STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with a complaint #173571, #170579, and #164451 at the above named home plus conducted on 09/13/22 - 09/14/22.	S 000		
S5085 SS=E	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated 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 26-42-201(c)(2) The facility reported a census of eight residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to conduct a screening for two residents to determine their individual functional capacity based on their needs and preferences following significant changes. Findings included: - Record review for Resident (R) 913 revealed an admission date of 12/10/13 with the following diagnoses: cerebral infarction due to occlusion or stenosis of small artery, hypertension, and	S5085		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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S5085	Continued From page 1 venous insufficiency. The 01/10/22 significant change "Functional Capacity Screen" (FCS) identified R913 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; an indwelling catheter was in place; she had short-term and long-term memory loss and memory/recall cognitive difficulties; she usually understood others and was usually understood when communicating; and was marked for impaired vision. The 12/10/13 Negotiated Service Agreement" (NSA) identified facility staff would provide R913 total assistance with bathing, and dressing; bedpan, briefs changed, and perineal care performed for toileting, total assistance with mechanical lift, set-up assistance and cutting up of meats for eating, and management of medications by facility staff. Management of treatments, catheter, cognition, communication and impaired vision was not addressed on R913's NSA. The 01/10/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide assistance by two staff using a mechanical lift for transfers; total assistance for dressing; bedpan, brief changes, and perineal care for toileting; propelling geriatric wheelchair by family or staff for mobility; feeding assistance by family or staff; administration of medications by facility staff, and management of oxygen, perineal care, and indwelling catheter care; and staff to make sure she had her glasses on for impaired vision.	S5085		

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	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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S5085	Continued From page 2	S5085		

The 11/22/21 signed physician orders documented admission to NEK Hospice on 11/22/21 for cerebrovascular disease and failure to thrive.

R913's record lacked a significant change "FCS" following admission to hospice.

- Record review for R914 revealed an admission date of 02/13/22 with the following diagnoses: dementia, Alzheimer's disease, dysphagia, and aphasia.

The 02/07/22 admission "FCS" identified R914 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory loss, memory/recall, and impaired decision-making cognitive impairments, she was rarely or never understandable and sometimes understood others when communicating; and was marked for impaired vision, impaired decision-making, and wandering.

The 02/07/22 "NSA" identified facility staff would provide R914 assistance with bathing, dressing, toileting, transfers, walking/mobility, and bladder incontinence; set up assistance and cutting up of foods for eating; management of medications; motion sensor while in bed to prevent falls, and she refused to wear glasses for impaired vision.

The 02/07/22 "HCP" instructed facility staff she was unable to perform and to provide all assistance for bathing, dressing, toileting, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5085	Continued From page 3	S5085		

bladder incontinence; physical assistance by one to two staff pivot transfers; propel wheelchair for mobility; feeding assistance with all meals, although she may feed herself finger foods; management of medications and reminders for impaired decision-making. Management of treatments was provided by NEK Home Health and Hospice. The "HCP" documented "not sure how she understands and remembers. . . does respond appropriately at times" for cognition and "non-verbal, does respond appropriately at times" for communication.

The 05/25/22 signed physician orders documented admission to NEK Hospice on 05/26/22 for late onset Alzheimer's dementia.

R914's record lacked a significant change "FCS" following admission to hospice.

The 09/13/22 "Resident Roster" documented R913 and R914 were provided outside hospice care.

Observation on 09/13/22 at 12:49 PM revealed R914 sat in recliner in the common area. A NEK Home Health and Hospice nurse arrived to provide hospice care for R914.

On 09/14/22 at approximately 11:36 AM Administrative Staff A confirmed R913 and R914 were both provided hospice care.

The operator failed to conduct a screening to determine R913 and R914's functional capacity based on their needs and preferences following a significant change in condition after admission to hospice care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of eight residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure Resident (R) 914's "Functional Capacity Screen" (FCS) accurately reflected her status. Findings included: - Record review for R914 revealed an admission date of 02/13/22 with the following diagnoses: dementia, Alzheimer's disease, dysphagia, and aphasia. The 02/07/22 admission "FCS" identified R914 required physical assistance with bathing, dressing, toileting, and eating. The 02/07/22 "Negotiated Service Agreement" (NSA) identified facility staff would provide R914 assistance with bathing, dressing, toileting, and set up assistance and cutting up of foods for eating.	S5095		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5095	Continued From page 5 The 02/07/22 "HCP" instructed facility staff she was unable to perform bathing, dressing, toileting, and to provide all assistance for bathing, dressing, toileting, and feeding with all meals. Observation on 09/13/22 at 02:35 PM revealed Certified Nurse Aide (CNA) H and Certified Medication Aide D put shoes on R914's feet, placed a gait belt around her upper body, and assisted her to pivot transfer from recliner to a wheelchair. On 09/08/22 at 10:52 am Administrative Staff A stated R914 was unable to perform bathing, dressing, toileting, and eating. She confirmed it was marked incorrectly on the FCS and did not reflect her true functional capacity. The operator failed to ensure the "FCS" accurately reflected R914's status.	S5095		
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;	S5105		

