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	B087242	A. BUILDING: _____ B. WING _____	06/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS 2	6900 STONEGATE ST WICHITA, KS 67206

(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 the initial survey for the above named home plus facility conducted on 06/02/2020, 06/03/2020, 06/04/2020, 06/08/2020, 06/09/2020 and 06/10/2020.	S 000		
S 140 SS=D	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR 26-39-103 (i) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure 1 of 3 sampled	S 140		

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

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S 140	Continued From page 1	S 140		

resident's (#749) were afforded the right to personal privacy and confidentiality of the residents personal and clinical record.

Findings included:

- Record review for resident #749 revealed an admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, neuromuscular dysfunctions of the bladder with suprapubic catheter and a gastrostomy with tube for feeding.

The functional (unidentified type) capacity screen (FCS) dated 05/05/2020 identified the resident with intact cognition and impaired communication where he is sometimes understandable but usually understands others. He lacked the ability for self-performance of all activities of daily living and medication management. He utilized an indwelling bladder catheter (suprapubic) and was unable to eat food.

The negotiated service agreement (NSA) dated 12/20/19 included services of facility staff to provide 1-person physical assistance for bathing, dressing, toileting, and transfers. Medical treatments to be provided by licensed staff with simple treatments delegated to qualified/certified staff. The resident had a suprapubic catheter which staff emptied at the end of each shift and PRN (as needed). He was NPO (nothing by mouth) and received Glucerna by gastronomy tube (G-tube) 5 times a day from staff.

The resident service plan dated 12/20/2019 directed staff administer all the resident's medications/treatments, feedings by G-tube, care of the suprapubic catheter and provide physical assistance of 1 staff for all activities of daily living.

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S 140	Continued From page 2 Observation on 06/02/2020 upon entrance and tour beginning at 11:50 AM revealed a single sheet of paper posted on the resident's door visible from hall and sitting area. The sheet of paper included the resident's name and identified as Daily Schedule. The sheet had a time frame with directions on how to care for the resident which included information about the resident having a catheter, need for positional adjustment before sitting and urinal use. Interview on 06/04/2020 at 4:30 PM with both licensed nurse C and operator B confirmed the care sheet had confidential care information for the resident and should not be visible on the room door to maintain confidentiality. The operator failed to ensure this resident was afforded the right to personal privacy and confidentiality of the his personal and clinical record.	S 140		
S5028 SS=D	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial	S5028		

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S5028	Continued From page 3 report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-42-101 (f)(3)(A)(B)(C) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview and record review the operator failed to ensure each allegation of abuse, neglect, or exploitation was reported to the operator as soon as staff had awareness of the allegation and to the department within 24 hours. The operator further failed to start an investigation, take immediate actions to prevent further potential for abuse, neglect or exploitation while the investigation is in progress and failed to have thoroughly investigated the allegation within 5 working days for 1 of 3 sampled residents (#542). Findings included: - Record review for resident #542 revealed an admission date of 08/05/19 with diagnoses of dementia, COPD (chronic obstructive pulmonary disease), oropharyngeal dysphagia and cognitive	S5028		

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S5028	Continued From page 4	S5028		

communication disorder.

The (unidentified type) functional capacity screening (FCS) dated 11/27/19 identified the resident with short-term memory deficit, impaired memory recall and decision making. He required physical assistance with all activities of daily living, lacked the ability to manage own medications, used a walker and a wheelchair with a known fall risk. He was not identified with any socially inappropriate or disruptive behaviors.

The annual negotiated service agreement (NSA) dated 12/12/19 included the following services provided by the facility: physical assistance with all activities of daily living and assist of 1 staff with transfers.

The resident service plan (RSP) dated 11/27/19 directed staff to provide assistance of 1 staff for all activities of daily living, transfers and mobility with the use of a gait belt and walker.

Review of the 3-ring notebook resident record on 06/02/2020 at 1:00 PM revealed the last entry in the nursing notes was dated 11/23/19. On 06/03/2020 while reviewing another resident's observation revealed a single page nursing notes with the resident's first name recorded on the bottom. This nursing note had an entry dated 06/01/2020 with no time and read, "resident got into an altercation with another resident (#567). It was a miss understanding. Resident had gotten a small skin tear on his left forearm; edges approximate with no drainage or inflammation noted around area. Will check bandages tomorrow during his shower." The next entry dated 06/02/2020 with no date which read, "resident has problems at time when he eats, his chewing causes and issue at times when his

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S5028	Continued From page 5	S5028		

dentures aren't fitting securely. We will offer other options just to make all resident feel comfortable while there around the dinner table". The next entry dated 06/02/2020 with no time and read, "no drainage noted from (unreadable) spent time educating staff on how fragile the resident's skin is with the last entry dated 06/02/2020 with no time included his vital signs.

During the initial tour on 06/02/2020 at 11:50 a.m. observation revealed the resident sat in a recliner in the living room and had his right arm covered in a gauze wrap.

On 06/03/2020 at approximately 12:45 p.m. observation revealed licensed nurse C had removed the gauze wrap from the resident's right forearm, Steri-strips (wound closure surgical tape) remained in place on a half circle skin tear approximately 2.5 inches in diameter. The skin tear had slow seepage of bright red drainage from the edge of the wound. The surrounding skin area was dark blue/purple in color over nearly all of the anterior portion of his forearm.

Interview and notarized statement from direct care staff A on 06/04/2020 revealed while at the lunch table on 06/01/2020 around 12:00 PM resident #542 and #567 were seated at the same table. Resident #542 began coughing without covering his mouth and resident #567 rudely asked him to cover his mouth and then an argument began. Direct care staff A addressed the issue with both residents and resident #542 put up his middle finger (a derogatory sign) at resident #567. Resident #567 grabbed for resident #542 but direct care staff A blocked the grasp. She told both resident their actions were inappropriate and cannot be tolerated. They both apologized to one another. Direct care staff felt

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the issues was resolved and returned to another resident's room to finish with his cares. Shortly thereafter, she again heard back and forth statements between resident #542 and resident #567. When she finished with resident #749 and returned to the table, she noted resident #542's arm was bleeding. He stated resident #567 grabbed him and scratched causing the injury. Resident #567 said he did not mean to hurt resident #542. Direct care staff A notified licensed nurse C, together they cleaned the wound, applied a bandage and made sure both residents were separated the remainder of the day.

Interview on 06/03/2020 at 11:51 AM with licensed nurse C confirmed the resident had an altercation with another resident but she described it as a miscommunication. She confirmed the resident experienced a skin tear as a result of being grabbed by resident #567 during the altercation. She went through the resident's record and confirmed the record lacked a nursing note entry about the incident. She confirmed no report was made to the state agency about the resident to resident altercation and she had no evidence of an investigation. She reported they separated the residents that day but by the next day it was forgotten by the residents. She confirmed no changes were made to the resident's seating at the table or care plans for this kind of behavior.

