STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087215	A. BUILDING: _____ B. WING _____	12/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRIST CARE HOME PLUS, LLC	7901 W JENNIE STREET WICHITA, KS 67212

(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 of the above home plus facility on 11/29/16, 11/30/16, and 12/1/16. Revised 2567 sent to facility 12/7/2016.	S 000		
S 230 SS=F	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review and interview for 2 (#100 and #101) of 2 residents sampled, the operator failed to inform the resident or the	S 230		

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

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S 230	Continued From page 1 resident's legal representative, in writing, at the time of admission, of the state statutes related to advance medical directives. Findings included: - Record reviews for residents #100 and #101 revealed the lack of the written information provided to each resident and each legal representative regarding the state statutes related to advance medical directives. At 1:10 p.m. on 11/29/16, operator B stated he/she did not have written information to give to residents on admission related to advance medical directives. Operator B stated he/she gave the resident a copy of the facility's advance directive policy. The facility's "Advanced Directives" policy documented facility's "Operator will inform the client or the client ' s power of attorney, in writing, of the state statutes related to advance medical directives at the time of admission." The operator failed to inform each resident or each resident's legal representative, in writing, at the time of admission, of the state statutes related to advance medical directives.	S 230		
S5080 SS=F	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.	S5080		

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S5080	Continued From page 2 The administrator or operator may integrate the department ' s screening form into a form developed by the home, 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 26-42-201(a) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review and interview for 1 (#101) of 2 residents sampled, the operator failed to ensure the licensed nurse conducted a functional capacity screen (FCS) prior to or on admission of the resident and for 2 (#101 and #100) of 2 residents sampled, the operator failed to ensure the completion of the FCS according to each element and definition. Findings included: - Record review for resident #101 revealed an admission date of 10/7/16 and an FCS dated 10/8/16. The nurse's notes contained an entry by licensed nurse E that the resident arrived at the facility and was admitted on 10/7/16. The record lacked an FCS dated 10/7/16 or before this date. The FCS section D, as specified by the FCS manual, evaluates a resident's short-term	S5080		

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S5080	Continued From page 3	S5080		

memory, long-term memory, memory recall, and decision making by scoring "1 " if resident has impaired ability in an area and "0" if resident does not have impairment in one of these areas. The FCS for resident #101 contained a score of "3" for short-term memory and a score of "2" for long-term memory.

During an interview at 2:35 p.m. on 11/29/16, licensed nurse E confirmed he/she did not complete an FCS at the time of the resident's admission to the facility. Licensed nurse E stated he/she did not have the FCS manual for reference when conducting the screening.

The operator failed to ensure the licensed nurse conducted an FCS prior to or on admission of resident #101 and failed to ensure the completion of the FCS according to each element and definition.

- Record review for resident #100 revealed an admission date of 11/15/16 and an FCS dated 11/15/16.

The FCS section D, as specified by the FCS manual, evaluates a resident's short-term memory, long-term memory, memory recall, and decision making by scoring "1 " if resident has impaired ability in an area and "0" if resident does not have impairment in one of these areas. The FCS for resident #100 contained a score of "3" for short-term memory and a score of "3" for decision making ability.

At 2:15 p.m. on 11/29/16, licensed nurse confirmed cognition score not completed per definition.

For resident #100, the operator failed to ensure

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S5080	Continued From page 4 the completion of the FCS according to each element and definition.	S5080		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(a)(1)(2)(3) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review, interview, and observation for 2 (#100 and #101) of 2 residents sampled, the operator failed to ensure the development of a written negotiated service agreement (NSA) for each resident, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, that included a description of the services the	S5105		

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S5105	Continued From page 5	S5105		

resident would receive; identification of the provider of each service; and identification of each party responsible for payment when outside resources provided a service.

Findings included:

- Record review for resident #100 revealed an admission date of 11/15/16 and diagnoses of hypertension, atrial fibrillation, congestive heart failure, and depression.

The functional capacity screen dated 11/15/16 indicated resident required physical assistance with eating and was unable to perform bathing, dressing, toileting, transferring, mobility, and management of medications and treatments.

