STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B073001	A. BUILDING: _____ B. WING _____	09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LIVING OF LARNED HOME PLUS	710 W 9TH STREET LARNED, KS 67550

(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 with complaint investigations #173061, #173078 for the above named facility conducted on 09/12-13/2022.	S 000		
S5085 SS=D	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 12 residents(R). The sample included three residents. Based on interview and record review the operator failed to ensure designated staff completed a resident "Functional Capacity Screen" (FCS) for one (R914) of three sampled residents following a significant change in condition. Findings Included: - Review of R914's "medical record" revealed the resident moved into the facility on 05/18/22 with diagnoses of vascular dementia, weight loss, hypothyroidism, and coronary artery	S5085		

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

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S5085	Continued From page 1	S5085		

disease.

R914's admission "Functional Capacity Screen" (FCS) dated 05/13/222 revealed the resident needed physical assistance with bathing, management of medications and medical treatments. He also needed supervision with transfers and walking/mobility. He had impaired cognition, impaired vision, hearing, and decision making. He also wandered and had inappropriate behaviors.

Staff completed another FCS on 05/17/22 which had the same functional capacity assessed as the one dated 05/13/22.

Observations during the survey on 09/12/22 thru 09/13/22 at 04:00 PM, the resident got up without staff supervision from the couch or chair and went to his room to get a piece of candy or use the rest room and then go back to the same chair or one in the back living area. There were times that he would get up and walk to his room or look out the back door and then sit back down. The resident did not have any verbal outbursts, no inappropriate comments or aggression toward staff or other residents during this time. Observations revealed the resident was totally independent with transfers, walking and mobility and did not show any wandering or inappropriate behaviors.

On 09/13/22 at 08:34 AM "Certified Medication Aide" (CMA) C stated when R914 first came to the facility he would try and force the doors open and say things like he had to get to the bank because his kids took all his money. He would wander throughout the facility looking for a way

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S5085	Continued From page 2 to leave or just wander around. CMA C stated the resident doesn't do that anymore. On 09/13/22 at 12:44 PM "Licensed Nurse" B acknowledged she had not seen R914 have wandering or inappropriate behaviors and confirmed the FCS should have been redone. The operator failed to ensure designated staff completed a FCS for R914 when he had significant changes in his functional capacity to ensure it accurately reflected the resident's functional status.	S5085		
S5105 SS=E	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)	S5105		

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S5105	Continued From page 3 The facility reported a census of 12 residents(R). The sample included three residents. Based on observation, interview, and record review for three (R912, R913, R914) of three sampled residents the operator failed to ensure the written "Negotiated Service Agreement" (NSA) was based on the resident's "Functional Capacity Screen", service needs, and preferences. The NSA failed to include a description of all the services the resident would receive, the provider of those services, and the part responsible for payment if outside resources provided a service for the resident. Findings included: - Review of R912's "Medical Record" revealed she moved into the facility on 05/02/22 with diagnoses of dementia, Parkinson's, depression, and restless leg syndrome. R912's "Functional Capacity Screen" dated 05/02/22 identified the resident needed physical assistance with all activities of daily living. It also identified she had impaired hearing and wandering behaviors. On 09/12/22 at 10:48 AM, Administrative staff A reported for all residents the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R912's NSA/HCSP dated 05/02/22 failed to identify services related to the resident's impaired hearing or her wandering behaviors. It also failed to identify that the resident needed outside services for Physical therapy (PT) and	S5105		

