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ASTER ESTATES	155 NW 10TH AVE GREAT BEND, KS 67530

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S 000	INITIAL COMMENTS The following citations represent the findings of the initial survey at the above named home plus facility conducted on 09/14/22.	S 000		
S5105 SS=D	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) The facility reported a census of 6 residents. The sample included 3 residents. Based on record review, observation and interview for 1 sampled resident (R) R914, Administrator/ Licensed Nurse (LN) A failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services identified a description of the services the	S5105		

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

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S5105	Continued From page 1	S5105		

resident received, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.

Findings included:

- Record review for R914 revealed an admission date of 09/26/21 with diagnoses of hyperlipidemia, hypertension, hypothyroidism and chronic obstructive pulmonary disease.

Review of resident's "Functional Capacity Screen" (FCS) dated 09/27/21 recorded the resident as independent with transfer, walk/ mobility and eating, physical assistance required for bathing, dressing, toileting and was unable to manage her medications and treatments. R914 had short term memory impairment, was at risk for falls and had impaired vision and hearing.

Review of resident's "Negotiated Service Agreement" (NSA) (no date) recorded the facility staff would manage the resident's medications.

The NSA lacked an entry of a bed assistive device for positioning. The NSA further lacked description of services provided by physical therapy, the provider of service and party responsible for payment.

Interview on 09/14/22 at 02:59 PM with Administrator/ LN A confirmed NSA lacked description of service, identification of the agency providing physical therapy and party responsible for payment for R914, who was receiving physical therapy services.

Administrator/ LN A failed to ensure R914's NSA

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S5105	Continued From page 2 contained a description of the services the residents would receive, identified the provider of each service and identified each party responsible for payment if outside resources provided a service.	S5105		
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: KAR 26-42-204 (i) The census totaled 6 residents. The sample included 3 residents. Based on observation, interview and record review, Administrator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 2 of 3 sampled residents (R) 236 and R914. Findings included: - The "Resident Roster" obtained on 09/14/22 identified 3 of 6 residents as having a bed rail. Record review for R236 revealed she admitted on 06/01/22 with diagnoses of hypertension and hypothyroidism. R236's "Functional Capacity Screen" dated	S5171		

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S5171	Continued From page 3 06/02/22 recorded the resident as independent with transfer, walk/ mobility and eating, supervision required for dressing and toileting, physical assistance required with bathing and was unable to manage her medications and treatments. R236 was at risk for falls and had impaired vision and hearing. The resident's "Negotiated Service Agreement" (NSA) dated 06/01/22 recorded staff to administer medications. The NSA lacked an entry of a bed assistive device for positioning. The resident's "Health Care Service Plan" (HCSP) recorded resident as independent with dressing, toileting, transfer, walk/mobility and required assistance with bathing and medication administration. The HCSP lacked and entry of a bed assistive device for positioning. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 09/14/22 at 02:10 PM in R236's room revealed a hospital bed with 2 bed rails attached to either side of the bed. - Record review for R914 revealed an admission date of 09/26/21 with diagnoses of hyperlipidemia, hypertension, hypothyroidism and chronic obstructive pulmonary disease.	S5171		

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S5171	Continued From page 4 Review of resident's "Functional Capacity Screen" (FCS) dated 09/27/21 recorded the resident as independent with transfer, walk/ mobility and eating, physical assistance required for bathing, dressing, toileting and was unable to manage her medications and treatments. R914 had short term memory impairment, was at risk for falls and had impaired vision and hearing. Review of resident's "Negotiated Service Agreement" (NSA) (no date) recorded the facility staff would manage the resident's medications. The NSA lacked an entry of a bed assistive device for positioning. Review of resident's "Health Care Service Plan" recorded staff assisted with bathing, dressing, toileting, walk/mobility and staff to administer medications. The HCSP lacked and entry of a bed assistive device for positioning. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 09/14/22 at 02:20 PM in R914's room revealed bed rail to the left side of R914's bed. The bed rail was not secure to the bed frame. R914 stated she used the bed rail to get in and out of bed.	S5171		

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S5171	Continued From page 5 Interview on 09/14/22 at 02:53 PM with Administrator/ LN A confirmed no safety checks or bed assistive device assessments completed on R236 and R914. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows: Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Administrator/ LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services which met the needs of R236 and R914 regarding use of a bed assistive device.	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,	S5192		

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S5192	Continued From page 6 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: KAR 26-42-206 (e) The census equaled 6 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Administrator/ Licensed Nurse (LN) A failed to ensure facility staff served food at the proper temperature. Findings included: - During the initial tour on 09/14/22 at 09:41 AM, the surveyor requested facility food temperature monitoring logs for September 2022 and the facility failed to provide any food temperature monitoring logs. Interview on 09/14/22 at 09:41 AM with Administrator/ LN A confirmed no food temperatures logs recorded. Observation on 09/14/22 at 12:55 PM revealed 5 of 6 residents eating lunch time meal in the dining room of the facility. "Kansas Department of Agriculture Food Safety	S5192		

