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	N029004	A. BUILDING: _____ B. WING _____	08/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL TOP HOUSE	505 W ELM, PO BOX 248 BUCKLIN, KS 67834

(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 represents the findings of a resurvey at the above named assisted living facility conducted on 08/29-30/2022.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201 (c)(2) The facility reported a census of five residents (R). The sample included three residents. Based on interview and record review the administrator failed to ensure staff revised 1 (R831) of 3 resident's "Functional Capacity Screen" (FCS) following a significant change in condition. Findings Included: - Review of R831's medical record revealed she moved into the facility on 12/01/17 with diagnoses of peripheral vascular disease, osteoarthritis of knees, and hypertension. R 831's "Functional Capacity Screen" (FCS) dated 6/30/21 revealed the resident required	S3081		

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

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S3081	Continued From page 1 physical assistance with bathing. R831's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 04/28/22 did not identify any services the resident needed related to bathing. On 08/30/22 at 12:20 PM R831 reported she did all her own cares including her showers. She commented she used to have staff help with bathing, but she does it herself now. On 8/30/22 at 04:19 PM Administrative Nurse C confirmed the resident no longer needed assistance with bathing but thought she had completed a new FCS when she did the new NSA/HCSP. As of 08/31/22 at 10:50 AM the facility has not provided a new FCS to show the significant change in the resident's functional ability related to bathing. The administrator failed to ensure staff completed a new FCS when R831 had a significant improvement in functional ability.	S3081		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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	S3085		

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S3085	Continued From page 2	S3085		

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 26-41-202 (a)(1)(2)(3)

The facility reported a census of five residents (R). The sample included three residents. Based on record review and interview, the administrator failed to ensure designated staff completed the Negotiated Service Agreement/Health Care Service Plan for three (R829, R830, R831) of three residents based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received, the provider of each service, and payment source if the service is provided by an outside resource.

Findings included:

- Review of R829"s medical record revealed she moved into the facility on 07/28/22 with diagnoses of hypertension, myocardial infarction, chronic renal insufficiency, and shortness of air.

R829's "Functional Capacity Screen" dated 07/28/22 identified the resident needed supervision with bathing, supervision with management of medications, bladder incontinence, risk for falls/unsteadiness and used

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S3085	Continued From page 3	S3085		

a walker for an assistive device.

R829's "Negotiated Service Agreement" did not identify services related to bathing, bladder incontinence, falls/unsteadiness or that she used a walker as an assistive device. It also failed to identify the resident received outside resource for podiatry services, who provided the service and payment source for the service. It identified the resident would receive physical and occupational therapy but failed to identify who provided the service and payment source for the service.

On 08/30/22 at 03:47 PM Administrative Nurse C confirmed the Negotiated service did not address the resident's service needs as identified in the "Functional Capacity Screen" and based on resident needs.

The administrator failed to ensure designated staff developed R829's NSA/HCSP according to the needs identified in the "Functional Capacity Screen".

- Review of R830"s medical record revealed she moved into the facility on 04/01/22 with diagnoses of atrial fibrillation and Barrett's esophagus.

Review of R830"s "Functional Capacity Screen" dated 04/01/22 revealed the resident needed physical assistance with bathing, dressing and management of medications. She also had bladder incontinence, had falls/unsteadiness, impaired vision and used a cane and walker for mobility device.

R380's 'Negotiated Service Agreement/Health Care Service Plan" dated 06/27/22 failed to identify services the resident needed related to bladder incontinence, falls/unsteadiness, vision,

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S3085	Continued From page 4	S3085		

and that she used a cane/walker as an assistive device for mobility. It identified the facility staff ordered the resident's medications but failed to identify she self-administered her medications.

On 08/30/22 at 04:02 PM "Administrative Nurse" C reviewed and confirmed the NSA/HCSP did not address services related to falls/unsteadiness, bladder incontinence, self-administration of medications, or use of a cane and walker as mobility devices.

The administrator failed to ensure designated staff developed R830's NSA/HCSP according to the needs identified in the "Functional Capacity Screen".

- Review of R831's medical record revealed she moved into the facility on 12/01/17 with diagnoses of peripheral vascular disease, osteoarthritis of knees, and hypertension.

R 831's "Functional Capacity Screen" (FCS) dated 6/30/21 revealed the resident required physical assistance with bathing, physical assistance with medications and medical treatments, had falls/unsteadiness and impaired vision. The FCS also identified the resident used a walker and wheelchair for mobility devices.

R831's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 04/28/22 failed to address services related to management of medication and medical treatments, falls/unsteadiness, and impaired vision. It also did not address the resident's need for physical assistance as identified in the FCS.