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S5105	Continued From page 4 Occupational therapy (OT). R912's admission orders included for the resident to receive PT and OT as well as therapeutic exercises by staff. The NSA/HCSP failed to identify the provision of these services, who would provide the service and payment for the outside service. R912's record included a local "Home Health" records for the provision of PT and OT for R912 and discharged her from services due to decreased cognition and follow through ability on 06/08/22. Observation on 09/12/22 at 11:45 AM "Certified Medication Aide" (CMA) C and "Certified Nurse Aide" CNA D went into the resident's room and got her up and ready for lunch. It took both staff one on each side holding onto the gait belt to transfer the resident. During the transfer the resident did bear some weight but had her feet crossed and was not able to uncross them properly to move her feet to help during the transfer. The observation also revealed staff speaking to the resident in a regular tone of voice and the resident able to hear them and answer simple questions. On 09/12/22 at 01:56 PM CNA E reported staff needed to assist the resident with pretty much all cares but helping her to eat is new. She stated the resident had physical therapy at one time but not anymore. On 09/13/22 at 02:55 PM CNA E stated staff looked at the resident's care plan in the chart to know what kind of care to provide or the nurse	S5105		

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S5105	Continued From page 5 will tell us different things we need to be doing. On 09/13/22 at 03:54 PM "Licensed Nurse" B acknowledged if the FCS identified the resident had a concern/need related to hearing and wandering it should have been addressed in the NSA/HCSP. The operator failed to ensure staff developed R912's NSA/HCSP based on the resident's "Functional Capacity Screen", her service needs, and preferences. The NSA/HCSP failed to include a description of services related to hearing, wandering, and failed to include services for PT and OT, who provided the services, and payment source if outside resources provided a service for the resident. - Review of R913's "Medical Record" revealed she moved into the facility on 07/28/22 with diagnoses of Alzheimer's dementia, hypertension, closed fracture of right femur. R913's "Functional Capacity Screen" dated 07/28/22 revealed the resident needed physical assistance of staff for transfers, toileting, and had significant cognitive impairment and was frequently incontinent of bladder. It also directed staff to see physicians' orders for any therapies or treatments. On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R913's NSA/HCSP failed to identify service needs related to the resident having a reddened	S5105		

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S5105	Continued From page 6	S5105		

sacrum area in order to implement services to decrease the risk of the development of pressure ulcers. It also failed to have interventions identified for staff to implement in order to help reduce the risk for the development of pressure ulcers.

Review of the "Nursing Assessment on Admission" dated 07/28/22 revealed the resident had redness to her bottom and the Licensed Nurse had circled the sacral area on a diagram as being the location of redness.

Observation on 09/13/22 at 08:39 AM "Certified Nurse Aide" (CNA) C and CNA E took the resident to the rest room and as she stood up, observation revealed a foam dressing on the resident's sacral area.

On 09/13/22 at 02:55 PM CNA E reported staff looked at the care plan in the chart to know what kinds of cares we need to do for the resident. CNA E stated the resident did not like to lay on her side, but staff rotate her from side to side every couple of hours and try to offset her bottom so there is less pressure. CNA E also stated the resident had a cushion in her wheelchair and in her recliner that helps to decrease the pressure.

On 09/13/22 at 11:32 AM "Licensed Nurse" B confirmed the NSA/HCSP did not identify service needs upon admission related to her having a red area on her sacrum.

The operator failed to ensure staff developed R912's NSA/HCSP based on the resident's "Functional Capacity Screen", her service needs, and preferences. The NSA/HCSP failed to

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S5105	Continued From page 7	S5105		

include a description of services related to the resident's impaired skin and risk for the development of pressure ulcers.

- Review of R914's "Medical Record" revealed the resident moved into the facility on 05/18/22 with diagnoses of vascular dementia, weight loss, hypothyroidism, and coronary artery disease.

R914's admission "Functional Capacity Screen" (FCS) dated 05/13/22 revealed the resident needed physical assistance with bathing, management of medications and medical treatments. He also needed supervision with transfers and walking/mobility. He had impaired cognition, impaired vision, hearing, and decision making. He also wandered and had inappropriate behaviors.

Staff completed another FCS on 05/17/22 which had the same functional capacity assessed as the one dated 05/13/22.