The nurse's notes contained an entry on 11/15/16 by licensed nurse E that resident to receive hospice services.

During an interview at 9:25 a.m. on 11/29/16, operator B stated resident #100 would only eat grilled cheese sandwich and tomato soup for lunch and dinner and (durable power of attorney for health care) approved.

At 9:35 a.m. on 11/29/16, observed certified medication aide C transfer resident from wheelchair to a recliner. Resident did not bear weight during transfer.

At 11:45 a.m. on 11/29/16, observed resident #100 in bed in his/her room. Resident repeated "Please help me." Operator B would offer a drink to the resident and reassure resident. Operator B stated that resident was having an anxiety attack and offering a drink and talking to resident helped calm resident. Operator B stated resident

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S5105	Continued From page 6 received hospice services of bathing assistance and skilled nursing assessment. Certified medication aide D stated hospice provided resident's medication and supplies. The record contained an NSA dated 11/15/16 that lacked the services provided by hospice, the name of the hospice, and the party responsible for payment for services. The NSA lacked documentation of the resident's limited food preferences and that durable power of attorney for health care agreed to limited food preferences. The NSA lacked a description of services to address resident's immobility and that resident would require total assistance to exit the building. The NSA lacked a description of services to help reduce the resident's anxiety. At 2:15 p.m. on 11/29/16, licensed nurse E confirmed the resident's NSA lacked the resident's food preference and a description of hospice services. Operator B stated resident required total assistance to exit building. At 3:50 p.m. on 11/29/16, observed licensed nurse E at resident's bedside talking to resident. Licensed nurse E stated when resident resting in bed but awake and anxious "this is what we do." At 4:00 p.m. on 11/29/16, operator B explained if resident in bed and asleep, a staff member would sit outside resident's door and observe resident. If resident awake while in bed, a staff person would stay at resident's bedside. The operator failed to ensure the development of a written NSA for resident #100, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative,	S5105		

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S5105	Continued From page 7 that included a description of the services the resident would receive; identification of the provider of each service; and identification of each party responsible for payment when outside resources provided a service. - Record review for resident #101 revealed an admission date of 10/7/16 and diagnoses of dementia, atrial fibrillation, hypertension, and anxiety disorder. The functional capacity screen dated 10/8/16 indicated resident was unable to perform bathing, dressing, toileting, transferring, mobility, and management of medications and treatments. The record contained a medical care provider's written order dated 10/13/16 for physical therapy to evaluate and treat. The record contained physical therapy notes of visits dated October 25, 28, November 1, 4, 8, 10, and 22, 2016. At 1:10 p.m. on 11/29/16, operator B stated resident received physical therapy visits twice a week, resident required physical assistance of two staff members to transfer, and would require total assistance to exit the building. The resident's NSA dated 10/8/16 lacked a description of services for two-person transfer assistance, total assistance to exit the building, and physical therapy from an outside provider. During an interview at 2:35 p.m. on 11/29/16, licensed nurse E confirmed the resident's NSA lacked a description of services for two-person transfer assistance, total assistance to exit the building, and physical therapy from an outside provider.	S5105		

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S5105	Continued From page 8 The operator failed to ensure the development of a written NSA for resident #101, based on the resident's functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident's legal representative, that included a description of the services the resident would receive; identification of the provider of each service; and identification of each party responsible for payment when outside resources provided a service.	S5105		
S5115 SS=D	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of 2 residents. The sample included 2 residents. Based on record review and interview for 1 (#101) of 2 residents sampled, the operator failed to ensure the development of an initial negotiated service agreement (NSA) at admission. Findings included: - Record review for resident #101 revealed an admission date of 10/7/16. The record contained an NSA dated 10/8/16. The nurse's notes contained an entry by licensed nurse E that the resident arrived at the facility and was admitted on 10/7/16.	S5115		

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S5115	Continued From page 9 During an interview at 2:35 p.m. on 11/29/16, licensed nurse E stated resident arrived late in the day on 10/7/16 and NSA was completed the next day. The operator failed to ensure the development of an initial NSA for resident #101 at the time of admission to the facility.	S5115		
S5171 SS=F	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review, observation, and interview for 2 (#101 and #100) of 2 residents sampled, the operator failed to ensure heath care services were provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #101 revealed an admission date of 10/7/16 and diagnoses of dementia, atrial fibrillation, hypertension, and anxiety disorder. The functional capacity screen dated 10/8/16 indicated resident was independent with eating	S5171		