On 08/30/22 at 04:26 PM Administrative Nurse C reviewed the NSA/HCSP dated 04/28/22 and

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S3085	Continued From page 5 acknowledged it did not address the need for bathing assistance because R831 no longer needed the assistance, acknowledging the FCS dated 06/30/21 needed to be redone. Nurse C also acknowledged the NSA/HCSP did not identify services for medication management, falls/unsteadiness, or the use of a walker /wheelchair as an assistive device. The administrator failed to ensure designated staff developed R831's NSA/HCSP according to the needs identified in the "Functional Capacity Screen".	S3085		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of five residents	S3092		

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S3092	Continued From page 6 (R). The sample included three residents. Based on interview and record review the administrator failed to ensure staff reviewed/revised one (R830) of three resident's negotiated service agreement following a significant change in condition. Findings Included: - Review of R830's medical record revealed she moved into the facility on 04/01/22 with diagnoses of atrial fibrillation and Barrett's esophagus. Review of the resident's "Functional Capacity Screen" dated 04/01/22 revealed the resident required physical assistance with bathing and dressing. Review of the resident's "Negotiated Service Agreement/Health Care Service Plan" (NSA/HCSP) dated 06/27/22 identified staff or family would assist the resident with bathing twice a week and would also assist with applying and removing ted hose. R830's record included signed consent for outside services for podiatry, dental and vision services. "Administrative Staff" C failed to review and revise the NSA/HCSP when outside services were initiated. On 08/30/22 at 04:02 PM Administrative Staff C acknowledged she did not revise the resident's NSA/HCSP when she started on outside services. The administrator failed to ensure designated staff reviewed and revised R380's NSA/HCSP when she started new outside services.	S3092		

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S3248	Continued From page 7	S3248		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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 care home; 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1) The facility reported a census of five residents. Based on record review of five newly hired employees revealed the administrator failed to have evidence of licensure, registration, and	S3248		

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S3248	Continued From page 8 certification of training for two (1 certified nursing assistants, and 1 licensed nurse)newly hired staff who required specialized education and training checked upon hire. This had the potential to affect all residents who received health care services in the facility. The findings included: - On 08/30/22 at 2:03 PM, review of the five selected employee records provided by "Administrative Staff" A, revealed the following concerns: Certified Nurse Aide D hired on 03/08/21 did not have her registration/certification for "Certified Nursing Assistant" checked until 06/23/21, 107 days after hired. Licensed Nurse E hired on 11/11/21 did not have her licensure checked for "Registered Nurse" until 08/30/22, more than 8 months after hire date. On 08/30/22 at 2:04 PM Administrative Staff A reported she was sure they had checked the registry and licensure when they were both hired but could not find the records for checking upon hire. The administrator failed to ensure staff who required specialized education and training were verified to provide health care services upon hire. This had the potential to affect all residents who received health care services in the facility.	S3248		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure	S3280		

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S3280	Continued From page 9	S3280		

disaster and emergency preparedness by ensuring the performance of the following:
(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;
(2) education of each resident upon admission to the facility regarding emergency procedures;
(3) quarterly review of the facility ' s emergency management plan with employees and residents; and
(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.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-104(d)(3)

The facility reported a census of five residents. Based on record review and interview for all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly reviews of the facility's emergency management plan with all employees.

Findings include:

- On 08/30/22 at 11:05 AM Maintenance Staff B reported he reviewed the tornado drill and plan every spring, review the active shooter every year, and with each fire drill they review the fire procedures. He acknowledged he did a review of the whole emergency plan annually, but not quarterly.

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S3280	Continued From page 10 on 08/30/22 at 03:42 PM Administrative Staff A reported they do a quarterly review of disaster plans through an online company, but it is a generic training and not training on their specific procedures. For all staff the executive director failed to ensure the completion of quarterly reviews of the emergency management plan.	S3280		
S3310 SS=F	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' 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 26-41-207(c) The facility reported a census of five residents. Based on interview and record review for four of five newly hired employees, the administrator failed to ensure the facility remained in	S3310		

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S3310	Continued From page 11	S3310		

compliance with the department's Tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility.

Findings included:

- Review of five newly hired employee files provided by Administrative Staff A, on 08/30/22 revealed the following:

Certified Medication Aide (CMA) F hired on 08/02/21 did not have the TB screening questionnaire completed within seven days of hire.

Certified Nurse Aide D hired on 03/08/21 did not have the TB screening questionnaire completed or receive a 2-step TB skin test within 7 days of hire.

Dietary Staff G hired on 06/08/22 did not have the TB screening questionnaire completed within seven days of hire.

Licensed Nurse E hired on 11/11/21 did not have the TB questionnaire completed within seven days of hire.

On 08/30/22 at 03:40 PM Administrative Staff A looked through the TB employee book and acknowledged she could not find the TB screens for the above listed employees. Staff A reported the facility recently started doing the questionnaires upon hire.

Review of the "Kansas Department for Aging and Disability Service" notice "Tuberculosis (TB) Guidelines for Adult Care Homes" June 2013

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S3310	Continued From page 12 revealed Each new resident shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within seven days of employment. For 5 of 5 four of five newly hired employees the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		