On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R914's NSA/HCSP dated 05/17/22 failed to include services related to wandering and inappropriate behaviors as identified on the FCS.

On 09/13/22 at 08:34 AM "Certified Medication Aide" (CMA) C stated when R912 first came to the facility he would try and force the doors open and say things like he had to get to the bank because his kids took all his money. He would

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S5105	Continued From page 8 wander throughout the facility looking for a way to leave or just wander around. On 09/13/22 at 12:44 PM "Licensed Nurse" B acknowledged that wandering and inappropriate behaviors had been identified on the resident's FCS, but the NSA/HCSP did not identify any services the facility needed to provide. The operator failed to ensure designated staff developed an NSA/HCSP for R914 to include services for wandering and inappropriate behaviors which were identified as concerns on R914's 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)(2)	S5116		

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S5116	Continued From page 9 The facility reported a census of 12 residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure staff reviewed and revised three (R912, R913, R914) of three resident's "Negotiated Service Agreement" following a significant change in condition. Findings Included: - Review of R912's "Medical Record" revealed she moved into the facility on 05/02/22 with diagnoses of dementia, Parkinson's, depression, and restless leg syndrome. R912's "Functional Capacity Screen" dated 05/02/22 identified the resident needed physical assistance with all activities of daily living. It also identified she had impaired hearing and wandering behaviors. On 09/12/22 at 10:48 AM, Administrative staff A reported for all residents the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R912's NSA/HCSP dated 05/02/22 failed to be revised when the resident started Hospice services. R912's medical record included progress notes from a local Hospice company. On 09/13/22 at 03:54 PM "Licensed Nurse" B acknowledged the resident's NSA/HCSP should have been amended when the resident started on Hospice services.	S5116		

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S5116	Continued From page 10	S5116		

The operator failed to ensure designated staff reviewed/revised R912's NSA/HCSP when she began Hospice services.

- Review of R914's "Medical Record" revealed the resident moved into the facility on 05/18/22 with diagnoses of vascular dementia, weight loss, hypothyroidism, and coronary artery disease.

R914's admission "Functional Capacity Screen" (FCS) dated 05/13/22 revealed the resident needed physical assistance with bathing, management of medications and medical treatments. He also needed supervision with transfers and walking/mobility. He had impaired cognition, impaired vision, hearing, and decision making. He also wandered and had inappropriate behaviors.

Staff completed another FCS on 05/17/22 which had the same functional capacity assessed as the one dated 05/13/22.

On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R914's NSA/HCSP had not been reviewed or revised after 05/17/22 when the resident no longer had wandering or inappropriate behaviors and no longer needed supervision of staff for transfers and walking.

On 09/13/22 at 08:34 AM "Certified Medication Aide" (CMA) C stated when R914 first came to the facility he would try and force the doors open

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S5116	Continued From page 11 and say things like he had to get to the bank because his kids took all his money. He would wander throughout the facility looking for a way to leave or just wander around. CMA C stated he no longer wanders or has inappropriate behaviors. On 09/13/22 at 12:44 PM "licensed Nurse" B acknowledged she had not ever seen the resident try to leave or have inappropriate behaviors or wander and confirmed he was independent with transfers and mobility. She acknowledged the NSA/HCSP should have been amended when the changes occurred. The operator failed to ensure designated staff reviewed/revised the resident's NSA/HCSP when he had a significant improvement in his functional status.	S5116		
S5155 SS=G	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a)	S5155		

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S5155	Continued From page 12	S5155		

The facility reported a census of 12 residents (R). The sample included three residents. Based on observation, interview, and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of one (R912) of three sampled residents by the failure to implement services when R912's medical provider wrote orders to encourage fluids in June and July of 2022. On 09/08/22 the resident required emergency medical treatment related to an unresponsive episode and returned to the facility the same day with directions to push fluids, due to dehydration.