The facility's undated policy titled, Suspected Abuse, Neglect of resident which directed staff by definition, Abuse means any act or failure to act performed intentionally or recklessly that caused or is likely to cause harm to a resident including inflection of physical, verbal or mental abuse. ... Any persons or staff licensed to practice any branch of healing arts who suspects abuse or

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S5028	Continued From page 7 neglect of any sort must report the abuse or neglect immediately to the department of aging. ... Each allegation of abuse, neglect and exploitation shall be reported to the administrator or operator as soon as staff is aware of the allegation and to the department within 24 hours. ... An investigation shall be started as soon as notification of the alleged violation is received, immediate measures will be taken to prevent further potential abuse, neglect or exploitation while the investigation is being handled. Each allegation shall be thoroughly investigated within 5 working days of the initial report ... The operator failed to ensure each allegation of abuse, neglect, or exploitation was reported to the operator as soon as staff had awareness of the allegation and to the department within 24 hours. The operator further failed to start an investigation, take immediate actions to prevent further potential for abuse, neglect or exploitation while the investigation is in progress and failed to have thoroughly investigated the allegation within 5 working days for resident #542 who sustained a significant skin tear during an altercation with resident #567.	S5028		
S5080 SS=D	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each	S5080		

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S5080	Continued From page 8 element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201 (b) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview the operator failed to ensure a licensed nurse assessed 1 of 3 (#542) sampled residents whose functional capacity screening indicated the need for health care services. Findings included: - Record review for resident #542 revealed an admission date of 08/05/19 with diagnoses of dementia, COPD (chronic obstructive pulmonary disease), oropharyngeal dysphagia and cognitive communication disorder. The (unidentified type) functional capacity screening (FCS) dated 11/27/19 and not signed by a nurse to indicate a licensed nurse assessed the resident when the screening indicated the need for the health care services. The FCS identified the resident with short-term memory deficit, impaired memory recall and decision making. He required physical assistance with all activities of daily living, lacked the ability to manage own medications, used a walker and a	S5080		

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S5080	Continued From page 9 wheelchair with a known fall risk. The negotiated service agreement (NSA) dated 12/12/19 included a signature from the resident's guardian and the operator but lacked a signature of a licensed professional. The NSA included facility services for assistance with all activities of daily living, medication management and known fall risk. The resident service plan (RSP) dated 11/27/19 also without a licensed nurse signature directed staff to provide assistance of 1 staff for all activities of daily living, transfers and mobility with the use of a gait belt and walker. Facility staff to administer the resident's medications and treatments. Interview on 06/04/2020 with operator B confirmed the record lacked evidence of an assessment by a licensed nurse for this resident who based on the screening required health care services. The facility's policy for the functional capacity screen directed a licensed nurse shall complete the screen on admission, yearly and with a significant change. The operator failed to ensure a licensed nurse assessed this resident whose functional capacity screening indicated the need for health care services.	S5080		
S5155 SS=D	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	S5155		

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S5155	Continued From page 10 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 5 residents. The sample included 3 residents. Based on observation, 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 for 1 of 3 sample residents (#542) in accordance with the functional capacity screening and the negotiated service agreement related to falls. Findings included: - Record review for resident #542 revealed an admission date of 08/05/19 with diagnoses of dementia, COPD (chronic obstructive pulmonary disease), oropharyngeal dysphagia and cognitive communication disorder. The (unidentified type) functional capacity screening (FCS) dated 11/27/19 identified the resident with short-term memory deficit, impaired memory recall and decision making. He required physical assistance with all activities of daily living, used a walker and a wheelchair with a known fall risk. The annual negotiated service agreement (NSA)	S5155		

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S5155	Continued From page 11	S5155		

dated 12/12/19 included the following services provided by the facility: physical assistance with all activities of daily living and assist of 1 staff with transfers. The NSA included a fall risk with services of staff assist of 1 for mobility/transfers, non-skid footwear, us of walker with a gait belt, use of wheelchair in times of exhaustion/long distances and a body alarm on at all times.

The resident service plan (RSP) dated 11/27/19 directed staff to provide assistance of 1 staff for all activities of daily living, transfers and mobility with the use of a gait belt and walker. Staff to walk with the resident using a gait belt and walker with non-skid footwear and use of a wheelchair for long distance or in times of weakness. Additional fall interventions listed failed to include the use of a body alarm at all times as required in the NSA.

Review of the nursing notes between 11/11/19 and 06/02/2020 revealed an entry dated 11/15/19 with no time regarding an unwitnessed fall. Staff found the resident on the floor beside the bed. Resident was alert to person, knows the city his is in but not the address. Resident described the details of the events leading up to him sliding to the floor (the note does not include these details). Assessment done with no noted injury ... Body alarm in place but did not disengage (pull string type). Staff and resident education provided. An addendum to the note indicated the resident did have an injury of a skin tear to the right arm, area cleansed, and Steri-strips applied (wound closure surgical tape) with area left open to air. Subsequent nursing notes dated 11/16/19, 11/17/19 and blank note with a date of 11/18/19 recorded no additional information as to the causal factors of the fall or what interventions were put into place to reduce the risk of further

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S5155	Continued From page 12	S5155		

falls. The care plan had no revisions.

On 06/03/2020 a request was made to review the fall/incident investigation for the 11/15/19 fall and licensed nurse C could not locate one.

Observation on 06/02/2020 at 12:45 PM revealed direct care staff A assisted the resident to stand from a recliner in the living room without the use of a gait belt. She walked with the resident holding onto his arm and used a walker. No body alarm sounded or was attached to the resident. On 06/03/2020 at 11:15 AM direct care staff G prepared to assist the resident to stand up from the recliner in the living room. She applied a gait belt to provide physical assistance with standing. No alarm sounded or was attached to the resident's body. The resident walked to the dining room table with a walker and direct care staff G provided physical assistance and guidance holding onto the gait belt. Observation at 11:19 AM revealed a personal alarm box attached to the resident's bed and the pull string portion which would attach to the resident rested onto of the bedside table. On 06/04/2020 at 12:07 PM direct care staff A assisted the resident with a gait belt to stand from the recliner and walk to the dining room table with a walker. No alarm sounded or was attached.

Interview on 06/03/2020 at 11:20 AM with direct care staff G revealed the resident only wore the body alarm when he was in bed to alert staff if he tried to get up. She described the alarm as pull string type with the string part attached to the resident and the string engaged with the box. When the resident attempted to get up the string would dislodge and make a sound.

During an interview on 06/04/2020 at 12:07 PM

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S5155	Continued From page 13 with direct care staff A about the resident's fall risk and safety precautions she said they were to use the gait belt and assist him to stand with the walker. She said no alarms were in use for him. She did not know of any falls in the last 30-60 days. During a meeting on 06/04/2020 at 4:30 PM with licensed nurse C and operator B confirmed the fall/incident investigation was not located, the resident was to use an alarm but wasn't clear if all the time or just when in bed and staff should provide physical assistance with a gait belt during transfers and mobility. The facility's undated Fall Policy and Procedure directed staff all falls must be assessed by a licensed staff. Fall assessment completed and documented in the nursing notes with witness statements if applicable. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for this resident in accordance with the functional capacity screening and the negotiated service agreement related to falls.	S5155		
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:	S5161		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN BOOMERS 2	6900 STONEGATE ST WICHITA, KS 67206

(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
S5161	Continued From page 14 KAR 26-42-204 (d) The facility reported a census of 5 resident. The sample included 3 residents. Based on interview and record review the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for implementation and supervision of the health care service plan for 1 of 3 sampled resident (#542). Findings included: - Record review for resident #542 revealed an admission date of 08/05/19 with diagnoses of dementia, COPD (chronic obstructive pulmonary disease), oropharyngeal dysphagia and cognitive communication disorder. The (unidentified type) functional capacity screening (FCS) dated 11/27/19 identified the resident with short-term memory deficit, impaired memory recall and decision making. He required physical assistance with all activities of daily living, lacked the ability to manage own medications, used a walker and a wheelchair with a known fall risk. The annual negotiated service agreement (NSA) dated 12/12/19 included the following services provided by the facility: physical assistance with all activities of daily living, assist of 1 staff with transfers and medication/treatment management. The NSA listed licensed nurse F (who longer worked at the facility) as the nurse responsible for the nursing plan. The resident service plan (RSP) dated 11/27/19 directed staff to provide assistance of 1 staff for all activities of daily living, transfers and mobility with the use of a gait belt and walker. Facility staff	S5161		