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S5105	Continued From page 6 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 8 residents with three residents included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 913, R914, and R915's, "Negotiated Service Agreements" (NSA) described the services each resident would receive, the provider of the services, and the party responsible for payment if outside resources were utilized based on their "Functional Capacity Screens" (FCS). Finding included: - Record review for Resident (R) 913 revealed an admission date of 12/10/13 with the following diagnoses: cerebral infarction due to occlusion or stenosis of small artery, hypertension, and venous insufficiency. The 01/10/22 significant change "Functional Capacity Screen" (FCS) identified R913 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; an indwelling catheter was in place; she had short-term and long-term memory loss and memory/recall cognitive difficulties; she usually understood others and was usually understood when communicating; and was marked for	S5105		

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S5105	Continued From page 7 impaired vision. The 12/10/13 Negotiated Service Agreement" (NSA) identified facility staff would provide R913 total assistance with bathing, and dressing; bedpan, briefs changed, and perineal care performed for toileting, total assistance with mechanical lift, set-up assistance and cutting up of meats for eating, and management of medications by facility staff. Management of treatments, catheter, cognition, communication and impaired vision was not addressed on R913's NSA. The 01/10/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide assistance by two staff using a mechanical lift for transfers; total assistance for dressing; bedpan, brief changes, and perineal care for toileting; propelling geriatric wheelchair by family or staff for mobility; feeding assistance by family or staff; administration of medications by facility staff, and management of oxygen, perineal care, and indwelling catheter care; and staff to make sure she had her glasses on for impaired vision. R913's record failed to identify the services she would receive, the provider of the services, and the party responsible for payment if outside resources were utilized for the management of treatments, catheter care, cognitive impairment, communication, and impaired vision. - Record review for R914 revealed an admission date of 02/13/22 with the following diagnoses: dementia, Alzheimer's disease, dysphagia, and aphasia.	S5105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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S5105	Continued From page 8 The 02/07/22 admission "FCS" identified R914 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory loss, memory/recall, and impaired decision-making cognitive impairments, she was rarely or never understandable and sometimes understood others when communicating; and was marked for impaired vision, impaired decision-making, and wandering. The 02/07/22 "NSA" identified facility staff would provide R914 assistance with bathing, dressing, toileting, transfers, walking/mobility, and bladder incontinence; set up assistance and cutting up of foods for eating; management of medications; motion sensor while in bed to prevent falls, and she refused to wear glasses for impaired vision. The 02/07/22 "HCP" instructed facility staff she was unable to perform and to provide all assistance for bathing, dressing, toileting, and bladder incontinence; physical assistance by one to two staff pivot transfers; propel wheelchair for mobility; feeding assistance with all meals, although she may feed herself finger foods; management of medications and reminders for impaired decision-making. Management of treatments was provided by NEK Home Health and Hospice. The HCP documented "not sure how she understands and remembers. . . does respond appropriately at times" for cognition and "non-verbal, does respond appropriately at times" for communication.	S5105		

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	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5105	Continued From page 9	S5105		

R914's record failed to identify the services she would receive, the provider of the services, and the party responsible for payment if outside resources were utilized for the management of treatments, cognitive impairment, communication, impaired decision-making, and wandering.

- Record review for R915 revealed an admission date of 08/09/22 with the following diagnoses: anxiety, depression, atrial fibrillation and myocardial infarction.

The 08/09/22 admission "FCS" identified R915 required physical assistance with bathing and dressing; supervision with transfers and walking/mobility; was independent with toileting and eating; and was unable to perform management of medications and treatments.

The 08/09/22 "NSA" identified facility staff would provide R915 assistance with bathing, dressing, toileting, transfers, and walking/mobility. Management of medications and treatments was not addressed on R915's "NSA."

The 08/09/22 "HCP" instructed facility staff to provide assistance by one to staff to transfer in and out of the shower, dress entire body with R915's assistance at times, assistance by one staff for transfers, walking short distances, and propel wheelchair for long distances; and facility staff provide management of medications. Management of treatments were not addressed on R915's "HCP."