Findings included:

- Review of resident R912's "Medical Record" revealed she moved into the facility on 05/22/22 with diagnoses of dementia, Parkinson's, hypertension, anxiety, and restless leg syndrome.

R912's "Functional Capacity Screen" (FCS) dated 05/02/22 revealed the resident required physical assistance of staff for all her activities of daily living including eating. It also identified a cognition score of four indicating the resident had significant cognitive impairment.

On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R912's "NSA/HSCP" dated 05/02/22 noted staff to aid with opening cartons, packets, and cutting up meats. Staff were also to provide prompting

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S5155	Continued From page 13	S5155		

and encouragement when eating. The NSA/HCSP failed to include a concern with drinking sufficient fluids and failed to include services related to prevention on dehydration.

Review of R912's "medical Record" included the following:

"Physicians Appointment Form" dated 06/20/22 included physician instructions to increase fluids to prevent dehydration.

Medical provider communication dated 06/30/22 and noted by Licensed Nurse B on 07/12/22 included concerns regarding continued weight loss. Instructions included "Continue to encourage oral intake, encourage fluids, may need to sit with patient while eating."

Instructions from local hospital dated 09/08/22 identified the resident had a diagnosis of dehydration and staff needed to push fluids.

Review of R912's progress notes dated 09/08/22 at 04:29 PM revealed "resident became unresponsive while on toilet ... at 12:30 pm today. Moved safely to bed, vitals within normal limits, family notified, requested we send to ER (emergency room), returned from ER with the diagnosis of dehydration ..."

Observation on 09/12/22 at 11:45 AM "Certified Medication Aide" (CMA) C and "Certified Nurse Aide" CNA D went into the resident's room and got her up and ready for lunch. Prior to getting the resident out of the recliner or after she was ready for lunch, staff did not offer the resident anything to drink. On the table beside the

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resident's recliner was a cup with a handle that was almost full.

On 09/12/22 at 12:17 PM CNA sat beside the resident and helped her eat her meal and drink her cup of fluids. She had a small cup with Cystal Light in it and drank all of it. Staff did not offer or ask if she wanted more to drink.

On 09/12/22 at 01:47 PM R912 sat in her recliner, and she had the same amount of water in her cup that she did earlier in the morning.

Observation on 09/13/22 at 03:01 PM the residents water cup sat on the table within reaching distance with the cup handle towards her and was about 1/2 inch down from when CMA C had filled it.

On 9/12/22 at 01:56 PM CNA E reported staff needed to assist the resident with pretty much all cares but helping her to eat is new.

On 09/12/22 at 01:57 PM CMA C reported the staff give the resident a smaller cup to drink from because it is easier for her to use on her own, but also give her fluids more than just at mealtime.

On 09/13/22 at 02:55 PM CNA E stated staff looked at the resident's care plan in the chart to know what kind of care to provide or the nurse will tell us different things we need to be doing. She reported R912 drank pretty good on her own and we will refill it if she drinks it all and wants more. CMA E also acknowledged that no one had told her to push fuds fluids for the resident.

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	B073001	A. BUILDING: _____ B. WING _____	09/13/2022

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S5155	Continued From page 15 On 09/13/22 at 12:45 PM Licensed Nurse B reported she felt it was important for memory care staff to be pushing fluids with dementia residents because they will not remember to take a drink and can get dehydrated, especially when it is hot outside. She stated there were times when she saw the resident, she thought her lips looked dry. She stated the resident "Vageled" (became unresponsive) the other day and recommendations were to keep fluids going. On 09/13/22 at 03:58 PM "Licensed Nurse" B acknowledged that the medical provider's instructions should have been added to the NSA/HCSP to direct staff to encourage fluids back in June 2022, and to push fluids after the Emergency Room visit on 09/08/22 when diagnosed with dehydration. The operator failed to ensure the Licensed nurse identified the need to provide services related to risk of dehydration per medical providers directions in June of 2022 and failed to coordinate measure to provide services in the NSA/HCSP for staff to encourage and push fluids for R912 who went to the emergency room in September of 2022 and returned with a diagnosis of dehydration.	S5155		
S5171 SS=E	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:	S5171		