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S5161	Continued From page 15 to administer the resident's medications and treatments. Interview on 06/03/2020 at 12:28 p.m. with licensed nurse C revealed she began employment in December of 2019 as the 3rd nurse for the facility but as of the middle of February 2020 she was the only nurse for the facility. Interview with operator B on 06/04/2020 confirmed licensed nurse F no longer worked at the facility and the NSA had not been amended to reflect the change. The operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for implementation and supervision of the health care service plan for this resident.	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	S5192		

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S5192	Continued From page 16 and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The facility reported a census of 5 residents. Based on observation, interview and record review the operator failed to ensure staff prepared and served food at the proper temperature. This failure had the potential to affect all residents. Findings included: - Record review of the food temperature log on 06/04/2020, found in the notebook at the staff working station, revealed a sheet for the month of May and June 2020. The log sheet had a column for the day, a column titled meat and a column titled other. There was no space for staff to record a temperature for each meal (3) per day which were prepared and served as the sheet was a single line across on each day. The May 2020 sheet had 13 days out of 31 where staff recorded 2 meat item temperature as follows: day 1 - bacon 175 degrees, tuna sandwiches, eggs 180 degrees oatmeal day 7 - bacon 172 degrees, pizza 150 degrees, eggs 180 degrees, oatmeal day 8 - bacon 170 degrees, bagels/peanut butter and jelly day 9 - sausage 180 degrees, chicken strips, eggs 179 degrees, muffins day 15 - sausage gravy 185 degrees, chicken patties 190 degrees, biscuits, fries day 16 - bacon 175 degrees, hot dogs 160 degrees, eggs, toast day 17 - bacon 175 degrees, hamburgers 185	S5192		

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S5192	Continued From page 17	S5192		

degrees, fried potatoes and oatmeal
day 25 - bacon 176 degrees, baked chicken 190 degrees, French toast 160 degrees
day 26 - sausage 185, degrees chili cheese tots - 165 degrees, eggs 180 degrees
day 28 - breakfast bowl 165 degrees, chicken bacon ranch pasta 178 degrees
day 29 - sausage 170 degrees, jambalaya 185 degrees, eggs 175 degrees, potatoes' O'Brien 178 degrees
day 30 - sausage 165 degrees, spaghetti 192 degrees, oatmeal 200 degrees
day 31 - sausage 170 degrees, meatloaf 175 degrees, French toast, cabbage, m. potatoes
Other food items were listed on the above dates, some with temperatures but others without.

On the remaining days of May the lines remained blank.

The June 2020 had 4 days of entries as follows:
day 1 - corn beef hash 170 degrees, pizza 180 degrees, eggs 165 degrees, pasta 160 degrees
day 2 - omelets 168 degrees, chicken 178.2 degrees, pasta 162 degrees green beans 160 degrees
day 3 - peanut butter and jelly sandwich 79 degrees, peaches 25 degrees
day 4 - sausage gravy 180 degrees, biscuits 175 degrees.

The above food temperatures were not defined as to which food item went with which meal and only included food temperatures for approximately 2 meals based on the observation made on 06/02/2020 noon meal of fried chicken, a pasta dish and green beans.

During a meeting on 06/04/2020 at 4:30 PM, with licensed nurse C and operator B confirmed staff

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S5192	Continued From page 18 were expected to take food temperatures at every meal and record those temperatures as evidence of such and were to follow the guidelines on food safety. The Kansas Department of Agriculture Focus on Food Safety 2017 recommended monitoring critical food temperatures and defined potential hazardous foods as: Cooked or raw animal (protein) products, such as meats, poultry, dairy, milk, cheese, fish or seafood, Heat-treated vegetables and starches, such as cooked rice, beans, potatoes and pasta. Tofu, raw seed sprouts, cut melons, cooked tomatoes, garlic in oil, raw cut tomatoes, cut leafy greens, etc. Food Preparation critical Temperatures (in Fahrenheit) included the following: 165 for Poultry, stuffed meats and pastas (cooking & reheating) 155 for ground beef or pork, cooked (tenderized or injected meats) 145 for whole muscle meat, cooked (beef, pork fish) 135 for minimum hot food holding 41 for maximum cold food holding, 0 recommended for frozen storage The operator failed to ensure staff prepared and served food at the proper temperature. This failure had the potential to affect all residents. KAR 26-42-206 (e) The facility reported a census of 5 residents. Based on observation, interview and record review the operator failed to ensure staff prepared food using safe methods and serving food at the proper temperature.	S5192		

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S5192	Continued From page 19 Findings included: - Observation during initial tour on 06/02/2020 at12:02 PM, direct care staff A prepared noon meal, fried chicken was the meat portion of the meal. Direct care staff A did not check food temperature prior to serving residents. Record review of food temperature log provided by staff for month of May and June 2020, revealed gaps in recording food temperatures prior to serving residents. Log provided three collums; days, meats and others. Log lacks clear and precise information on food temperatures, which meal/foods temperature checked, and consistancy in days/meals checked. May day 1 - bacon 175 degrees, tuna sandwiches, eggs 180 degrees oatmeal day 2 - no data entered / collums are blank day 3 - no data entered / collums are blank day 4 - no data entered / collums are blank day 5 - no data entered / collums are blank day 6 - no data entered / collums are blank day 7 - pacon 172 degrees, pizza 150 degrees, eggs 180 degrees, oatmeal day 8 - bacon 170 degrees, bagels/peanut butter and jelly day 9 - sausage 180 degrees, chicken strips, eggs 179 degrees, muffins day 10 - no data entered / collums are blank day 11 - no data entered / collums are blank day 12 -no data entered / collums are blank day 13 - no data entered / collums are blank day 14 - saus day 15 - sausage gravey 185 degrees, chicken pattie 190 degrees, biscuts, fries day 16 - bacon 175 degrees, hot dogs 160 degrees, eggs, toast	S5192		

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S5192	Continued From page 20 day 17 - bacon 175 degrees, hamburgers 185 degrees, fried potatoes and oatmeal day 18 - no data entered / collums are blank day19 - no data entered / collums are blank day 20 - no data entered / collums are blank day 21 - no data entered / collums are blank day 22 - no data entered / collums are blank day 23 - no data entered / collums are blank day 24 - no data entered / collums are blank day 25 - bacon 176 degrees, baked chicken 190 degrees, french toast 160 degrees day 26 - sausage 185, degreeschili cheese tots - 165 degrees, eggs 180 degrees day 27 - no data entered / collums are blank day 28 - breakfast bowl 165 degrees, chicken pacon ranch pasta 178 degrees day 29 - sausage 170 degrees, jambalia 185 degrees, eggs 175 degrees, potatoe o'brien 178 degrees day 30 - sausage 165 degrees, speghetti 192 degrees, oatmeal 200 degrees day 31 - sausage 170 degrees, meatloaf 175 degrees, french toast, cabbage, m. potatoe June day 1 - cornbeef hash 170 degrees, pizza 180 degrees, eggs 165 degrees, pasta 160 degrees day 2 - omlets 168 degrees, chicken 178.2 degrees, pasta 162 degrees green beans 160 degrees day 3 - peanut butter and jelly sandwich 79 degrees, peaches 25 degrees day 4 - sausage gravy 180 degrees, biscuits 175 degrees. Interview on 06/04/2020 at 4:30 PM, operator B confirmed staff are to be following recommended guidelines on food safety. The Kansas Department of Agriculture Focus on Food Safety 2017 recommended monitoring	S5192		