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S5171	Continued From page 10 and unable to perform management of medications and treatments. The negotiated service agreement/health service plan dated 10/8/16 documented resident to receive nectar thickened liquids and management of medications and treatments. The November 2016 medication administration record (MAR) recorded medication administration by certified medication aides and provision of nectar thickened liquids. Comparison of the MAR and written medical care provider's orders revealed the lack of orders signed by the medical care provider for the following: Pradaxa (to treat atrial fibrillation) 150 milligrams (mg), 1 capsule by mouth 2 times a day Carbamazepine (to treat seizures, nerve pain) 100 mg tablet, 3 tablets by mouth 2 times a day Tylenol (pain relief) 325 mg tablet, 2 tablets by mouth 3 times a day Simvastatin (to lower cholesterol) 20 mg, 1 tablet by mouth at bedtime Tamulosin (to improve urine flow) 0.4 mg, 1 capsule by mouth daily Olanzapine (antipsychotic) 5 mg, 1 tablet by mouth daily Centrum Silver (supplement) 1 tablet by mouth daily Hydrochlorothiazide (ant-hypertensive) 25 mg, 1 tablet by mouth daily	S5171		

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S5171	Continued From page 11 Zetia (to lower cholesterol) 10 mg, 1 tablet by mouth daily Citalopram (anti-depressant) 20 mg, 1 tablet by mouth daily Amlodipine (anti-hypertensive) 5 mg, 1 tablet by mouth daily Omeprazole (to treat gastroesophageal reflux disease) 20 mg, 1 capsule by mouth 2 times a day Thickened liquid, nectar consistency At 9:40 a.m. on 11/29/16, observed a container of thickener powder on kitchen counter. Operator B stated (resident #101) required thickened liquids. At 2:40 p.m. on 11/29/16, licensed nurse E stated he/she did not have orders signed by a medical care provider for the above medications and diet order. The operator failed to ensure heath care services were provided to resident #101 by qualified staff in accordance with acceptable standards of practice. - Record review for resident #100 revealed an admission date of 11/15/16 and diagnoses of hypertension, atrial fibrillation, congestive heart failure, and depression. The functional capacity screen dated 11/15/16 indicated resident was unable to perform management of medications and treatments. The negotiated service agreement/health care service plan dated 11/15/16 documented the	S5171		

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S5171	Continued From page 12 service of management of medications and treatments. The November 2016 medication administration record (MAR) recorded medication and treatment administration by certified medication aides. Comparison of the MAR and written medical care provider's orders revealed the lack of orders signed by the medical care provider for the following: Xanax (anti-anxiety) 0.5 milligram (mg), 1 tablet by mouth 2 times a day Colace (stool softener) 100 mg, 1 tablet by mouth 2 times a day Miralax (laxative) 17 grams by mouth daily Prilosec (to treat gastroesophageal reflux disease) 20 mg, 1 capsule by mouth 2 times a day Tylenol 500 mg, 1 tablet by mouth every 6 hours as needed for pain or fever Norco 5/325 mg, 1 tablet by mouth every 6 hours as needed for pain Zofran (anti-nausea) 4 mg, 1 tablet by mouth every 6 hours as needed Mylanta 30 milliliters, by mouth as needed for gastrointestinal distress Remeron 7.5 mg, 1 tablet by mouth daily for anxiety Lorazepam intensol 0.5 to 2 mg under tongue every 4 hours as needed for anxiety/agitation	S5171		

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S5171	Continued From page 13 Morphine 5 to 20 mg under tongue every 2 hours as needed for pain or air hunger Miconazole cream (anti-fungal) apply to affected skin 3 times a day as needed Atropine sulfate 1% eye drops, give 2 drops under tongue every 4 hours as needed for excess secretions Acetaminophen 650 mg suppository, insert 1 suppository rectally every 4 hours as needed for pain or fever At 2:15 p.m. on 11/29/16, licensed nurse E confirmed medications administered to resident without signed medical care provider's orders. The operator failed to ensure heath care services were provided to resident #100 by qualified staff in accordance with acceptable standards of practice.	S5171		
S5186 SS=F	26-42-206 (d) Dietary Services Menus (d) The menus shall be planned in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on interview, observation, and record review for 2 (#100 and #101) of 2	S5186		

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S5186	Continued From page 14	S5186		

residents sampled, the operator failed to plan menus in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105.