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S5171	Continued From page 16 KAR 26-42-204 (i) The facility reported a census of 12 residents (R). The sample included three residents. Based on observation, interviews and record review the operator failed to ensure the Licensed Nurse provided health care services for two (R912 and R913) of three sampled residents according to standards of practice related to wound care, monitoring, measuring and documentation of the wound and the need to push fluids due to dehydration. Findings included: - Review of resident R912's "Medical Record" revealed she moved into the facility on 05/22/22 with diagnoses of dementia, Parkinson's, hypertension, anxiety, and restless leg syndrome. R912's "Functional Capacity Screen" (FCS) dated 05/02/22 revealed the resident required physical assistance of staff for all her activities of daily living including eating. It also identified a cognition score of four indicating the resident had significant cognitive impairment. On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document. R912's "NSA/HSCP" dated 05/02/22 noted staff to aid with opening cartons, packets, and cutting up meats. Staff were also to provide prompting and encouragement when eating. The NSA/HCSP failed to include a concern with	S5171		

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drinking sufficient fluids and failed to include services related to prevention on dehydration.

Review of R912's "medical Record" included the following:

"Physicians Appointment Form" dated 06/20/22 included physician instructions to increase fluids to prevent dehydration.

Medical provider communication dated 06/30/22 and noted by Licensed Nurse B on 07/12/22 included concerns regarding continued weight loss. Instructions included "Continue to encourage oral intake, encourage fluids, may need to sit with patient while eating."

Instructions from local hospital dated 09/08/22 identified the resident had a diagnosis of dehydration and staff needed to push fluids.

On 09/13/22 at 02:55 PM CNA E stated staff looked at the resident's care plan in the chart to know what kind of care to provide or the nurse will tell us different things we need to be doing. She reported R912 drank pretty good on her own and we will refill it if she drinks it all and wants more. CMA E also acknowledged that no one had told her to push fluids fluids for the resident.

On 09/13/22 at 12:45 PM Licensed Nurse B reported she felt it was important for memory care staff to be pushing fluids with dementia residents because they will not remember to take a drink and can get dehydrated, especially when it is hot outside. She stated there were times when she saw the resident, she thought her lips looked dry. She stated the resident "Vageled"

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(became unresponsive) the other day and recommendations were to keep fluids going.

On 09/13/22 at 03:58 PM "Licensed Nurse" B acknowledged she had not updated the resident's care plan to include the need to encourage and push fluids.

The operator failed to ensure the Licensed nurse provided health care services in acceptable standards by failure to update the resident's NSA/HCSP to include the health care service of pushing fluids.

- Review of R913's "Medical Record" revealed she moved into the facility on 07/28/22 with diagnoses of Alzheimer's dementia, hypertension, closed fracture of right femur.

R913's "Functional Capacity Screen" dated 07/28/22 revealed the resident needed physical assistance of staff for transfers, toileting, and had significant cognitive impairment and was frequently incontinent of bladder. It also directed staff to see physicians' orders for any therapies or treatments.

On 09/12/22 at 10:48 AM "Administrative staff" A reported the "Negotiated Service Agreement" and the "Health Care Service Plan" (NSA/HCSP) were one document.

R913's NSA/HCSP failed to identify service needs related to the resident having a reddened sacrum area to implement services to decrease the risk of the development of pressure ulcers. It also failed to have interventions identified for staff to implement to help reduce the risk for the

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development of pressure ulcers. Such as repositioning, pressure relieving cushions, increased protein, fluids, and/or specialty mattress on her bed.

Review of the "Nursing Assessment on Admission" dated 07/28/22 revealed the resident had redness to her bottom and the Licensed Nurse had circled the sacral area on a diagram as being location of redness.