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S5192	Continued From page 21 critical food temperatures, with a minimum of hot holding at 135 degrees and maximum cold holding at 41 degrees, during cooking, holding and serving to ensure food safety and decrease the risk of food borne illness.	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 5 residents. Based on observation, interview and record review the operator failed to ensure staff stored food under safe conditions regarding recommended cold food storage temperature and stored under safe and sanitary conditions regarding proper sealing and dating food items when opened to ensure timely use. Findings included: - Observation during the initial tour on 06/02/2020 beginning at 11:50 AM, revealed the following items not stored properly in the refrigerator of the kitchen: a piece of raw chicken in a zip lock bag without any identification of when placed in the baggie, and a half a package of	S5195		

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S5195	Continued From page 22	S5195		

sausage partially in its original package in a zip lock bag with no date of when it was placed in the baggie.

Observation on 06/03/2020 at 11:23 AM revealed storage of cold/frozen food in the basement in a side by side refrigerator/freezer combination and a chest freezer. The freezer of the side by side had a thermometer, but the refrigerator did not. Direct care staff H looked and verified the refrigerator lacked a thermometer. A chest freezer completely full of food had no visible thermometer and staff H verified it lacked a thermometer.
Review of the temperature logs for the side by side refrigerator/freezer combination and chest freezer in the basement revealed the log sheet began on 06/04/2020.

Interview on 06/02/2020 at 12:03 PM with direct care staff A revealed she opened the sausage for breakfast on 06/02/2020. She said she thawed out too much chicken for the noon meal on 06/02/2020 and confirmed she failed to date either of the 2 food items she placed in the refrigerator.

During the interview with direct care staff H on 06/03/2020 at 11:23 AM she reported night shift staff checked temperatures and wrote them on the refrigeration temperatures log sheets.

Interview with Operator B on 06/04/2020 at 4:30 PM, revealed food storage in the basement refrigerator/freezer combination and chest freezer began in mid to late March 2020, she also confirmed they started temperatures on 06/04/2020.

The Kansas Department of Agriculture Focus on

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S5195	Continued From page 23 Food Safety 2017 Safely Hold Hot and Cold Foods. Cold foods must be maintained at an internal temperature of zero degrees for frozen foods, 41 degrees or below for cold foods and date mark foods appropriately. The operator failed to ensure staff stored food under safe conditions regarding recommended cold food storage temperature and stored under safe and sanitary conditions regarding proper sealing and dating food items when opened to ensure timely use. KAR 26-42-206 (f) The facility reported a census of 5 residents. Based on observation, interview and record review the operator failed to ensure staff stored food under safe conditions regarding recommended cold food storage temperatures. Operator also failed to ensure food for residents was stored under safe and sanitary conditions in regard to proper sealing and dating food items when opened to ensure timely use. Findings included: - Record review: Review of temperature logs for refrigerator/freezer combination and chest freezer in basement revealed the only entry was on 6/4/2020. Record review of upstairs refrigerator/freezer combination indicates the refrigerator stays at 37 degrees 34 out of 35 days with one report of 36 degrees. Observation on initial tour 06/02/2020 11:43 AM, revealed the following items not stored properly in the refrigerator in the kitchen: chicken in a zip lock baggies, and sausage partially in its original package in a ziplock baggies. No date/time of opening identified on either item. Observation on	S5195		

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S5195	Continued From page 24 06/03/2020 11:23 AM revealed storage of dry and cold/frozen food in the basement in a refrigerator/freezer combination and a chest freezer. No thermometer present in the refrigerator or in the chest freezer. Verified by staff H. Interview on 06/02/2020 1143, Staff A reports that sausage was opened that morning for breakfast on 06/02/2020, and chicken was opened for noon meal 06/02/202, staff stated that items should be marked with date and time opened. Staff A was observed to be frying chicken during interview. Interview with staff H 06/03/2020 11:23 AM reported that night shift staff to be checking temperatures and placing on refrigeration temperatures log. Interview with Operator B 4:30 PM, revealed food storage in basement in refrigerator/freezer combination and chest freezer began in mid to late March 2020. The Kansas Department of Agriculture Focus on Food Safety 2017 states that food must be dated marked if it is: prepared on-site after the original container is opened and held under refrigeration, and held for more than 24 hours. The operator failed to ensure staff stored food under safe conditions regarding recommended cold food storage temperatures. Operator also failed to ensure food for residents was stored under safe and sanitary conditions in regard to proper sealing and dating food items when opened to ensure timely use.	S5195		
S5205 SS=F	26-42-104 (a) Disaster and Emergency Preparedness	S5205		

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S5205	Continued From page 25 a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104 (a) The facility reported a census of 5 residents. Based on record review and interview the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. Findings included: - On 06/02/2020 during the entrance conference at 12:57 PM with operator B revealed she staffed the evening and overnight shift with only 1 staff member. The resident roster provided on 06/02/2020 identified all of the residents had cognitive impairment and required staff assistance to the toilet or bathing. Review of the facility's documentation for the evacuation drills revealed 2 conducted on 08/29/19 at 10:30 AM and 8:08 PM 3 staff signed as participating in the evacuation of 4 residents. The document lacked information about where the residents evacuated to and how they went (ambulatory, walker, wheelchair). Two evacuation drills were conducted on 12/06/19 at 10:32 AM with 3 staff and 7:00 PM with 2 staff in both documents all 4 residents were removed	S5205		

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S5205	Continued From page 26 from the house. The documents did not indicate where they were evacuated to or how they went. On 03/26/2020 at 12:10 PM 2 staff conducted an evacuation of 5 residents to the outside but did not indicate where they evacuated to. The document critique included make sure all residents are using walkers/cares if needed, even in a hurry. On 03/26/2020 at 8:30 PM 2 staff and family members present assisted the residents to evacuate the facility. The document did not include where they evacuated to or how they went. On 06/03/2020 licensed nurse C confirmed all residents needed assistance with transfers/mobility and 3 were in wheelchairs. Interview on 06//04/2020 at 4:30 PM with operator D confirmed the documentation reflected more than 1 staff member participated in the emergency evacuation drill. She had not conducted an evacuation drill with the least amount of staff she planned to have on duty. The operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location.	S5205		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements:	S5225		

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S5225	Continued From page 27 (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; This REQUIREMENT is not met as evidenced by: KAR 26-42-207 (a) (2) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation, interview, and record review the operator failed to ensure the provision of a safe sanitary environment by ensuring techniques used for hand hygiene meet professional health care standards for 1 of 3 sampled residents (#749) and potential for all residents when gloves continued to be worn and staff exited the room touching the medication cart before removal. Findings included: - Record review for resident #749 revealed an admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, neuromuscular dysfunctions of the bladder with supra pubic catheter and a gastrostomy with tube for feeding. The functional (unidentified type) capacity screen (FCS) dated 05/05/2020 He lacked the ability for self-performance of all activities of daily living (ADLs) and medication management. The negotiated service agreement (NSA) dated 12/20/19 included services of facility staff to	S5225		

