STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N026010	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF HAYS OPERATIONS, LLC	2929 STERNBERG DRIVE HAYS, KS 67601

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named assisted living facility conducted on 10/30,31 and 11/4/2019.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, 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 facility, which shall include each 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 26-41-201(a) The facility reported a census of 35 residents. The sample included 3 residents and 1 focused record review. Based on record review and interview, the operator failed to ensure the department's Functional Capacity Screening form was integrated into a form developed by the facility which included each element and definition specified by the department for 2 (#130 and #132) of 3 sampled residents. Findings included:	S3080		

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

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S3080	Continued From page 1 Review of resident #130's record revealed she admitted to the facility on 4/4/18 with diagnoses of hypertension, hyperlipidemia, dementia, and macular degeneration. Review of the functional capacity screen dated 10-17-19 defined the resident's cognition score of 7 which included a 1 for short term memory and a 2 for long term memory, memory/recall and decision-making. - Review of resident #132's record revealed he admitted to the facility on 6/4/19 with the diagnoses of dementia, hypertension, and type II diabetes mellitus. Review of the functional capacity screen dated 6/4/19 defined the resident's cognition score a 7 with a 1 for long term memory and a 2 for short term memory, memory/recall and decision-making. Per designated for definitions specified by the department should include a score of "0" or "1" for a possible total score not more than "4". The operator failed to ensure the functional capacity screening tool included the specified definitions according to the department.	S3080		
S3095 SS=D	26-41-202 (f) NSA Refusal of Service (f) If a resident or the resident's legal representative refuses a service that the administrator or operator, the licensed nurse, the resident's medical care provider, or the case manager believes is necessary for the resident's health and safety, the negotiated service	S3095		

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S3095	Continued From page 2 agreement shall include the following: (1) The service or services refused; (2) identification of any potential negative outcomes for the resident if the service or services are not provided; (3) evidence of the provision of education to the resident or the resident ' s legal representative of the potential risk of any negative outcomes if the service or services are not provided; and (4) an indication of acceptance by the resident or the resident's legal representative of the potential risk. . This REQUIREMENT is not met as evidenced by: KAR 26-41-202(f)(1)(2)(3) The facility reported a census of 35 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review for 1 (#130) of 3 sample residents who received the service of a mechanical diet. Resident #130's negotiated service agreement failed to include the resident refusal of the mechanical diet, potential negative outcomes for the refusal, education provided to the resident or resident's legal representative of potential risks, and an indication of acceptance by the resident or legal representative of the potential risks. Findings included: - Review of resident #130's record revealed she admitted to the facility on 4/4/18 with diagnoses of hypertension, hyperlipidemia, dementia, and macular degeneration.	S3095		

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S3095	Continued From page 3 Review of the functional capacity screen dated 10-17-19 revealed the resident required physical assistance with all activities of daily living and staff administered the residents medications. The resident also had bladder incontinence, impaired cognition and risk for falls. Review of the residents negotiated service agreement dated 10-17-19 revealed the resident needed a mechanical soft diet. It also revealed the resident refused to drink fluids with thickener in it and requested the staff to stop thickening it. The negotiated service agreement failed to include the resident refused the mechanical diet, potential negative outcomes for the refusal, education provided to the resident or resident's legal representative of potential risks, and an indication of acceptance by the resident or legal representative of the potential risks. During an interview on 10-31-19 at 10:50 AM licensed nursing staff B reported the resident had an order for mechanical soft diet when she returned from the hospital and the resident refused to eat it so they gave her a regular diet. Staff B reported she had not discussed with the resident or their legal representative the possible risks of refusal of the diet. The operator failed to ensure the resident or the resident's legal representative was provided education regarding the resident's refusal of a mechanical soft diet, potential risks and indication of acceptance of the potential risks.	S3095		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services	S3165		

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S3165	Continued From page 4 to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of 35 residents. The sample included 3 residents and 1 focused record reviews. Based on record review and interview for 3 (#130, #131, #132) of 3 sampled residents and for all residents, the operator failed to ensure the negotiated service agreement contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan. Findings included: - Review of resident #131 record revealed she admitted to the facility on 12/16/13 with diagnoses of dementia, allergic rhinitis, atopic neurodermatitis, osteoporosis, rheumatoid arthritis, and depression. Review of the functional capacity screen dated 11/13/18 revealed the resident required physical assistance with bathing, dressing, and toileting. She had impaired cognition, falls and unsteadiness, and could not manage her medications and medical treatments. Review of negotiated service agreement dated 11/13/18 lacked the name of the nurse responsible for the implementation of the health care service plan.	S3165		