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S5192	Continued From page 7 Guidelines" records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility "Dietary Services Policy and Procedure" (no date) recorded, "Food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at proper temperatures." For all residents of the facility, Administrator/ LN A failed to ensure facility staff served food at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (f) The census equaled 6 residents. Based on record review, interview and observation for all residents receiving meal services, Administrator /Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		

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S5195	Continued From page 8 Findings included: - During the initial tour on 09/14/22 at 09:41 AM, a refrigerator/freezer observed in the kitchen of the facility. The surveyor requested facility refrigerator/freezer temperature monitoring logs for September 2022 and the facility failed to provide any logs. Interview on 09/14/22 at 09:41 AM with Administrator/ LN A confirmed no refrigerator/freezer temperature monitoring logs recorded. Facility "Dietary Services Policy and Procedure" (no date) recorded, "All food shall be stored under safe and sanitary conditions." For all residents of the facility, Administrator/ LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
S5230 SS=E	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 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.	S5230		

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S5230	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-207 (c) The census totaled 6 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 Residents (R) 236, R611, R914 and 4 Staff (Certified Medication Aide (CMA) B, Certified Nurse Aide (CNA) C, CNA D and CNA E), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R236's "Health Record" revealed she admitted to the facility on 06/01/22 and the record lacked completion of TB testing and completion of a TB questionnaire upon admission. R236's first step TB test was completed 08/22/22, approximately 12 weeks after being admitted to the facility. Record lacked evidence of second step of TB testing. R236's TB questionnaire was not dated or signed. - R611's "Health Record" revealed she admitted to the facility on 04/30/22 and the record lacked completion of TB testing and completion of a TB questionnaire upon admission. R611's first step TB test was completed 08/22/22, approximately 4 months after being admitted to the facility. Record lacked evidence of second step of TB testing. R611's TB questionnaire was not dated or signed.	S5230		

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S5230	Continued From page 10 - R914's "Health Record" revealed she admitted to the facility on 09/26/21 and the record lacked completion of TB testing and completion of a TB questionnaire upon admission. R914's first step TB test was completed 08/22/22, approximately 11 months after being admitted to the facility. Record lacked evidence of second step of TB testing. R914's TB questionnaire was not dated or signed. CMA B's "Employee Record" revealed a hire date of 04/30/21. CMA B's record lacked evidence of TB testing and completion of a TB questionnaire upon hire. CMA C's first step TB test was completed 06/07/22, approximately 13 months after being hired by the facility. Record lacked evidence of second step of TB testing and further lacked evidence of completion of a TB questionnaire upon hire or annually. CNA C's "Employee Record" revealed a hire date of 08/01/21. CNA C's record lacked evidence of TB testing upon hire. CNA C's record lacked evidence of an annual TB questionnaire since 07/29/21. CNA D's "Employee Record" revealed a hire date of 09/01/21. CNA D's record lacked evidence of an annual TB questionnaire since 08/30/21. CNA E's "Employee Record" revealed a hire date of 05/25/22. CNA E's record lacked evidence of TB testing and completion of a TB questionnaire upon hire. Interview on 09/14/22 at 02:05 PM with Administrator/ Licensed Nurse (LN) A confirmed R236, R611 and R914 admission TB	S5230		

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S5230	Continued From page 11 questionnaires were not signed or dated. Administrator/ LN A confirmed one-step TB testing was completed on staff and residents upon hire, not a two-step. Administrator/ LN A further confirmed CMA B did not receive a TB questionnaire upon hire or annually. Administrator/ LN A confirmed no annul TB questionnaire complete for CNA C and CNA D. Administrator/ LN A confirmed CNA E did not receive a TB questionnaire upon hire. The facility's "Tuberculosis/ Infection Control Procedures" policy (no date) recorded, "1. New resident and new employee initial tuberculosis system screen and TB infection testing. A. Symptom screen: Each new resident and employee shall have an initial TB symptom screen that includes the Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment or at the time of administration of the Tuberculin skin test (TST) or IGRA ...B. TB Infection Testing: 1. Each new resident and employee shall receive a two-step TST or IGRA for TB within 7 days of residency or employment." The facility failed to follow the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the	S5313		

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S5313	Continued From page 12	S5313		

package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.