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S5225	Continued From page 28 provide 1-person physical assistance for all ADLs. Facility staff were to administer all medications and medical treatments were provided by licensed staff with simple treatments delegated to qualified/certified staff. He had medical care provider's orders for NPO (nothing by mouth) and received Glucerna by gastronomy tube (G-tube) 5 times a day from staff. On 06/03/2020 at 12:06 PM, observation revealed certified medication aide (CMA) G prepared medications and Glucerna for resident #749. CMA G put on exam gloves, took all the supplies and the resident's medications to his room. She cleansed the resident's abdomen with an alcohol prep swab, handed the resident the Novolog Flexpen, guided resident hand with the insulin pen to the lower right abdomen, let go of the resident's and the resident pushed self-injected the insulin. While wearing the same glove CMA G accessed the feeding tube port, cleaned the hub with an alcohol prep swab and administered the prepared oral medications followed by the Glucerna. She wiped the tip of the G-tube port and recapped then while wearing the same gloves she handled the pharmacy prescription bottle to remove a bottle of Atropine 1% eye drops for oral use and administered the drops under the resident's tongue. With the same gloves on she picked up the unit dose nebulizer treatment vial, instilled the medication into the chamber of the nebulizer (touching parts of the chamber, tubing and the machine) then handed the nebulizer chamber to the resident and turned on the maching. While still wearing the same glove she went out of the room to the medication cart, opened the top drawer and placed the bottle of Atropine in the drawer before removing the gloves and washing her hands.	S5225		

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S5225	Continued From page 29 During a meeting on 06/04/2020 at 4:30 PM with licensed nurse C and operator B both confirmed the gloves should be removed after completing the tube feeding and medications with hand hygiene before exiting the room and touching other surfaces. Review of The Centers of Disease Control and Prevention article Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings 2007, During patient care the principal of working clean to dirty, confining or limiting contamination to surfaces that are needed for direct patient care, preventing cross contamination, and changing gloves before touching other patient related equipment is recommended safe practice. The operator failed to ensure the provision of a safe, sanitary environment by ensuring techniques used for hand hygiene meet professional health care standards. KAR 26-42-207 (a) (2) The facility reported a census of 5 residents. The sample included 3 residents. Based on observation and interview, and record review of resident #749 the operator failed to ensure the provision of a safe sanitary environment by ensuring techniques used for hand hygiene meet professional health care standards. Findings included: - Record review for resident #749 revealed an admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, neuromuscular dysfunctions	S5225		

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S5225	Continued From page 30	S5225		

of the bladder with supra pubic catheter and a gastrostomy with tube for feeding.

The functional (unidentified type) capacity screen (FCS) dated 05/05/2020 identified the resident with intact cognition and impaired communication where he is sometimes understandable but usually understands others. He lacked the ability for self-performance of all activities of daily living and medication management. He utilized an indwelling bladder catheter and was unable to eat food.

The negotiated service agreement (NSA) dated 12/20/19 included services of facility staff to provide 1-person physical assistance for bathing, dressing, toileting, and transfers. Medical treatments to be provided by licensed staff with simple treatments delegated to qualified/certified staff. The resident had a suprapubic catheter which staff emptied at the end of each shift and PRN (as needed). He was NPO (nothing by mouth) and received Glucerna by gastronomy tube (G-tube) 5 times a day from staff.

The resident service plan dated 12/20/2019 directed staff administer all the resident's medications/treatments, feedings by G-tube, care of the suprapubic catheter and provide physical assistance of 1 staff for all activities of daily living

On 06/03/2020 at 12:06 PM, observation revealed staff G CMA preparing medications and glucerna for resident #749. staff G CMA put on exam gloves and prepared glucerna as ordered, breathing treatment, and other scheduled medications. Staff G CMA went into resident room with prepared supplies and checked resident blood sugar on the monitor attached to the resident right arm. Staff G CMA left room and

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S5225	Continued From page 31 recorded blood sugar at medication cart. Staff G returned to resident room and, dialed insulin pen, and verified dose with resident. Staff G CMA, cleansed abdomen with an alcohol prep swab, guided resident hand with insulin pen to the lower right abdomen, resident pushed plunger on insulin pen, Staff G CMA accessed feeding tube, cleaning hub with alcohol prep swab and administered tube feeding and medications. Staff G CMA then administered Atropine drops under the tongue, and started resident breathing treatment. Staff G CMA then removed gloves and left the resident room. Review of The Centers of Disease Control and Prevention article Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings 2007, During patient care the principal of working clean to dirty, confining or limiting contamination to surfaces that are needed for direct patient care, preventing cross contamination, and changing gloves before before touching other patient related equipment is recommended safe practice. The operator failed to ensure the provision of a safe sanitary environment by ensuring techniques used for hand hygiene meet professional health care standards. .	S5225		

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S5230	Continued From page 32	S5230		
S5230 SS=D	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 reported a census of 5 residents. The sample included 3 residents. Based on record review the operator failed to ensure the home's compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105. New resident and new employee initial tuberculosis system screen and TB infection testing. Each new resident / employee shall receive the two step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment unless... Findings:	S5230		

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S5230	Continued From page 33 - Record review for Resident #749 revealed admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, dysphasia, aphasia, other neuromuscular dysfunction of the bladder, acute embolism and thrombosis of unspecified deep veins of unspecified lower extremities, gastrostomy status, major depressive disorder, cerebellar stroke syndrome, personal history of pneumonia, and constipation and diabetes. Functional capacity screen dated 12/10/2019 (does not indicate what type of screen: annual, admission, change of condition), identified resident with intact cognition, assistance with one person for bathing, dressing, toileting, transferring, and management of meds. There is a suprapubic catheter and gastric feeding tube in place. Negotiated service agreement , included facility staff would provide one person assist for bathing, dressing, toileting, and transfers, assist with showers 3 times weekly, and provide skin assessments. Home health would provide suprapubic catheter care/maintenance. Medications and nutrition would be provided through the gastric tube. Resident receives Glucerna 1.5 with HN 240ml 5 times a day. Licensed Practical Nurse (LPN), or Certified Medication Aid (CMA), to dial insulin pen for patient to self-administer. Record review of admission information showers that resident admitted to facility on 07/01/2019. The first two step skin test was not implanted until 09/07/2019.	S5230		

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S5230	Continued From page 34 The operator failed to ensure compliance with tuberculosis guidelines for adult care homes by not administering the two step skin test to resident within seven days of admission to the home plus facility.	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 5 residents. The sampled included 3 residents. Based on observation, interview and record review the operator failed to ensure the records for 2 of 5 sampled residents (#312 and #749) included documentation of all incidents, symptoms and other indicators of illness or injury including the date, time of occurrence, actions taken and results of the action in regards to skin conditions. Findings included: - Record review for resident #749 revealed an admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, personal history of pneumonia, and diabetes. The functional (unidentified type) capacity screen	S5251		

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S5251	Continued From page 35 (FCS) dated 05/05/2020 identified the resident with intact cognition, lacked the ability for self-performance of all activities of daily living and medication management. He was at risk for falls and used assistive devices of a walker and wheelchair. The previous FCS dated 12/10/2019, identified the resident with intact cognition, required physical assistance for bathing, dressing, transferring, and mobility. He lacked the ability to manage his own medications and treatments. The negotiated service agreement (NSA) dated 12/20/19 included services of facility staff to provide 1-person physical assistance for bathing, dressing, toileting, and transfers. Medical treatments to be provided by licensed staff with simple treatments delegated to qualified/certified staff. The NSA indicated staff would complete bath sheets and report redness or breakdown to the nurse, the nurse would complete weekly skin assessments. The resident service plan dated 12/20/2019 directed staff administer all the resident's medications/treatments and provide physical assistance of 1 staff for all activities of daily living. Nurse to complete skin assessments weekly and a monthly head to toe assessment. Review of the nursing notes between 10/22/19 and 01/31/2020 (last entry) revealed an entry on 10/31/19 without a time, the resident returned to facility after surgery ... family reported home health nurse would come to assess the new incision ... The next entry 11/01/19 (no time), resident reported pain in the abdomen when coughing and PRN (as needed) pain medication helped. Dressing changed with moderate amount of drainage noted. The note does not describe	S5251		