The resident's record also included documentation from "Home Health" regarding wound care:

08/18/22 - two, stage 2 pressure ulcers (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). The right (R) buttock open area measured 0.4 centimeters (cm) x 0.4 cm x 0.1 cm and the sacrum wound measured - 0.4cm x 0.6 cm x 0.1cm.

08/22/22 - R buttock same and the sacrum now measured 1.5cm x 0.8 cm x 0.1cm with duoderm applied.

08/25/22 - R buttock now closed, and the sacrum is the same.

08/29/22 and 09/1/22 - no changes in measurement or description of wound.

09/6/22 - Same measurements but the wound bed now white in appearance.

09/09/22 - now with two, stage 2 pressure

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ulcers, Sacrum - 0.4 cm in diameter and 0.1cm depth with a pink wound bed. Upper Sacrum open wound measures 0.9cm x 0.9 cm x 0cm depth and macerated.

Review of the resident's progress notes lacked evidence the facility Licensed Nurse monitored and measured the wound to identify if it was healing or worsening.

Observation on 09/12/22 at 01:30 PM "Certified Medications Aide" (CMA) C and "Certified Nurse Aide" E took R913 to the side living room via wheelchair, put a gait belt on her and stood her to transfer into the recliner. As the staff transferred the resident, they moved the chair cushion with her.

Observation on 09/13/22 at 08:39 AM CNA C and CNA E took the resident to the rest room and as she stood up, observation revealed a foam dressing on the resident's sacral area. Observation revealed resident also had a cushion in her recliner in her room.

On 09/13/22 at 02:55 PM CNA E reported staff looked at the care plan in the chart to know what kinds of cares we need to do for the resident. CNA E stated the resident did not like to lay on her side, but staff rotate her from side to side every couple of hours and try to offset her bottom so there is less pressure. CNA E also stated the resident had a cushion in her wheelchair and in her recliner that helps to decrease the pressure.

On 09/13/22 at 11:32 AM "Licensed Nurse" (LN) B confirmed the NSA/HCSP did not identify services related to the prevention of pressure

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S5171	Continued From page 21 ulcers or the promotion of healing of current pressure ulcers. LN B also acknowledged that she had not measured or assessed the wounds. LN B stated she saw the wounds last week when they worsened, but did not document her assessment or measure the wounds. The Operator failed to ensure licensed nursing staff provide nursing health care services according to standards of practice for the resident's wounds by the failure to measure and monitor the resident's wounds for healing/infection and document her observations in the resident record.	S5171		
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. This REQUIREMENT is not met as evidenced by:	S5192		

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S5192	Continued From page 22 KAR 26-42-206(e) The facility reported a census of 12 residents. Based on observations and interview the operator failed to ensure designated staff prepared food using safe methods and served food at the proper temperature. All seven residents ate the facility food prepared for the noon meal. Findings included: - Observation of noon meal preparation on 09/12/22 at 12:03 PM revealed the following: "Certified Nurse Aides" (CNA) C and D brought over the hot cart with the noon meal which was prepared in the house next door. CNA E washed her hands, put on gloves and took the food out of the cart using hot pads and placed them on the stove top. As CNA E started to fix plates, surveyor asked her if she ever temped the food prior to fixing the plates. CNA E said she "thought" there was a thermometer and looked in the drawer. She then checked the temperature of the chicken which read 162.8 degrees Fahrenheit. She stated they do not keep a food temperature log and then proceeded to plate the food without temping the mashed potatoes or beans. On 09/13/22 at 04:47 PM "Administrative staff " A confirmed staff were supposed to be taking the temperature of the food prior to serving and confirmed they did not keep a food temperature log.	S5192		

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S5192	Continued From page 23 The operator failed to ensure designated staff prepared food and served foods using safe methods and served at the proper temperature. All seven residents ate the facilities food prepared for the noon meal.	S5192		