STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087183	A. BUILDING: _____ B. WING _____	01/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHENEY GOLDEN AGE HOME PLUS	802 NORTH MAIN STREET CHENEY, KS 67025

(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 a Resurvey at the above named home plus facility conducted on 12-30-2020 and 1-4,5-2021.	S 000		
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: KAR 26-42-202 (d)(2) The facility reported a census of 8 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure the review and revision of 1 (#230) of 3 resident's negotiated service agreements following a significant change in condition, as defined in K.A.R. 26-39-100. Findings included: - Review of resident #230's medical record revealed he admitted to the facility on 6-9-19 with	S5116		

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

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S5116	Continued From page 1 diagnoses of atrial fibrillation, muscle weakness, gastroesophageal reflux disease, and parkinsons. The resident's functional capacity screen dated 6-10-20 revealed the resident required physical assistance with all activities of daily living including eating. Review of the resident's negotiated service agreement dated 6-10-20 revealed the resident received a regular diet and staff needed to assist the resident with cutting up his meat, provide meal reminders and cueing to eat his meal. It also directed staff to provide extensive assistance and or help with special needs, adaptive equipment, thickened liquids, etc. Review of the signed physicians order dated 11-13-20 recommendation for mechanical soft diet. Review of the residents progress notes revealed on 10-7-20 at 8:19 AM operator A documented receiving a fax from the resident's physician with OK to initiate mechanical soft diet with thin liquids and proceed with further swallowing assessments. The residents family was notified and gave OK with diet change for now. The electronic medical record which staff use as directives to provide the resident care revealed under the health profile and on the current medication administration record it identified the staff needed to provide the resident a mechanical soft diet. Under the physicians orders it identified the staff needed to provide the resident a regular diet. On 1-4-21 at 10:41 AM certified staff C reported there were no residents that were currently on a	S5116		

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S5116	Continued From page 2 mechanically altered. She stated she did not recall resident #230 ever receiving a mechanically altered diet but staff watched for any coughing or other problems. On 1-4-21 at 10:51 AM operator A confirmed resident #230's diet recommendation is for a mechanical soft diet. The operator failed to ensure designated staff revised the residents negotiated service agreement to ensure staff knew to serve resident #230 a mechanically soft diet.	S5116		
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 8 residents. The sample included 3 residents. Based on observations, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of 3 (#130,#230,#330) of 3 sampled residents	S5155		

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S5155	Continued From page 3 related to bed rail usage and safety. Findings included: - Review of resident #130's medical record revealed she moved into the facility on 7-2-18 with diagnoses of weakness, edema, diabetes, dementia and hypertension. The residents functional capacity screen dated 7-1-20 revealed the resident required physical assistance with walking/mobility and could not perform the task of transfers. It also identified the resident used a wheelchair, mechanical sit-to-stand lift, and walker. Review of the resident's negotiated service agreement/health care service plan (NSA) dated 7-1-20 lacked evidence that the resident used a positioning bar/hand cane attached to her bed. Observation on 12-30-20 during initial tour revealed the resident had a positioning bar on the open side of her bed. Review of the resident's record lacked an assessment for the positioning bars safety and resident's safe ability to use. - Review of resident #230's medical record revealed he admitted to the facility on 6-9-19 with diagnoses of atrial fibrillation, muscle weakness, gastroesophageal reflux disease, and parkinsons. The resident's functional capacity screen dated 6-10-20 revealed the resident required physical assistance with all activities of daily living including mobility and eating. It identified the resident used a wheelchair and assistive devise	S5155		

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S5155	Continued From page 4 for walking/mobility. It did not include that the resident used a mechanical lift as an assistive device. Review of the resident's negotiated service agreement dated 6-10-20 lacked evidence that the resident used a positioning bar/hand cane attached to his bed. Observation on 12-30-20 during initial tour revealed the resident had a positioning bar on the wall side of his bed. Review of the resident's record lacked an assessment for the positioning bars safety and resident's safe ability to use. - Review of resident #330's medical record revealed the resident admitted to the facility on 10-26-20 with diagnoses of parkinsons and hypertension. Review of the functional capacity screen dated 10-26-20 revealed the resident needed physical assistance of staff with all activities of daily living except for eating. The resident also used a wheelchair for assistive device. Review of the resident's negotiated service agreement dated 10-26-20 lacked evidence that the resident used a positioning bar/hand cane attached to his bed. Observation on 12-30-20 during initial revealed the resident had a positioning bar on one side of his bed. Review of the resident's record lacked an assessment for the positioning bars safety and	S5155		