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the type/color of the drainage or the appearance of the incision. The next note dated 11/02/19 (no time), included vital signs, alert and oriented, pain in incision, dressing present with moderate amount of bright red

An entry on 12/13/19 at 2:30 PM consult for wound on back changed to 12/16/19 ... Next entry 12/16/19 at 2:30 PM resident met with the medical care provider, abscess drained ... received orders ...to change the dressing tomorrow and daily with a dry dressing, does not need follow-up unless it looks like it's not healing or shows signs/symptoms of infection ... The next entry was dated 01/07/2020 with no final outcome for the abscess documented. On 01/31/2020 (no time) and last entry, licensed nurse C recorded new verbal order for wound on back, cleanse wound with wound cleanser, swab with betadine, cover with dry dressing/gauze, secure with tape and change the dressing 2 times per week. The nursing notes lacked any further information about the wound.

Review of the resident's record revealed no documented weekly skin assessments or other information about the resident's wound on his back.

Interview with licensed nurse C on 06/03/2020 at 12:27 PM confirmed the resident had a wound on his back and indicated it had healed. She confirmed the record lacked information about the wound after 01/31/2020.

The operator failed to ensure this resident's record included documentation of all incidents, symptoms, and other indicators of illness or injury including the date, time of occurrence, actions taken and results of the action in regard to skin

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S5251	Continued From page 37 conditions. - Record review for resident #312 revealed an admission date of 02/20/2020 with diagnoses of Lewi-body dementia, major depressive disorder, hypertension, hepatitis C and gastroesophageal reflux disease. The admission functional capacity screen dated 02/20/2020 identified the resident with impaired memory recall and decision making. He required physical assistance with bathing, supervision for dressing, toileting and transfers but lacked the ability to walk. He was at risk for falls and utilized a wheelchair The admission negotiated service agreement signed 02/25/2020 included services of physical assistance with bathing and supervision for other activities of daily living and required monitoring for his fall risk. The resident service plan with a revision date of 03/03/2020 directed staff to provide supervision with dressing, toileting and staff assistance during times of weakness, supervision with transfers from bed to wheelchair and back. Review of a 3-ring notebook identified as the resident's medical record on 06/03/2020 revealed nursing notes between 02/20/2020 and 03/28/2020. Licensed nurse C made an entry on 03/26/2020 with no time, resident was transferring himself from the bed to the wheelchair when the wheels did not lock, and they slid so the resident fell hitting his head by the bed. ... resident was sent to the hospital to get a gash on his head mended. The next note was dated 03/26/2020 with no time, at 3:30 PM the	S5251		

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resident returned to the facility with 4 staples in place, intact with no drainage or swelling and no complaints of pain or discomfort at this time. The next note dated 03/27/2020 with no time, included vital signs, alert and oriented, related needs to staff, no pain or discomfort. Staples will need to be removed in 1 week per medical care provider's orders. The next and last note dated 03/28/2020 with no time, For the intervention the wheelchair was replaced with a new wheelchair and resident educated on transferring self, explaining the importance of locking the wheels and notifying staff for stand-by-assist. ... The note lacked any information regarding the condition of the head wound and staples. There were no notes to indicate the staples were removed or the results of the wound.

Observation on 06/02/2020 during the initial tour which began at 11:50 AM revealed the resident self-propelled in a wheelchair from his room to the dining room. Observatiaon on 06/03/2020 at 11:35 AM revealed the resident up in his wheelchair self propelled to the dining room table. There were no visible signs of staples in his head.

Interview on 06/03/2020 at approximately 1:00 PM with licensed nurse B confirmed the staples were removed and she did not record an entry about the results of the head wound.

The operator failed to ensure the records for 3 of 5 sampled residents (#312, #542, and #749) included documentation of all incidents, symptoms and other indicators of illness or injury including the date, time of occurrence, actions taken and results of the action in regard to skin conditions.

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S5251	Continued From page 39 KAR 26-42-105 (f)(11) The facility reported a census of 4 residents. The sampled included 5 residents. Based on observation, interview and record review the operator failed to ensure the records for 3 of 5 sampled residents (#312, #542, and #749) included documentation of all incidents, symptoms and other indicators of illness or injury including the date, time of occurrence, actions taken and results of the action in regards to skin conditions. Findings included: - Record review for Resident #749 revealed admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, dysphasia, aphasia, other neuromusclar dysfunction of the bladder, acute embolism and thrombosis of unspecified deep veins of unspecified lower extremities, gastrostomy status, major depressive disorder, cerebellar stroke syndrome, personal history of pneumonia, and constipan., diabetes. Funcitional capacitiy screen dated 12/10/2019 (does not indicate what type of screen: annual, admission, change of condition), identified resident with intact cognition, assistance with one person for bathing, dressing, toileting, transfering, and management of meds. There is a suprapubic catheter and gastric feeding tube in place. Negotiated service agreement , inncluded facility staff would provide one person assist for bathing, dressing, toileting, and	S5251		

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S5251	Continued From page 40 transfers, assist with showers 3 times weekly, and provide skin assessments. Home health would provide suprapubic cathetere care/maintence. Medications and nutrition would be provided through the gastric tube. Resident recieves Glucernia 1.5 with HN 240ml 5 times a day. Licensed Pratical Nurse (LPN), or Certified Medication Aid (CMA), to dial insulin pen for patient to self administer. Resident service plan dated 07/01/2019 indicates that resident requires assistance with all acitivities of daily living, and medication management. Record review revealed that patient had a surgical intervention on for a lesion to the back. The orders indicated that resident have homehealth manage wound care. There is no documentation in the facility chart indicating that there was follow up with the home health agency or monitoring of the wound. Record review reveals no order to heal the wound or to discontinue wound care, or recent skin assessment documentation. Interview with staff LPN states she was not sure of last skin assessment, and staff had not brought any new skin concerns to her attention. Chart review reveals there was not a follow up skin assessment in the resident chart.	S5251		

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S5251	Continued From page 41 For sampled residents #312, #542, and #749 the operator failed to ensure the reocords included documentation of all incidents, symptoms, and other indicators of illiness or injury including the date, time of occurance, actions taken and results of the action in regard to skin conditions.	S5251		
S5257 SS=F	26-42-102 (c) Staff Qualifications RN available (c) A registered professional nurse shall be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (c) The facility reported a census of 5 residents. Based on observation, interview and record review the operator failed to ensure a registered professional nurse was available to provide supervision to licensed nurses. This failure had the potential to affect all residents. Findings included: - Upon entrance to the facility on 06/02/2020 at 11:50 AM, observation revealed licensed nurse C and certified medication aide (CMA) A as the only staff on duty. During the entrance meeting with operator B on 06/02/2020 at 12:57 PM she identified registered nurse (RN) D as the RN available to provide supervision of the LPN (licensed practical nurse).	S5257		

