STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B030008	A. BUILDING: _____ B. WING _____	01/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART TO HEART HOME PLUS	3600 COLORADO ROAD POMONA, KS 66076

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named home plus facility conducted on 1-15-19 and 1-16-19.	S 000		
S5230 SS=E	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207 (c) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review, and interview, for 3 sampled residents (#100, #200, #300), the Operator/LPN (Licensed Practical Nurse) failed to ensure compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Record review for Resident #100 revealed	S5230		

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

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S5230	Continued From page 1 admission on 1-1-15 with diagnoses Dementia, Atrial Fibrillation, and Arthritis. The record contained an annual TB Symptom Screen dated 2-1-16. The record lacked documentation of an annual TB Symptom Screen for 2017 and 2018 or an annual TB skin test. - Record review for Resident #200 revealed admission on 11-30-18 with diagnoses Aortic Stenosis, Atrial Fibrillation, Hypertension, Osteoporosis, Muscle Weakness and Abnormal Gait. The record lacked documentation of a 2-step TB skin test on admission. - Record review for Resident #300 revealed admission on 10-1-02 with diagnosis Multiple Sclerosis. The record contained an annual TB Symptom Screen dated 2-1-16. The record lacked documentation of an annual TB Symptom Screen for 2017 and 2018 or an annual TB skin test. For Residents #100, #200, #300, the Operator/LPN failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5251 SS=D	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	S5251		

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S5251	Continued From page 2 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 4 residents. The sample included 3 residents. Based on record review and interview for 1 (#200) of 3 sampled residents, the Operator/LPN (Licensed Practical Nurse) failed to ensure documentation of all incidents, symptoms and other indications or illness or injury including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for Resident #200 revealed admission on 11-30-18 with diagnoses Aortic Stenosis, Atrial Fibrillation, Hypertension, Osteoporosis, Muscle Weakness and Abnormal Gait. The Functional Capacity Screen (FCS) dated 11-30-18 recorded resident required physical assistance with bathing, dressing walking/mobility and management of medications and treatments; supervision of toileting, transfers and eating. Occasionally incontinent of bladder. Cognition: problems with long term memory. Current problems/risks identified included falls, impaired vision and hearing. The Negotiated Service Agreement dated 11-30-18 recorded services for 3 meals daily, and medication management by facility. Resident to	S5251		

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S5251	Continued From page 3 receive hospice services. The record lacked any narrative nurse's notes regarding date/time of residents admission to facility, nursing assessment upon admit, and notification of physician of arrival. Interview on 1-15-19 at 3:45 pm with Operator/LPN confirmed the record lacked any nurse's notes and contained no documentation of resident's arrival to facility including an assessment by a licensed nurse and date/time of arrival. For Resident #200, the Operator/LPN failed to ensure documentation of all incidents, symptoms and other indications of illness including date, time of occurrence, action taken and results of action.	S5251		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility reported a census of 4 residents. The	S5325		

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S5325	Continued From page 4	S5325		

sample included 3 residents. The Operator/LPN (Licensed Practical Nurse) failed to ensure a licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition as evidenced by record review and interview for 3 (#100, #200, #300) of 3 sampled residents with the potential to affect all residents.

Findings included:

- Record review for Resident #100 revealed admission on 1-1-15 with diagnoses Dementia, Atrial Fibrillation, and Arthritis.

The Functional Capacity Screen (FCS) dated 2-8-17 recorded resident unable to perform management of medications/treatments.

The record contained documentation of a medication regimen reviews on 6-30-17, 9-30-17, 12-30-17, 3-30-18, and 6-30-18. The record lacked documentation of a quarterly review for September 2018 and December 2018.

- Record review for resident #200 revealed admission on 11-30-18 with diagnoses Aortic Stenosis, Atrial Fibrillation, Hypertension, Osteoporosis, Muscle Weakness and Abnormal Gait.

The Functional Capacity Screen (FCS) dated 11-30-18 recorded resident required physical assistance with management of medications/treatments.

The record lacked documentation of a medication

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S5325	Continued From page 5 regimen review. - Record review for resident #300 revealed admission on 10-1-02 with diagnosis Multiple Sclerosis. The Functional Capacity Screen (FCS) dated 4-29-18 recorded resident unable to perform management of medications/treatments. The record contained documentation of a medication regimen reviews on 6-30-17, 9-30-17, 12-30-17, 3-30-18, and 6-30-18. The record lacked documentation of a quarterly review for September 2018 and December 2018. Interview on 1-15-19 at 3:35 pm with Operator/LPN confirmed the records lacked medication regimen reviews for September 2018 and December 2018. For Residents #100, #200, #300 and affecting all residents, the Operator/LPN failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home.	S5325		