This REQUIREMENT is not met as evidenced by:
KAR 26-42-205 (g) (3)

The census totaled 6 residents. The sample included 3 residents. Based on observation and interview for 3 residents (R) 236, R611 and R914 and 1 non-sampled resident (R) 999, Administrator/ Licensed Nurse (LN) A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication.

Findings included:

- Observation on 09/14/22 at 09:59 AM with Administrator/ LN A revealed a locked medication cabinet in the hallway. The following over the counter medications were noted without first and last names:

For R236 the cabinet contained one bottle of Probiotics,
For R611 the cabinet contained one bottle of Glucosamine multivitamins,
For R914 the cabinet contained one bottle of Lutein (supplement) and one bottle of Therems

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S5313	Continued From page 13 multivitamins, For R999 the cabinet contained two bottles of Stool Softeners. Interview on 09/14/22 at 10:05 AM with Administrator/ LN A confirmed the above listed medications were without full first and last names for R236, R611, R914 and R999 and further confirmed she was not aware over the counter medications had to have first and last names on each medication package. Facility's medication labeling policy dated 01/22/21 recorded, "1. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package." Administrator/ LN A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S5313		
S5315 SS=D	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked	S5315		

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S5315	Continued From page 14 medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (h) (1) The census equaled 6 residents. The sample included 3 residents. Based on observation, interview and record review for all residents living in the facility and receiving medication services, Administrator /Licensed Nurse (LN) A failed to ensure all controlled medications managed by the facility were stored in a separately locked compartment within a locked medication room, cart or cabinet, which had the ability to affect all residents. Findings included:	S5315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B005004	A. BUILDING: _____ B. WING _____	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTER ESTATES	155 NW 10TH AVE GREAT BEND, KS 67530

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S5315	Continued From page 15 - On 09/14/22, Administrator/ LN A provided a "Resident Roster" which included 6 residents and noted 3 of the 6 residents had impaired cognitive abilities. Observation on 09/14/22 at 01:36 PM with Administrator/ LN A revealed a locked medication cabinet in the hallway. The medication cabinet revealed a prescription for Tramadol (narcotic for pain) 50 milligrams with R236's name on it. The controlled medication was not in a separately locked compartment within the medication cabinet. Interview on 09/14/22 at 01:36 PM with Administrator/ LN A confirmed controlled medications should be stored in a separately locked compartment within the locked medication cabinet. Facility's "Storage of Medications and Biologicals" policy (no date) recorded, "Controlled medications managed by the home shall be stored in a separately locked compartment within a locked medication room, cabinet, or medication cart." Administrator/ LN A failed to ensure all controlled medications managed by the facility were stored in a separately locked compartment within a locked medication room, cart or cabinet, which had the ability to affect all residents.	S5315		
S5325 SS=E	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a	S5325		

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S5325	Continued From page 16 medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) The facility reported a census of 6 residents, with 3 residents included in the sample. Based on record review and interview, the facility failed to ensure a licensed pharmacist or licensed nurse conducted a quarterly medication regimen review for 2 Residents, (R) 611 and R914 when the facility managed their medications. Findings included: - Record review for R611 revealed an admission date of 04/30/22 with diagnoses of Dementia, atrial fibrillation and history of pulmonary embolism. Review of resident's "Functional Capacity Screen" (FCS) dated 04/30/22 recorded the resident could not manage her medications and treatments. Review of resident's "Negotiated Service Agreement" dated 04/06/22 recorded the facility staff would manage the resident's medications. Review of resident's "Health Care Service Plan"	S5325		

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S5325	Continued From page 17 recorded the facility staff would manage the resident's medications. Review of R611's "Medication Regimen Reviews" lacked evidence any were completed for the resident. Interview on 09/14/22 at 02:40 PM with Administrator/ Licensed Nurse (LN) A confirmed no medication regimen reviews were conducted for R611. - Record review for R914 revealed an admission date of 09/26/21 with diagnoses of hyperlipidemia, hypertension, hypothyroidism and chronic obstructive pulmonary disease. Review of resident's "Functional Capacity Screen" (FCS) dated 09/27/21 recorded the resident could not manage her medications and treatments. Review of resident's "Negotiated Service Agreement" (no date) recorded the facility staff would manage the resident's medications. Review of resident's "Health Care Service Plan" recorded the facility staff would manage the resident's medications. Review of R914's "Medication Regimen Reviews" lacked evidence any were completed for the resident since 12/20/21. Interview on 09/14/22 at 02:40 PM with Administrator /Licensed Nurse (LN) A confirmed no pharmacist reviews were conducted for R914 since 12/20/21.	S5325		

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S5325	Continued From page 18 Facility's "Medication Regimen Review" policy dated 01/22/21 recorded, "A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time a resident experiences any significant change in condition." The facility failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for R611 and R914, who had their medication managed by the facility.	S5325		