STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B088002	A. BUILDING: _____ B. WING _____	R-C 01/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ESTATES HOME PLUS	1140 S PERSHING AVENUE LIBERAL, KS 67901

(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 revisit for correction order at the above named Home Plus facility completed on 1/12,132021.	{S 000}		
{S5116} SS=E	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)(1) The facility reported a census of 12 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the Operator failed to ensure designated staff reviewed and, if necessary, revised 1 (#1500) of 3 residents negotiated service agreements every 365 days or following a significant change in condition, as defined in KAR 26-39-100. Findings included:	{S5116}		

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

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{S5116}	Continued From page 1 - Review of resident #1500's medical record revealed the resident admitted to the facility on 8-1-18 with diagnoses of hypertension and rheumatoid arthritis. Review of the functional capacity screen dated 12-7-20 revealed the resident could not perform bathing, dressing, medication management and needed physical assistance with toileting, transfers and mobility. The resident also had cognitive impairment and bladder incontinence. Review of the resident's negotiated service agreement (NSA revealed staff dated it 11-27-18. The resident's medical record lacked additional NSA's to indicate staff failed to review/revise the NSA at least every 365 days. During an interview on 1-12-2021 at 10:55 AM operator A reported the negotiated service agreements had not been corrected since the survey in December 2020. The operator failed to ensure designated staff reviewed or revised 2 of 3 sampled resident's negotiated service agreement at least every 365 days.	{S5116}		
{S5161} SS=E	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:	{S5161}		

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{S5161}	Continued From page 2 KAR 26-42-204 (d) The facility reported a census of 12 residents. The sample included 3 residents and 1 focused record review. Based on interview and record review the operator failed to ensure 3 (#1280, #1300, #1500) of 3 sampled resident's negotiated service agreements included the name of the licensed nurse responsible for the implementation and supervision of the service plan. Findings included: - Review of resident #1280's medical record revealed the resident moved into the facility on 11-26-2018 with diagnoses of hypertension and vascular dementia. Review of the residents medical record revealed a functional capacity screen dated 8-27-2020 which indicated the resident required physical assistance with bathing and toileting, had cognitive impairment and bladder incontinence, and could not manage her own medications. Review of the resident negotiated service agreement dated 8-27-20 revealed licensed nursing staff C (who no longer worked at the facility) was responsible for implementation and supervision of the health care service plan. - Review of resident #1300's medical record revealed the resident admitted to the facility on 6-22-20 with diagnoses of osteoarthritis and hypertension. Review of the resident's functional capacity screen dated 12-22-20 revealed the resident needed assistance with all activities of daily living except for eating and the resident could not	{S5161}		

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{S5161}	Continued From page 3 manage her own medications and treatments. Review of the residents negotiated service agreement dated 6-22-20 lacked the name of a nurse responsible for implementation of the health care service plan. - Review of resident 1500's medical record revealed the resident admitted into the facility on 8-1-18 with diagnoses of rheumatoid arthritis and hypertension. Review of the functional capacity screen dated 12-7-20 revealed the resident could not perform bathing, dressing, medication management and needed physical assistance with toileting, transfers and mobility. The resident also had cognitive impairment and bladder incontinence. Review of the resident's negotiated service agreement (NSA) dated 11-27-18 included licenesed nurse C, who is no longer employed at the facility as the licensed nurse responsible for implementation and supervision of health care services. During an interview on 1-12-21 at 10:55 AM Operator A confirmed the resident's NSA's did not include the appropriate nurses name responsible for implementation and supervision of the service plan. The operator failed to ensure residents negotiated service agreements included the name of the current licensed nurse responsible for the implementation and supervision of the service plan.	{S5161}		

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{S5192}	Continued From page 4	{S5192}		
{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 12 residents. The operator failed to ensure staff prepared food using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature as evidenced by record review and interview for all residents in the facility. Findings included: - Observation of the temperature log book on 1-12-21 lacked any food temperatures to show that food was prepared / served at the proper temperature.	{S5192}		

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{S5192}	Continued From page 5 On 1-12-21 at 10:58 AM operator A reported that staff temp the food, serve it but have not written any temperatures in the log book. Review of the policy for food temperature serving provided by the operator revealed all foods will be served at the appropriate temperatures to ensure good flavor and prevent food borne illnesses. All hot foods will be served at a temperature of at least 140 degreed Fahrenheit. For all residents, the operator failed to ensure facility staff used safe methods of cooking to ensure foods were cooked and served at the proper temperature.	{S5192}		
{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 (f) The facility reported a census of 12 residents. For all residents in the facility, The operator failed to ensure staff stored food under safe and sanitary conditions. Findings included:	{S5195}		

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{S5195}	Continued From page 6 - During initial tour on 1-12-21 at 10:35 AM in the kitchen freezer the following items were found: a Ziploc baggie with a chicken leg and a thigh in it that did not have a label or date; a Ziploc baggie with 2 raw chicken breast without a label or date; a Ziploc baggie with some type of food wrapped in a paper towel without a date or label. The kitchen refrigerator contained a plastic container of corn and a covered bowl of fruit salad, both without a label or date. In the upper cabinet was an open bag of potato chips that was not sealed. On 1-12-21 at 10:50 AM operator confirmed the food items did not have proper labeling. Reference of the Focus on Food Safety dated August 2017 revealed that food must be date marked if prepared on-site, or commercially processed, after the original container is opened and held under refrigeration, potentially hazardous food, ready to eat food, and food that is to be held for more than 24 hours. Review of the food storage police dated 1-5-2018 revealed when dry foods are transferred to another container after opening, the container ... will be labeled with the name of the item and date the item was transferred. The operator failed to ensure all food items were stored under safe and sanitary conditions.	{S5195}		