STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B070004	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUBLE RANCH	509 WESTERN HEIGHTS OVERBROOK, KS 66524

(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 represent the findings of a resurvey for the above named Home Plus facility conducted on 09/13/22 - 09/14/22.	S 000		
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) The facility reported a census of eight residents with three residents included in the sample. Based on interview, and record review the operator failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed on what triggered in the "Functional Capacity Screen" (FCS) for Resident (R)113, R114, and R115.	S5105		

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

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S5105	Continued From page 1 Findings included: - R113's medical record revealed the resident moved into the facility on 03/07/19 with diagnosis of Alzheimer's Disease. The 03/29/22 FCS identified R113 had difficulty with both short-term and long-term memory and had impaired decision-making. The 03/29/22 NSA did not address R113's short-term and long-term memory and impaired decision-making. On 09/14/22 at 12:59 PM Licensed Nurse B stated if something triggered in the FCS it should be addressed in the NSA. The facility failed to ensure R113's NSA was fully developed to include all items that triggered in the FCS. - R114's medical record revealed the resident moved into the facility on 05/31/19 with a diagnosis of dementia with behavioral disturbances. The 05/23/22 FCS identified R114 as having short-term and long-term memory loss, impaired communication and impaired decision-making. The 05/23/22 NSA did not address R114's triggers for short-term and long-term memory loss, impaired communication and impaired decision-making. On 09/14/22 at 01:03 PM Licensed Nurse B	S5105		

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S5105	Continued From page 2 stated if something triggered in the FCS it should be addressed in the NSA. The facility failed to ensure R114's NSA was fully developed to include all items that triggered in the FCS. -R115's medical record revealed the resident moved into the facility on 03/06/19 with a diagnosis of dementia with behavioral disturbances. The 03/29/22 FCS identified R115 as having short-term and long-term memory loss and triggered for fall/unsteadiness. The 03/29/22 NSA did not address R115's impaired cognition and triggers for falls/unsteadiness. On 09/14/22 at 01:06 PM Licensed Nurse B stated if something triggered in the FCS it should be addressed in the NSA. The facility failed to ensure R115's NSA was fully developed to include all items that triggered in the FCS.	S5105		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S5126		

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S5126	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility had a census of eight residents. Three residents were included in the sample. The facility failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the agreement for two of three residents sampled. (Resident (R)113 and R115.) Findings included: - R113 admitted to the facility on 03/07/19 with a diagnosis of Alzheimer's Disease. The 03/29/22 "Functional Capacity Screen" (FCS) revealed R113 had both short-term and long-term memory loss. The 03/29/22 NSA did not include the signature of R113's legal representative. 04/13/22 "Nursing Note" documented, Licensed Nurse (LN) B spoke with R113's Durable Power of Attorney (DPOA) by phone and they discussed assessments, the FCS and NSA. LN B told R113's DPOA that forms would be mailed for her to sign and the DPOA was agreeable and would mail the forms back after she signed them. R113's medical records lacked the signed copy of the NSA from R113's DPOA. On 09/14/22 at 12:59 PM LN B stated R113's	S5126		

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S5126	Continued From page 4 NSA was not signed by her family representative and that she documented in the nurses' note when she went over the NSA with family and mailed out forms to be signed. LN B stated the NSA was not returned by the family and she need to implement a different follow-up plan to make sure she had signed copies of the NSA. The facility failed to ensure the NSA was signed by the resident's legal representative. - R115 admitted to the facility on 03/06/19 with a diagnosis of dementia with behavioral disturbance. The 03/29/22 "Functional Capacity Screen" (FCS) revealed R115 had both short-term and long-term memory loss. The 03/29/22 NSA did not include the signature of R115's legal representative. On 09/14/22 at 01:04 PM LN B stated R115's NSA was not signed by her family representative. LN B stated she went over the NSA with family and mailed out forms to be signed. LN B stated the NSA was not returned by the family and she need to implement a different follow-up plan to make sure she had signed copies of the NSA. The facility failed to ensure the NSA was signed by the resident's legal representative.	S5126		
S5230 SS=F	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	S5230		

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S5230	Continued From page 5	S5230		

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 eight residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105.

Findings included:

- Review of Certified Medication Aide (CMA) D's employee record revealed a hire date of 06/03/21. The facility failed to ensure the second step of a two-step TB skin test was completed.

On 09/13/22 at 03:23 PM Administrative Staff A stated she expected two-step TB skin tests to be completed upon hire.

The June 2013 "Tuberculosis (TB) Guidelines for

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S5230	Continued From page 6 Adult Care Homes" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment ...Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ..." The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees.	S5230		