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S5257	Continued From page 42 On 06/03/2020 at 12:28 PM licensed nurse C reported she had not spoken with RN D in a while and would need to go through operator B if needed. She confirmed the RN had not made any visits to the facility since before February 2020 when she started as the only nurse for the facility. Interview by phone with RN D on 6/03/2020 at 8:44 PM revealed she understood her role as someone they would call if they had questions. She reported not being involved in the development of policy and procedures for infection control related to COVID-19 but they sent it to me to review. She understood operator B was to obtain another RN. She said she has not been on the payroll clock for at least 6 months. She said when this facility first opened back in August of 2019, she provided some training to the staff but she has not been there for a visit, has not audited any charts or provided supervision to the LPN. On 06/04/2020 at 9:10 AM operator B confirmed RN D had not made any routine visits to the facility to supervise the LPN, to conduct any chart audits or to provide staff education if needed. She confirmed she did not have a contract for supervisory services with RN D. The operator failed to ensure a registered professional nurse was available to provide supervision to licensed nurses. This failure had the potential to affect all residents.	S5257		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the	S5300		

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S5300	Continued From page 43 administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview the operator failed to ensure 3 of 3 sampled residents (#312, #542 and #749) for whom the facility managed medications that all medications and biologicals were administered to the resident in accordance with a medical care provider's written order, professional standards of practice and manufacturer's recommendations. Findings included: - Record review for resident #312 revealed an admission date of 02/20/2020 with diagnoses of Lewi-body dementia, major depressive disorder, hypertension, hepatitis C and gastroesophageal reflux disease. The admission functional capacity screen dated	S5300		

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S5300	Continued From page 44 02/20/2020 identified the resident with impaired memory recall and decision making. He lacked the ability to manage his own medications and treatments. The admission negotiated service agreement signed 02/25/2020 included services of medication management by licensed staff. The section for medical treatments was blank. The resident service plan with a revision date of 03/03/2020 directed staff to administer the resident's medications, medication management by licensed staff and simple treatments delegated to certified staff. Review of the 3-ring notebook identified as the resident's medical record on 06/03/2020 revealed admission orders signed by the medical care provider on 02/20/2020 and subsequent orders by fax or emergency services when compared to the June 2020 medication administration record (MAR) revealed the following discrepancies: These medications were on the admission orders but not on the June MAR; Cepacol sore throat lozenges 1 every 6 hours PRN (as needed) sore throat, Miralax powder 17 grams in 4-8 ounces liquid every 12 hours PRN, Refresh tears solution 1 drop both eyes twice a day for dry eyes and Acetaminophen 500 milligrams (mg) 1 by mouth every 4 hours PRN pain. The June 2020 MAR had the following medication ordered without a signed medical care provider order; Milk of Magnesia (MOM) 30 cc (cubic centimeter) daily PRN constipation, Bisacodyl 10 mg suppository 1 rectally if no results from MOM in 3 days PRN, ear drops 6.5% apply 5 drops to ear nightly for 7 days PRN and Imodium 2 mg after each loose stool PRN.	S5300		

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S5300	Continued From page 45 On 06/04/2020 licensed nurse C confirmed the record lacked orders for the above discrepancies. The operator failed to ensure this resident (#312) for whom the facility managed medications received all medications and biologicals in accordance with a medical care provider's written order and professional standards of practice. - Record review for resident #542 revealed an admission date of 08/05/19 he resided in a sister facility prior to 08/05/19. His diagnoses included: dementia, COPD (chronic obstructive pulmonary disease), oropharyngeal dysphagia and cognitive communication disorder. The (unidentified type) functional capacity screening (FCS) dated 11/27/19 identified the resident with short-term memory deficit, impaired memory recall and decision making. He required physical assistance with all activities of daily living and lacked the ability to manage own medications. The annual negotiated service agreement (NSA) dated 12/12/19 included medication management by certified medication aides or licensed staff. The resident service plan (RSP) dated 11/27/19 directed facility staff to administer the resident's medications and treatments. Review of the 3-ring notebook identified as the resident's medical record on 06/02/2020 revealed undated signed admission orders with the date stamp at the top of the fax included a date of 10/17/18. Comparison of those orders and subsequent orders on the chart to the June 2020 medication administration record (MAR) revealed the following discrepancies:	S5300		

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S5300	Continued From page 46 The admission orders included Ferrous Sulfate 324 milligrams (mg) enteric coated tablet by mouth every 48 hours for supplement, Folic acid 1 mg tablet by mouth daily for supplement and Cyanocobalamin 1000 microgram tablets by mouth once a day for B12 supplement. None of these medications were on the June 2020 MAR and the record had no orders to discontinue these medications. The June 2020 MAR included multiple orders from a list of standing orders signed by a medical care provider on 09/18/18. The June 2020 MAR included Calmoseptine applied topically to perineal and buttock areas PRN for irritation, but the signed standing orders did not have Calmoseptine marked to be used. On 06/04/2020 operator B confirmed the record lacked any orders to discontinue the Ferrous Sulfate, Folic acid and Cyanocobalamin and no orders for the use of Calmoseptine. The operator failed to ensure this resident (#542) for whom the facility managed medications received all medications and biologicals in accordance with a medical care provider's written order and professional standards of practice. - Record review for resident #749 revealed an admission date of 07/01/ 2019 with a diagnosis of cerebral infarction, neuromuscular dysfunctions of the bladder with supra pubic catheter, a gastrostomy with tube for feeding, personal history of pneumonia, and diabetes. The functional (unidentified type) capacity screen (FCS) dated 05/05/2020 and the previous FCS dated 12/10/19 identified the resident with intact cognition, lacked the ability for self-performance of all activities of daily living and medication	S5300		

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S5300	Continued From page 47	S5300		

management.

The negotiated service agreement (NSA) dated 12/20/19 included services of facility staff to provide 1-person physical assistance for bathing, dressing, toileting, and transfers. Medical treatments to be provided by licensed staff with simple treatments delegated to qualified/certified staff. The NSA indicated staff would complete bath sheets and report redness or breakdown to the nurse, the nurse would complete weekly skin assessments.

The resident service plan dated 12/20/2019 directed staff to administer all the resident's medications and treatments.

Review of the 3-ring notebook on 06/04/2020 identified as the resident's medical chart revealed the most recent recapitulation of the medical care orders signed on 09/10/19. Comparison of these orders and subsequent orders revealed the following discrepancies:
Aspirin 81 milligrams (mg) chewable tablet 1 daily for stroke prevention was marked as discontinued on the signed 09/10/19 orders but the June 2020 medication administration record (MAR) had the Aspirin on it with staff initials of administration and no orders to resume the Aspirin.
Atorvastatin 40 mg 1 tablet per tube at bedtime for hyperlipidemia was on the orders but not on the June 2020 MAR and no orders to discontinue.
Acetaminophen 325 mg 2 tablets by tube every 6 hours PRN pain was on the orders but not on the June 2020 MAR and no orders to discontinue.
Probiotic Complex capsule 1 by tube twice daily for flora health was discontinued on the signed orders 09/10/19 but appeared on the June 2020 MAR without orders to reinstate.
The signed orders on 09/10/19 included Nystatin

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S5300	Continued From page 48	S5300		

100,000 units/milliliter(ml) give 5 ml by mouth every 6 hours (paint tongue with a swab) and (stop date pending) the June 2020 MAR lacked this order and the chart lacked an order to discontinue.
The 09/10/19 recapitulation of orders had a handwritten order which appeared as the same handwriting for medical care provider J and without clarification for Atropine 1% eye drops 1 drop to both eyes every bedtime. The June 2020 MAR included Atropine 1% eye drops give 2 drops sublingual (SL) every 6 hours (scheduled) and 2 drops SL every 2 hours PRN for secretions.