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S3165	Continued From page 5 - Review of resident #132 record revealed he admitted on 6/4/19 with the diagnoses of dementia, depression, dermatitis, melanoma of skin, gastroesophageal reflux disease, atrial fibrillation, chronic obstructive pulmonary disease, restless leg syndrome, hypertension, type II diabetes mellitus, hypokalemia, hyperlipidemia, periodic limb movement disorder, and anemia. Review of the functional capacity screen dated 6/4/19 revealed the resident required physical assistance with bathing and dressing. Required supervision with toileting and mobility, had impaired cognition, communication, and could not manage medications or medical treatments. Review of negotiated service agreement dated 6/4/19 lacked the name of the nurse responsible for the implementation of the health care plan service. - Review of resident #130's record revealed she admitted to the facility on 4/4/18 with diagnoses of hypertension, hyperlipidemia, dementia, and macular degeneration. Review of the functional capacity screen dated 10-17-19 revealed the resident required physical assistance with all activities of daily living and staff administered the residents medications. The resident also had bladder incontinence, impaired cognition and risk for falls. Review of the negotiated service agreement dated 10-17-19 lacked the name of the nurse responsible for the implementation of the health care service plan. During an interview on 10-31-19 at 12:11 PM licensed nursing staff B stated all residents have	S3165		

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S3165	Continued From page 6 the same format for the negotiated service agreement and confirmed it did not include the name of the licensed nurse responsible for the implementation of the health care service plan.	S3165		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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 facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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S3215	Continued From page 7 This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (h) (1) The facility reported a census of 35 residents. The sample included 3 residents and 1 focused review resident. Based on observation and interview for all residents living in the facility and receiving medication services, the operator failed to ensure all non-controlled medications and biological's managed by the facility were stored in a locked medication room, medication cart, or cabinet, which had the ability to affect all residents. Findings included: - Observation on 10/30/19 from 7:35 PM to 7:45PM revealed medication cart unlocked and unsupervised outside of room #137. All medications drawers were able to be opened. During an interview on 10/30/19 at 7:45 PM with certified staff #F reported the medication cart should be locked at all times. The operator failed to ensure all non-controlled medications and biological's managed by the facility were stored in a locked medication room, medication cart, or cabinet, which had the ability to affect all residents.	S3215		
S3290 SS=D	26-41-206 (a) (b) Dietary Services	S3290		

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S3290	Continued From page 8 (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietician shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(c) The facility reported a census of 35 residents. The sample included 3 residents and 1 focused record review. Based on observation, interview and record review the operator failed to ensure staff provided 1 (#130) of 3 sampled residents a mechanical soft diet as ordered by their medical	S3290		

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S3290	Continued From page 9	S3290		

provider.

Findings included:

- Review of resident #130's record revealed she admitted to the facility on 4/4/18 with diagnoses of hypertension, hyperlipidemia, dementia, and macular degeneration.

Review of the functional capacity screen dated 10-17-19 revealed the resident required physical assistance with all activities of daily living and staff administered the residents medications. The resident also had bladder incontinence, impaired cognition and risk for falls.

Review of the residents negotiated service agreement dated 10-17-19 revealed the resident needed a mechanical soft diet. It also revealed the resident refused to drink fluids with thickener in it and requested the staff to stop thickening it.

Review of the resident's signed medical provider order dated 10-18-19 revealed "regular diet, mechanical soft texture, regular consistency.

Observation on 10-30-19 at 5:20 PM staff served the resident a mini pizza, bowl of vegetable soup and cup of yogurt. She also had thin liquids for her drinks.

During an interview on 10-30-19 at 5:32 PM dietary staff D reported the resident was on a regular diet but staff had to cut it up.

During an interview on 10-31-19 at 8:55 AM dietary staff C reported there were no residents in the facility who received a mechanical soft diet.

During an interview on 10-30-19 at 10:50 AM

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S3290	Continued From page 10 licensed nursing staff B reported the resident had an order for mechanical soft diet when she returned from the hospital and the resident refused to eat it so they gave her a regular diet. Staff B confirmed the medical provider had not been contacted regarding the facility giving the resident a regular consistency diet. The operator failed to resident #130 received a mechanical soft diet as ordered.	S3290		