Findings included:

- At 9:25 a.m. on 11/29/16, operator B stated he/she did not plan menus in advance for the 2 residents living in the facility. Operator B stated resident #100 usually ate cereal, yogurt, and milk for breakfast and would only eat grilled cheese sandwich and tomato soup for lunch and dinner. Operator B stated resident #101 had cereal, egg, and bread for breakfast and pasta for lunch. Operator B stated he/she tried to vary the foods prepared for resident #101.

Each resident's admission agreement recorded provision of dietary services to include three nutritionally balanced meals, snacks, and meal alternates available daily.

On 11/29/16 at 9:20 a.m. observed resident #100 sitting at dining room table. Operator fed yogurt to resident #100. At 9:25 a.m. operator B prepared cereal with sliced banana and a fried egg for resident #101. At 11:15 a.m. operator B gave peaches as a snack to resident #101. Resident #101 was not provided food again until 3:55 p.m. and meal consisted of ground beef patty, mixed vegetables, and a pudding cup. Observed resident #100 in his/her room in bed at 11:45 a.m. and was still in bed at 4:15 p.m. Operator B confirmed resident #100 was not provided lunch due to resident's anxiety. Operator B stated usual meal times of 9:00 a.m., 12:00 p.m., and 4:30 p.m. or 5:00 p.m.

For all residents, the operator failed to plan

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S5186	Continued From page 15 menus in advance and in accordance with the dietary guidelines adopted by reference in K.A.R. 26-39-105.	S5186		
S5190 SS=F	26-42-206 (d) Dietary Services (d)(1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(d)(1) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on interview and record review for 2 (#100 and #101) of 2 residents sampled, the operator failed to make menu plans available to each resident on at least a weekly basis. Findings included: - At 9:25 a.m. on 11/29/16, operator B stated he/she did not provide weekly menus to residents. The facility's food safety policy recorded "Menu plans are available to each client on a weekly basis." Each resident's negotiated service agreement documented meal services. The operator failed to make menu plans available to each resident on at least a weekly basis.	S5190		

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S5195	Continued From page 16	S5195		
S5195 SS=D	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 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review, interview, and observation for 1 (#100) of 2 residents sampled, the operator failed to store food under safe and sanitary conditions. Findings included: - Record review for resident #100 revealed an admission date of 11/15/16 and diagnoses of hypertension, congestive heart failure, atrial fibrillation, and depression. The functional capacity screen dated 11/15/16 indicated the resident required feeding assistance. The negotiated service agreement/health care service plan included meal service. At 9:25 a.m. on 11/29/16, operator B stated resident #100 would only eat grilled cheese sandwich and tomato soup for lunch and dinner. At 9:27 a.m. on 11/29/16, observed a can of condensed tomato soup in the refrigerator. The	S5195		

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S5195	Continued From page 17 can was opened and uncovered and contained approximately 1 to 2 tablespoons of condensed tomato soup. The can was not labeled with the date the can was opened. Operator B stated this was tomato soup for resident #100 and that resident only ate a small amount at a time. For resident #100, the operator failed to store condensed tomato soup under safe and sanitary conditions.	S5195		
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: KAR 26-42-207(c) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review and interview for 2 (#100 and #101) of 2 residents reviewed and 4 of 5 employees reviewed, the operator	S5230		

