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|---|---|---|---|
| | B044002 | A. BUILDING: _____ B. WING _____ | 08/17/2022 |

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| KELLY HOUSE OF MERIDEN SOUTH | 3566 62ND STREET MERIDEN, KS 66512 |

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| S 000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Resurvey at the above named Home Plus facility conducted on 08/16,/22 and 08/17/22. | S 000 | | |
| S5192 SS=F | 26-42-206 (e) Food Preparation<br><br>(e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.<br>(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.<br>(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206 (e)<br><br>The facility reported a census of 10 residents. Based on observation and record review the operator failed to ensure staff prepared food using safe methods and failed to ensure staff served foods at the proper temperature for all residents in the facility by the failure to check the temperature of foods to ensure proper/safe cooking. | S5192 | | |

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

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| S5192 | Continued From page 1<br><br>- On 08/17/22 at 09:50 AM "Certified Nurse Aide" (CNA) G reported staff were supposed to temp the food as they cooked it and had a logbook. CNA G provided surveyor the book for review.<br><br>Review of the Food Temperature Logs revealed from 07/01/22 to 08/17/22 there were 24 days where staff failed to check the temperature of the foods prepared by staff for residents. There were also 16 days when either one or two meals did not have food temperatures checked.<br><br>On 08/17/22 administrative staff B acknowledged the food temperatures were not being done as they needed to be done for each type of food at each meal.<br><br>Review of the undated "Monitoring Food Temperatures for Meal Service" Policy identified prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures.<br><br>The operator failed to ensure facility staff prepared food using safe methods and failed to ensure foods were maintained and served and the proper temperatures. | S5192 | | |
| S5195 SS=F | 26-42-206 (f) (g) Facility Food Storage<br><br>(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. | S5195 | | |

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| S5195 | Continued From page 2<br>(g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-206(f)<br><br>The facility reported a census of 10 residents. Based on observations and interview the operator failed to ensure all foods were stored under safe and sanitary conditions.<br><br>Findings included:<br><br>- Observations during the survey revealed the following concerns related to food storage:<br><br>On 08/16/22 at 02:25 PM in the laundry room, in the back corner by the paint cans and other chemicals, were two white plastic containers. One, labeled flour, sat on the bottom shelf of a shelving unit and the other, labeled sugar, sat on the floor. There was also a bag of flour on the bottom shelf. Each of the plastic containers had scoops in them with the handles touching the food.<br><br>On 08/16/22 at 02:50 PM "Administrative Licensed Nurse" C acknowledged the food should not be stored in the same area where chemicals are stored and that the scoops should not be kept in the food containers.<br><br>On 08/17/22 at 09:52 AM in the kitchen cabinet, was an opened bag of tortillas and a plastic bag of cookies that were not sealed. | S5195 | | |

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| S5195 | Continued From page 3<br><br>On 08/17/22 at 09:53 AM "Certified Nurse Aide" G acknowledged the cookies and tortillas needed to be in sealed bags and dated.<br><br>The operator failed to ensure that all foods were stored in a safe and sanitary conditions. and not in areas where cleaning supplies and other chemicals are stored. | S5195 | | |
| S5215 SS=F | 26-42-104 (d) Disaster and Emergency Preparedness Education<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the home ' s emergency management plan;<br>(2) education of each resident upon admission to the home regarding emergency procedures;<br>(3) quarterly review of the home ' s emergency management plan with employees and residents; and<br>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-104(d)(3)<br><br>The facility reported a census of 10 residents. Based on record review and interview for all residents and all facility employees, the | S5215 | | |

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| S5215 | Continued From page 4 | S5215 | | |

administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents.

Findings included:

- On 08/17/22 at 11:00 AM administrative staff B provided employee in-service records that she reported were for the emergency management plan. Review of the documents revealed a list of employee names with topics written on top. From 10/25/21 to current date, disaster preparedness was only written on the top of the in-service dated 07/06/22.

On 08/16/22 surveyor had also requested evidence of reviewing the emergency management plan on a quarterly basis with residents and as of 08/17/22 at 03:30 PM the facility failed to produce evidence of reviewing the emergency management plan with residents.

On 08/17/22 at 11:15 AM, Administrative staff H acknowledged the staff were supposed to be reviewing the emergency management plan with residents and facility employees quarterly.

Review of the undated "Disaster and Emergency Preparedness" policy and guideline revealed, the administrator or operator will perform quarterly reviews of the facility's emergency management plan with employees and residents.

The operator failed to ensure reviews of the facility's emergency management plan were completed on a quarterly basis.