R914's record failed to identify the services he would receive, the provider of the services, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S5105	Continued From page 10 the party responsible for payment if outside resources were utilized for the management of medications and treatments. The operator failed to ensure R913, R914, and R915's, "NSA" described the services each resident would receive, the provider of the services, and the party responsible for payment if outside resources were utilized based on their "FCS."	S5105		
S5116 SS=E	26-42-202 (d) NSA 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, 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 26-42-202(d)(1)(2) The facility reported a census of eight residents with three residents included in the sample. Based on observation, interview, and record review the operator failed to ensure the review	S5116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S5116	Continued From page 11 and if necessary, revision of the "Negotiated Service Agreement" (NSA) for R913 at least once every 365 days and following a significant change in condition; and for R914 following a significant change in condition. Findings included: - Record review for Resident (R) 913 revealed an admission date of 12/10/13 with the following diagnoses: cerebral infarction due to occlusion or stenosis of small artery, hypertension, and venous insufficiency. The 01/10/22 significant change "Functional Capacity Screen" (FCS) identified R913 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; an indwelling catheter was in place; she had short-term and long-term memory loss and memory/recall cognitive difficulties; she usually understood others and was usually understood when communicating; and was marked for impaired vision. The 12/10/13 Negotiated Service Agreement" (NSA) identified facility staff would provide R913 total assistance with bathing, and dressing; bedpan, briefs changed, and perineal care performed for toileting, total assistance with mechanical lift, set-up assistance and cutting up of meats for eating, and management of medications by facility staff. Management of treatments, catheter, cognition, communication and impaired vision was not addressed on R913's "NSA."	S5116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S5116	Continued From page 12	S5116		

The 01/10/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide assistance by two staff using a mechanical lift for transfers; total assistance for dressing; bedpan, brief changes, and perineal care for toileting; propelling geriatric wheelchair by family or staff for mobility; feeding assistance by family or staff; administration of medications by facility staff, and management of oxygen, perineal care, and indwelling catheter care; and staff to make sure she had her glasses on for impaired vision.

The 12/10/13 "NSA" was followed up with annual amendments until 12/19/18. R913's record lacked evidence of completion of an "NSA" for the years 2019, 2020, and 2021.

The 11/22/21 signed physician orders documented admission to NEK Hospice on 11/22/21 for cerebrovascular disease and failure to thrive.

R913's record lacked a significant change "NSA" following admission to hospice and significant change FCS on 01/10/22.

- Record review for R914 revealed an admission date of 02/13/22 with the following diagnoses: dementia, Alzheimer's disease, dysphagia, and aphasia.

The 02/07/22 admission "FCS" identified R914 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory loss, memory/recall, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5116	Continued From page 13 impaired decision-making cognitive impairments, she was rarely or never understandable and sometimes understood others when communicating; and was marked for impaired vision, impaired decision-making, and wandering. The 02/07/22 "NSA" identified facility staff would provide R914 assistance with bathing, dressing, toileting, transfers, walking/mobility, and bladder incontinence; set up assistance and cutting up of foods for eating; management of medications; motion sensor while in bed to prevent falls, and she refused to wear glasses for impaired vision. The 02/07/22 "HCP" instructed facility staff she was unable to perform and to provide all assistance for bathing, dressing, toileting, and bladder incontinence; physical assistance by one to two staff pivot transfers; propel wheelchair for mobility; feeding assistance with all meals, although she may feed herself finger foods; management of medications and reminders for impaired decision-making. Management of treatments was provided by NEK Home Health and Hospice. The HCP documented "not sure how she understands and remembers. . . does respond appropriately at times" for cognition and "non-verbal, does respond appropriately at times" for communication. The 05/25/22 signed physician orders documented admission to NEK Hospice on 05/26/22 for late onset Alzheimer's dementia. R914's record lacked a significant change "NSA" following admission to hospice.	S5116		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S5116	Continued From page 14 The 09/13/22 "Resident Roster" documented R913 and R914 were provided outside hospice care. Observation on 09/13/22 at 12:49 PM revealed R914 sat in recliner in the common area. A NEK Home Health and Hospice nurse arrived to provide hospice care for R914. On 09/14/22 at approximately 11:36 AM Administrative Staff A confirmed R913 and R914 were both provided outside hospice care. The operator failed to ensure the review and if necessary, revision of the "NSA" for R913 at least once every 365 days and following a significant change in condition; and for R914 following a significant change in condition.	S5116		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (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. (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.	S5192		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5192	Continued From page 15 This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of eight residents. The facility had a main kitchen where food was stored and prepared. Based on interview and record review, the operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: - Record review of the facility's food temperature logbook revealed there were no temperatures logged for the months of July, August, and up to present date in September. At 12:35 PM Certified Medication Aide confirmed the food temperatures were not documented. At 12:36 PM Administrative Staff A confirmed the food temperatures were not documented. The operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		
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 resident, any resident ' s food, or resident care equipment until the condition is no longer	S5230		

