STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B058003	A. BUILDING: _____ B. WING _____	09/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LIGHTHOUSE	1189 HWY 77 MARYSVILLE, KS 66508

(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 the licensure resurvey for the above named facility conducted on 9/19/2022 and 9/20/22.	S 000		
S5230 SS=D	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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-207 (c) The facility reported a censes of six residents. The sample included three "resident's"(R's) and five newly hired employees. Based on record review and interview the operator failed to ensure the facility remained in compliance with the department's "Tuberculosis"(TB) guidelines for adult care homes adopted by reference in K.A.R 226-39-105 for R114 and three of the five newly hired employees.	S5230		

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

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S5230	Continued From page 1 Findings included: - Record review on 09/19/22 of newly hired "Certified Nurse Aide" (CNA) D revealed he began employment on 03/04/22. The record contained a document showing the first step of the two step TB was implanted on 08/01/22 and read on 08/03/22. The record lacked the required documentation which showed the first step of the two step TB test being performed within the first seven days of employment and of the completed second step TB test being performed one to three weeks after the TB first step. Record review of newly hired CNA E revealed she began employment on 02/03/22. The record lacked the required documentation which showed the first step of the two step TB test being performed within the first seven days of employment and of the completed second step TB test being performed one to three weeks after the TB first step. Record review of newly hired "Certified Medication Aide"(CMA) F revealed she began employment on 02/08/22. The record contained a document showing the first step of the two step TB test was implanted on 07/29/22 and read on 08/01/22. The record lacked the required documentation which showed the first step of the two step TB test being performed within the first seven days of employment and the completed second step TB test being performed one to three weeks after the TB first step. - Record review for R114 revealed an admission date of 07/13/22. The record lacked the required documentation which showed the first step of the	S5230		

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S5230	Continued From page 2 two step TB test being performed within the first seven days of admission and of the completed second step TB test being performed one to three weeks after the TB first step. Interview on 09/19/22 with "Licensed Nurse" (LN) A and operator B, they confirmed the newly hired employee records and record for R114 lacked the required documentation which showed the first step of the two step TB test being performed within the first seven days of employment and of the completed second step TB test being performed one to three weeks after the TB first step. The operator failed to ensure the facility remained in compliance with the department's "Tuberculosis"(TB) guidelines for adult care homes adopted by reference in K.A.R 226-39-105 for R114 and three of the five newly hired employees.	S5230		
S5251 SS=D	26-42-105 (f) (11) Resident Records Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-105 (f) (11) The facility reported a census of six residents. The sample included three "residents"(R). Based	S5251		

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S5251	Continued From page 3 on record review and interview the operator failed to ensure the resident record contained all incidents of significant escalations in behaviors for R112 when requesting medication from the R112 physician which resulted in a prescription of Ativan 0.5 milligrams by mouth daily as needed. Findings included: - Record review for R112 revealed an admission date of 11/30/18, with diagnoses of Alzheimer's, depression and seizures. R112's "Functional Capacity Screen"(FCS) dated 1/25/22 identified the resident had socially inappropriate/disruptive behaviors. R112's combined "Negotiated Service Agreement"(NSA)/"Healthcare Service Plan"(HSP) identified the facility staff would provide R112 assistance in moving to a different location in the home if she were having inappropriate behaviors, and would use distractions and re-direction if she became confused or agitated. Record of R112 "Narrative Charting" dated 04/19/22 to 08/10/22 revealed only one note which referenced inappropriate behavior. The note was dated 07/01/22 at 10:10 AM - On Monday 06/27/22, R112's daughter reported to the nurse, the resident was making comments stating "I hate myself! I hate everything!" during the weekend visit. R112's daughter asked if there was anything they could give R112 "when she's like that?"	S5251		

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S5251	Continued From page 4 The Narrative charting dated 04/19/22 to 08/10/22 lacked any entries of R112 having inappropriate behavior. Record review of "Physician Communication" note dated 06/27/22 to physician C revealed the following communication note; "Resident intermittently has significant escalation in behaviors with no successful redirection other than car rides which we cannot always do. The family has been there for the most recent episodes and are hoping to get on something as needed when she is in a state of rage. Would you make medication change or add a medication?" In the "New Order" section of the document the provider wrote the following order and signed it 06/27/22: Ativan (anti-anxiety) 0.5 milligrams by mouth every day as needed. The Narrative charting dated 04/19/22 to 08/10/22 lacked any entries of R112 having inappropriate behavior. Interview on 09/19/22 with operator A and "Licensed Nurse"(LN) B revealed the request for the medication was made by the family to the facility staff. Operator A and LN B confirmed the resident Narrative charting lacked any notes referencing inappropriate behaviors exhibited by the R112 from 04/19/22 to 08/10/22. The operator failed to ensure the resident record contained all incidents of significant escalations in behaviors for R112 when requesting medication from the R112 physician which resulted in a prescription of Ativan 0.5 milligrams by mouth daily as needed.	S5251		