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S5155	Continued From page 5 resident's safe ability to use. Review of the resident roster provided by licensed nurse B on 12-30-20 revealed all 3 residents (#130, #230, #330) had bed rails or assistive devise attached to the bed. During an interview on 1-4-21 at 11:20 AM operator A reported that the facility did not do assessments for safety and resident safe usage for positioning bars. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment included Zone 1, within the rail to measure less than 4 and 3/4 inches. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for residents who used a bed assistive devise.	S5155		
S5161 SS=F	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 8 residents and	S5161		

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S5161	Continued From page 6	S5161		

the sample included 3 residents. Based on interview for all residents and record review for 3 (#130, #230, #330) of 3 sampled residents, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. This failure had the potential to affect all residents.

Findings included:

- Review of resident #130's medical record revealed she moved into the facility on 7-2-18 with diagnoses of weakness, edema, diabetes, dementia and hypertension.

The residents functional capacity screen dated 7-1-20 revealed the resident was unable to perform bathing, dressing, toileting, transfers and management of medications and medical treatments. The resident also needed physical assistance with mobility and eating, had cognitive deficit and problems with falls.

Review of the resident's negotiated service agreement/health care service plan (NSA/HCSP) dated 7-1-20 lacked identification of the nurse who was responsible for the implementation and supervision of the NSA/HCSP.

- Review of resident #230's medical record revealed he admitted to the facility on 6-9-19 with diagnoses of atrial fibrillation, muscle weakness, gastroesophageal reflux disease, and parkinsons.

The resident's functional capacity screen dated 6-10-20 revealed the resident required physical assistance with all activities of daily living and was

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S5161	Continued From page 7	S5161		

unable to manage his medications or medical treatments. It also revealed the resident had impaired cognition and communication.

Review of the resident's negotiated service agreement/health care service plan dated 6-10-20 lacked identification of the nurse who was responsible for the implementation and supervision of the NSA/HCSP.

- Review of resident #330's medical record revealed the resident admitted to the facility on 10-26-20 with diagnoses of parkinsons and hypertension.

Review of the functional capacity screen dated 10-26-20 revealed the resident needed physical assistance of staff with all activities of daily living except for eating. The resident also needed physical assistance with management of medications and medical treatments and had cognitive deficit.

Review of the resident's negotiated service agreement dated 10-26-20 lacked identification of the nurse who was responsible for the implementation and supervision of the NSA/HCSP.

On 1-4-21 at 11:20 AM operator A reported their electronic medical records did not have a place to put the nurse responsible for the service plan on the negotiated service agreement but she would be able to add it for the future.

The operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the plan. This failure had the

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S5161	Continued From page 8 potential to affect all residents.	S5161		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of 8 residents. Based on observation and interview the facility failed to store all food under safe and sanitary conditions. Findings included: - Observation on 12-30-20 at 9:26 am revealed the following concerns in the dry good pantry: observation in the pantry included the following open, undated, unsealed food items; bag of flour, bag of sugar, bag of marshmallows, bag of flour tortillas, bag of potato chips and a bag of cheese curls. Observation in the refrigerator on 12-30-20 at 10:14 AM revealed eggs were stored on the top shelf and a container of left over peaches that was not labeled or dated. The middle shelf contained 2 packages in their regular store packaging and a container of cooked ground	S5195		

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S5195	Continued From page 9 meat without a label or date The bottom shelf of the refrigerator contained a pitcher of lemonade that was 1/4 full without a date prepared or label on it. During an interview on 12-30-20 licensed nurse B stated all foods in the refrigerator needed to be labeled, dated, and sealed and so do opened items in the pantry. Review of the Focus on Food Safety revised 8-2017 identifies foods must be date marked if to be held for more than 24 hours, if it is potentially hazardous, if ready to eat, or after the original container is opened and held under refrigeration. The operator failed to ensure designated staff stored all food under safe and sanitary conditions.	S5195		