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S5230	Continued From page 16 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 with three included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with all three sampled residents and five out of five staff sampled with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105. Findings included: - Record review for Resident (R) 913 revealed an admission date of 12/10/13 with the following diagnoses: cerebral infarction due to occlusion or stenosis of small artery, hypertension, and venous insufficiency. The 01/10/22 significant change "Functional Capacity Screen" (FCS) identified R913 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, eating, and management of medications and treatments; an	S5230		

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S5230	Continued From page 17 indwelling catheter was in place; she had short-term and long-term memory loss and memory/recall cognitive difficulties; she usually understood others and was usually understood when communicating; and was marked for impaired vision. The 12/10/13 Negotiated Service Agreement" (NSA) identified facility staff would provide R913 total assistance with bathing, and dressing; bedpan, briefs changed, and perineal care performed for toileting, total assistance with mechanical lift, set-up assistance and cutting up of meats for eating, and management of medications by facility staff. Management of treatments, catheter, cognition, communication and impaired vision was not addressed on R913's NSA. The 01/10/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide assistance by two staff using a mechanical lift for transfers; total assistance for dressing; bedpan, brief changes, and perineal care for toileting; propelling geriatric wheelchair by family or staff for mobility; feeding assistance by family or staff; administration of medications by facility staff, and management of oxygen, perineal care, and indwelling catheter care; and staff to make sure she had her glasses on for impaired vision. The 12/19/18 "Tuberculosis Symptom Screen Questionnaire" documented R913 had no symptoms of TB. R913's record lacked annual TB screening since 12/19/18 which was three years, and eight months to date of resurvey.	S5230		

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S5230	Continued From page 18 - Record review for R914 revealed an admission date of 02/13/22 with the following diagnoses: dementia, Alzheimer's disease, dysphagia, and aphasia. The 02/07/22 admission "FCS" identified R914 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating; she was unable to perform management of medications and treatments; was frequently incontinent of bladder; had short-term and long-term memory loss, memory/recall, and impaired decision-making cognitive impairments, she was rarely or never understandable and sometimes understood others when communicating; and was marked for impaired vision, impaired decision-making, and wandering. The 02/07/22 "NSA" identified facility staff would provide R914 assistance with bathing, dressing, toileting, transfers, walking/mobility, and bladder incontinence; set up assistance and cutting up of foods for eating; management of medications; motion sensor while in bed to prevent falls, and she refused to wear glasses for impaired vision. The 2/07/22 "HCP" instructed facility staff she was unable to perform and to provide all assistance for bathing, dressing, toileting, and bladder incontinence; physical assistance by one to two staff pivot transfers; propel wheelchair for mobility; feeding assistance with all meals, although she may feed herself finger foods; management of medications and reminders for impaired decision-making. Management of treatments was provided by NEK Home Health	S5230		

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	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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S5230	Continued From page 19	S5230		

and Hospice. The HCP documented "not sure how she understands and remembers. . . does respond appropriately at times" for cognition and "non-verbal, does respond appropriately at times" for communication.

The 02/07/22 "Tuberculosis Symptom Screen Questionnaire" documented R914 had no symptoms of TB at admission.

R914's record lacked documentation of a TB skin test at admission.

- Record review for R915 revealed an admission date of 08/09/22 with the following diagnoses: anxiety, depression, atrial fibrillation and myocardial infarction.

The 08/09/22 admission "FCS" identified R915 required physical assistance with bathing and dressing; supervision with transfers and walking/mobility; was independent with toileting and eating; and was unable to perform management of medications and treatments.

The 08/09/22 "NSA" identified facility staff would provide R915 assistance with bathing, dressing, toileting, transfers, and walking/mobility. Management of medications and treatments was not addressed on R915's "NSA."

The 08/09/22 "HCP" instructed facility staff to provide assistance by one to staff to transfer in and out of the shower, dress entire body with R915's assistance at times, assistance by one staff for transfers, walking short distances, and propel wheelchair for long distances; and facility staff provide management of medications.