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S5230	Continued From page 18 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 an admission date of 11/15/16. The record lacked documentation of TB testing. At 10:30 a.m. on 11/29/16, certified medication aide (CMA) D stated resident did not receive TB testing. - Record review for resident #101 revealed an admission date of 10/7/16. The record lacked documentation of TB testing. At 1:10 p.m. on 11/29/16, CMA D confirmed the licensed nurse did not perform TB testing of the resident. - On 11/29/16 at 12:45 p.m., CMA D stated he/she and operator B, CMA C, and certified nursing assistant F did not receive TB testing. The facility's TB testing policy and procedure recorded residents and employees to receive a two-step TB test within 7 days of residency or employment and followed the guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. The operator failed to ensure compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records	S5258		

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S5258	Continued From page 19 (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2)(3) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on record review and interview for 1 of 1 licensed nurse file reviewed and 4 of 4 certified staff files reviewed, the operator failed to ensure the employee file contained evidence of licensure or certification; for 4 of 4 employees requiring a criminal background check, the operator failed to ensure the employee file contained supporting documentation of a criminal	S5258		

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S5258	Continued From page 20	S5258		

background check; and for 4 of 4 certified employees files, the operator failed to ensure each file contained supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.

Findings included:

- At 12:45 p.m. on 11/29/16 when asked to review employee files, certified medication aide (CMA) D stated only maintained a file for the licensed nurse and not the certified staff. Review of the file for licensed nurse E revealed a copy of a nursing license that expired 3/31/12. The licensed nurse's file lacked documentation from the Kansas State Board of Nursing that the nurse was currently licensed.

CMA D used the facility computer to review that facility did request a criminal background check for CMA D, operator B, CMA C, and certified nursing assistant F.

Asked CMA D to look at the Kansas nurse aide registry web site in order to determine evidence of certification, proof of criminal background check, and to ensure no certified staff person had a finding of having abused, neglected, or exploited any resident in an adult care home. Found that operator B's medication certificate expired on 10/29/16.

At 9:25 a.m. on 11/29/16 observed operator B administer medication to resident #100. At 10:00 a.m. observed operator B and CMA D count controlled medications stored in medication cart and refrigerator.

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S5258	Continued From page 21 At 1:00 p.m. on 11/29/16, operator B stated he/she was not aware medication aide certificate expired and confirmed he/she had administered medications since the expiration date of 10/29/16. Operator B stated he/she would not administer medications until certificate renewed. The operator failed to ensure employee files contained evidence of licensure or certification; supporting documentation of a criminal background check; and supporting documentation from the Kansas nurse aide registry that the individual did not have a finding of having abused, neglected, or exploited a resident in an adult care home.	S5258		
S5380 SS=F	28-39-437 Plumbing and Piping Systems (i) Plumbing and piping systems. (1) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(i)(2) The facility reported a census of 2 residents. The sample included 2 residents and 1 closed record reviewed. Based on observation, interview, and record review for 2 (#100 and #101) of 2 residents sampled, the operator failed to ensure a hot water temperature range between 98 degrees	S5380		

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S5380	Continued From page 22 Fahrenheit (F) and 120 degrees F at showers, tubs, and lavatories accessible to residents. Findings included: - At 9:30 a.m. on 11/29/16, obtained a hot water temperature reading of 131 degrees F from the faucet in the kitchen sink. Operator B observed the temperature reading and stated (certified medication aide C) monitored hot water temperature readings on a weekly basis and provided documentation. At 9:33 a.m. on 11/29/16, obtained a hot water temperature reading of 131.3 degrees F from the sink in the bathroom accessible to residents. Review of the facility's record of weekly hot water temperature readings from 10/3/16 through 11/28/16 revealed a range of 120.6 degrees F to 123.2 degrees F. The record lacked documentation of corrective action taken to lower hot water temperature when reading was above 120 degrees F. At 9:40 a.m. on 11/29/16 obtained reading of 137.3 degrees F with surveyor's thermometer and 140 degrees F with facility's thermometer at the kitchen faucet. Both thermometers read 32 degrees F when placed in glass filled with ice and water. Certified medication aide C aware of readings and readjusted thermostat on hot water tank. Obtained a hot water temperature of 121.2 degree F from the kitchen sink faucet at 10:50 a.m. on 11/29/16. The operator failed to ensure a hot water temperature range between 98 degrees F and	S5380		

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S5380	Continued From page 23 120 degrees F at showers, tubs, and lavatories accessible to residents.	S5380		