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| S5302 SS=D | 26-42-205 (d) (4) Delegation of Medication Administration<br><br>(4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(d)(4)<br><br>The facility reported a census of 10 residents. Based on interview and record review for one of three certified medications aide's employee files, the operator failed to ensure competency of the delegated nursing procedure for the dialing of insulin pens for each certified medication under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.<br><br>Findings included:<br><br>- Review of the resident roster provided by "Administrative Licensed Nurse" C revealed one resident received insulin injections.<br><br>Review of "Certified Medication Aide" (CMA) I's employee record revealed record lacked evidence of a Licensed Nurse delegating the procedure of preparing and dialing an insulin pen, to give to a resident, to self-inject.<br><br>The operator failed to ensure a Licensed Nurse conducted a competency exam on CMA I, for the | S5302 | | |

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| S5302 | Continued From page 6<br>procedure for preparing an insulin pen for a resident to self-inject.<br><br>On 08/17/22 at 12:24 PM "Administrative staff B acknowledged she did not have record of delegation from a Nurse for competency for CMA I to prepare and dial a resident's insulin pen to the correct dosage and give to the resident to self-inject.<br><br>The operator failed to ensure the procedure for dialing of insulin pens was delegated to CMA I according to the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. | S5302 | | |
| S5315 SS=E | 26-42-205 (h) Medication Storage<br><br>(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.<br>(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.<br>(2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to | S5315 | | |

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| S5315 | Continued From page 7<br>the resident, licensed nurses, and medication aides.<br>(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.<br>(4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-205(h)(1)(4)<br><br>The facility reported a census of 10 residents. Based on observation, interview, and record review the Operator failed to ensure staff stored medications that required refrigeration securely and according to federal and state laws and regulations. Including, ensuring that medications were not accidentally administered beyond the manufacturers or pharmacy recommended date of expiration.<br><br>Findings included:<br><br>- During initial tour on 08/16/22 at 02:15 PM observations revealed "laundry room" door was locked with a keypad entry. Facility staff unlocked the door for survey to check the "laundry room". Upon entering the room, on a cabinet, was a small, unlocked refrigerator with the following medications in it: A bag with a box | S5315 | | |

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| S5315 | Continued From page 8<br>of Lantus (insulin) pens (injectable medication for diabetes), one box of Aspart insulin, three boxes of the flu vaccine for 2021-2022 with directions on the boxes to store between 36 and 46 degrees and directions to not freeze. There was also Tylenol suppositories (pain medication), Moxifloxan (antibiotic) eye solution, two bottles of Cephalexin oral suspension (antibiotic) written on the label to discard after 06/10/22. The refrigerator also included a bottle of Latanoprost ophthalmic solution with directions to store between 36-46 degrees. A bottle of Tuberculin purified protein derivative that had written on it: expired on 06/19/22 .<br><br>The temperature log for August 2022 had temperatures logged between 20 degrees Fahrenheit (F) and 28 degrees F.<br><br>Surveyor put in a different thermometer to ensure accuracy of current thermometer.<br><br>On 08/17/22 at 02:30 PM "Administrative Staff" B and surveyor checked the temperature of the "medication" refrigerator in the Laundry and both thermostats read 28 degrees F. Administrative staff B stated that she would get all the medications and put in the other refrigerator and defrost this one.<br><br>On 08/16/22 at 02:50 PM "Administrative staff" C acknowledged the medications needed to be locked in the refrigerator to ensure that they were only accessibly by the "Certified Medication Aide" and/or the "Licensed Nurse".<br><br>The operator failed to ensure staff stored medications that required refrigeration securely | S5315 | | |

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| S5315 | Continued From page 9<br>and according to federal and state laws and regulations. Including, ensuring that medications were not accidentally administered beyond the manufacturers or pharmacy recommended date of expiration.<br><br>- Review of the resident roster provided by "Administrative Staff" C revealed all 10 residents had impaired cognition.<br><br>Observation during initial tour on 08/16/22 at 02:43 PM in a communal bathroom was a small plastic cup with thick white cream and a spoon.<br><br>On 08/16/22 at 02:44 PM "Certified Medication Aide"(CMA) F stated the cup contained a mixture of antifungal powder and protectant z-guard paste. Each of the tubes provided by CMA F had warning labels on them to keep out of reach of children. CMA F stated it was for one specific resident and confirmed that all residents had access to that bathroom.<br><br>On 08/16/22 "Administrative Staff " C acknowledged that the medicated creams should not be kept in a plastic drinking cup in the communal restroom.<br><br>The operator failed to ensure medications were securely stored and only accessible to the CMA and "Licensed Nurse". | S5315 | | |