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	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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TWO TIMBERS LLC	101 EAST VIRGINIA ST HIGHLAND, KS 66035

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S5230	Continued From page 20 Management of treatments were not addressed on R915's "HCP." The 02/07/22 "Tuberculosis Symptom Screen Questionnaire" in R915's record was blank. The "Two Timbers LLC Tuberculosis Skin Test Form" in R915's record was blank. R915's record lacked documentation of a TB symptom screen and TB skin test at admission. - Review of Certified Medication Aid (CMA) B's employee record revealed a hire date of 08/10/21 and lacked evidence of TB symptom screening and skin testing. Review of CMA C's employee record revealed a hire date of 08/31/22 and lacked evidence of TB symptom screening and skin testing. Review of Certified Nurse Aid (CNA) E's employee record revealed a hire date of 09/08/22 and lacked evidence of TB symptom screening and skin testing. Review of CNA F's employee record revealed a hire date of 11/18/21. The 08/16/21 skin test was read on 08/18/21 as negative. CNA F's record lacked evidence of TB screening and second-step TB skin testing. Review of Temporary Nurse Aid (TNA) G's employee record revealed a hire date of 01/23/22 and lacked evidence of TB symptom screening and skin testing. On 09/13/22 at approximately 01:20 PM	S5230		

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S5230	Continued From page 21 Administrative Staff A confirmed TB screening and testing had not been completed according the department's guidelines for the three sampled residents and five sampled staff. 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 residents and newly hired employees.	S5230		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (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.	S5258		

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S5258	Continued From page 22 This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of eight residents. Based on interview and record review the operator failed to ensure evidence of certification for three out of five sampled staff and supporting documentation for criminal background checks for five out of five sampled staff was completed upon hire. Findings included: - Record review for five employees revealed the following: Certified Medication Aide (CMA) B's employee record revealed a hire date of 08/10/21 with a registry contact date of 04/13/22 which was 246 days CMA B worked in the facility without verification of valid certification. The employee record lacked evidence a background check was completed. CMA C's employee record revealed a hire date of 08/31/22 with a registry contact date of 09/13/22 (the date resurvey began) which was 13 days CMA C worked in the facility without verification of valid certification. The employee record lacked evidence a background check was completed. Certified Nurse Aide (CNA) E's employee record revealed a hire date of 09/08/22 with a registry contact date of 09/13/22 (the date resurvey began) which was 5 days CNA E worked in the facility without verification of valid certification.	S5258		

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S5258	Continued From page 23 The employee record lacked evidence a background check was completed. CNA F's employee record revealed a hire date of 11/18/21. The employee record lacked evidence a background check was completed. Temporary Nurse Aide (TNA) F's employee record revealed a hire date of 01/23/22. The employee record lacked evidence a background check was completed. The operator failed to ensure evidence of certification for three out of five sampled staff and supporting documentation for criminal background checks for five out of five sampled staff was completed upon hire.	S5258		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the	S5301		

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S5301	Continued From page 24 medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(C) The facility reported a census of eight residents with three residents included in the sample and one focused record review. Based on observation, interview, and record review the operator failed to ensure licensed nurses (LN) or certified medication aides (CMA) remained with Resident (R) 916 until her medication was ingested. Findings included: - Record review for R916 revealed an admission date of 06/18/14 with the following diagnoses: left arm fracture, pain, and hypertension. The 08/21/21 most recent "Functional Capacity Screen" (FCS) identified R916 was unable to perform management of medications. The 08/26/18 most recent "Negotiated Service Agreement" (NSA) documented "zero changes this year." The 08/06/22 "Healthcare Service Plan" (HCP) instructed facility staff to provide management of medications. Observation on 09/14/22 at 08:16 AM revealed R916 sat in a recliner in her room with a bedside table in front of her eating breakfast. A medication cup which contained several pills was	S5301		

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	B022001	A. BUILDING: _____ B. WING _____	09/14/2022

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S5301	Continued From page 25 next to her breakfast tray. On 09/14/22 at 08:16 AM R916 stated she was waiting to eat more breakfast because she did not want to take the pills on an empty stomach. On 09/14/22 at 08:17 AM Certified Medication Aide (CMA) B brought in a cup of tea and set it on the bedside table and immediately left the room. On 09/14/22 at 08:24 AM CMA B stated R916 swallowed all the pills, and she would chart administration of the medications in the Medication Administration Record (MAR). On 09/14/22 at 08:25 AM CMA B stated she did not realize there were pills in the medication cup in R916's room. On 09/14/22 at 08:25 AM CMA B entered R916's room and watched her swallow all the pills. On 09/14/22 at 08:32 AM Administrative Staff A stated she expected all LN's and CMA's to watch the resident's swallow all their pills before documenting they were administered in the MAR. The operator failed to ensure LN's or certified medication aides CMA's remained with R916 until her medication was ingested.	S5301		