021 at 2:30 PM revealed the contained included the name of the person who filled it and had a list of medications, dosage, and time to take the medications. However, the planner did not include the residents name on it or the date it was filled.

During an interview on 3-3-21 at 11:45 AM operator A reported she did not know the planner did not have all of the required information on it.

The operator failed to ensure 1 (#101) resident focused review who self-administered medications with a prefilled medication container was labeled with the resident's name and the date the container was prefilled.