The June 2020 MAR included the following medications without orders in the medical record:
Loratadine 10 mg tablet by mouth every day
Nystatin 100,000 unit/gram cream, mix with Calmoseptine and apply to groin area 2 times a day
Diabetic Tussin Extra strength liquid, gibe 30 ml by tube 2 times daily for secretions
Calmoseptine ointment, apply topically to perineal area/buttock PRN irritation
Ny-stop powder, clean area then apply to affected area 2 times a day until healed then PRN

On 06/04/2020 licensed nurse C and operator B confirmed the record lacked orders to address the above discrepancies.

A faxed medical care provider order signed 01/07/2020 for NovoLog Flexpen inject 8 units for blood sugar (BS) 60-249, 10 units for BS 250-299 and 12 units for BS 300-350.

Observation on 06/03/2020 at 12:16 PM revealed certified medication aide (CMA) G removed a Novolog Flexpen, a needle and alcohol pad from the medication cart. She cleaned the tip of the

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S5300	Continued From page 49 Flexpen with the alcohol pad and screwed on the needle. She then turned the dial to 8 units and failed to prime the Flexpen with a 2 units waste. She went to the resident's room, cleansed the site on the abdomen with an alcohol pad and handed the Flexpen to the resident. She guided the resident's hand to the site and let go then the resident pushed the plunger injecting the insulin. According to the picture and direction sheets in the resident's MAR area of the notebook which were from the manufacture of Novolog Flexpen after applying the needle the Flexpen should be dialed to 2 units, hold the Flexpen upright with the needle pointing up, tap the top of the Flexpen gently a few time to let any air bubbles rise to the top and while holding upright press and hold in the dose button until the dose counter shows "0" and a drop of insulin should be seen at the needle tip. If you do not see a drop of insulin repeat steps 7 to 9, but no more than 6 times and if you still do not see a drop change the needle and repeat steps 7 to 9. The undated facility's policy for administering insulin directed when the task is delegated to a CMA after being trained by a licensed nurse the following steps: put the needle on the pen, prime the pen, prep the area for injection, dial the pen then hand the pen to the resident for self-injection. During a meeting on 06/04/2020 at 4:30 PM licensed nurse C confirmed staff were expected to prime (2-unit waste) the Flexpen before dialing the prescribed dose. The operator failed to ensure this resident (#749) for whom the facility managed medications received all medications and biologicals in	S5300		

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S5300	Continued From page 50 accordance with a medical care provider's written order, professional standards of practice and manufacturer's recommendations.	S5300		
S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S5315		

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S5315	Continued From page 51 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h) (1) (4) The facility reported a census of 5 residents. The facility managed medications for all 5 residents. Based on observation, interview and record review the operator failed to ensure the licensed practical nurses (LPNs), and certified medication aides (CMAs), properly secured all medications and biological's in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. The operator also failed to ensure the LPN(s) and CMA(s) did not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration for resident #749. Findings included: - On 06/02/2020 operator B provided the completed resident roster which identified facility management of medications for all 5 residents. During the initial tour on 06/02/2020 which began at 11:50 AM observation revealed an unlocked mini fridge in the dining room area which held medications for residents. On top of the mini fridge was a combination lock not in use. Observation on 06/02/2020 at 12:02 PM revealed staff failed to ensure the locking mechanism of the medication cart was fully engaged, the top drawer freely opened when pulled and neither the LPN nor CMA was in attendance at the medication cart. A few minutes later licensed nurse C returned and locked the cart.	S5315		

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S5315	Continued From page 52 Observation on 06/02/2020 at 1:30 PM CMA A opened the only medication cart. Observation revealed an opened in-use Levemir insulin pen for resident and a Novolog pen for resident #749. Both pens had label stickers attached for writing the date when the pen was opened and neither pen had a date on it. On 06/03/2020 at 11:43 AM observation again revealed the medication mini fridge was not locked and the combination lock rested on top of the fridge. Interview on 06/03/2020 at 11:43 AM with licensed nurse C confirmed the mini fridge needed to be locked at all times to safeguard the medications stored there. She also reported an expectation for staff to write the date on the insulin pen when they opened it. The Novolog Flex pen manufacture recommended to store opened insulin at room temperature for up to 28 days and discard even if insulin remained. The Levemir FlexTouch manufacture recommended to store opened insulin at room temperature for up to 42 days and discard even if insulin remained. The operator failed to ensure LPN(s) and CMA(s), properly secured all medications and biological's in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations, and did not administer medications beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S5315		

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S5315	Continued From page 53 KAR 26-42-205 (h) (i) The facility reported a census of 5 residents. This sample includes 5/5 residents. Based on interview, and observation the operator failedd to ensure the Licensed Practical Nurse (LPN), and the Certified Medication Aid (CMA), properly securing all medications and biological's and being stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. The sample of 3/5 residents based on record review, interview and observation the operator failed to ensure the LPN and CMA failed to maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. Findings Included: - Observation and interview of staff (CMA, and LPN), during the facility tour upon arrival and on day 2 of the survey, the lock on the medication fridge in the common area by the small dining table was unlocked. The combination lock lay on top of the fridge for the complete 2 days surveyors were in the facility. Upon questioning the LPN by state surveyor, the LPN stated that there were no narcotics present in the fridge and that it should be locked. During the tour the surveyor walked past the medication cart and pulled on the drawer and found the cart to be unlocked with no CMA or LPN present. During the survey process of medication cart inspection, the surveyor found that 2/2 insulin pens were not dated. When CMA asked, the CMA stated that	S5315		

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S5315	Continued From page 54 there should be a date on them. The operator failed to ensure that the LPN and CMA stored medications and biological's in accordance with manufactures recommendations and state laws and regulations, and the LPN and CMA failed to maintain records of receipt and disposition of medications managed by the home in sufficient detail for accurate reconciliation.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (b) All new construction, renovation, remodeling, and changes in building use in existing buildings shall comply with building and fire codes, ordinances, and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. This REQUIREMENT is not met as evidenced by: KAR 28-39-437 (a) The facility reported a census of 5 resident. Based on observation, interview and record review the operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals and improperly stored oxygen tanks. This failure had the potential to affect all residents. Findings included:	S5335		

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S5335	Continued From page 55 - On 06/02/2020 at 11:50 upon entrance and tour of the facility observation revealed the following safety concerns: an open storage area without a door which contained several small portable oxygen cylinders stored in a frame but 1 partially full tank was not secured from falling over with the potential to break the shut off valve creating a pressured projectile. Licensed nurse C confirmed the loose oxygen tank, removed it from the area and took it downstairs. She said she placed it inside a box and secured it with other items to keep it from falling over. At 12:14 PM in the laundry area was a partially full gallon container of Clorox bleach with a warning of corrosive material keep out of reach of children. The under-cabinet doors had child safety locks but 1 of the doors stood wide open and in that part of the cabinet was a large container of powdered laundry soap labeled keep out of reach of children. Later that day at 1:10 PM the items remained out and operator B confirmed the bleach needed to be placed in the under cabinet which should be locked. On 06/04/2020 at 4:30 PM operator C confirmed all cleaning chemicals should be in a locked cabinet or area and the oxygen tanks should be secured to prevent accidental falling over. The operator failed to ensure the facility was equipped and maintained to protect the health and safety of residents, personnel and the public regarding unlocked chemicals and improperly stored oxygen tanks. This failure had the potential to affect all residents.	S5335		