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HOMESTEAD ESTATES HOME PLUS	1140 S PERSHING AVENUE LIBERAL, KS 67901

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S 000	INITIAL COMMENTS The following citations represent the findings of a Resurvey with complaint investigation #KS00150899 for the above named Home Plus facility conducted on 10/03/22 and 10/04/22.	S 000		
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) The facility reported a census of nine residents(R). The sample included three residents. Based on observation, interview, and record review for two (R103 and R105) of three sampled residents the operator failed to ensure the written "Negotiated Service Agreement" was based on the resident's "Functional Capacity	S5105		

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

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S5105	Continued From page 1	S5105		

Screen", service needs, and preferences.

Findings included:

- Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnoses of hypertension and nerve pain.

R103's "Functional Capacity Screen" (FCS) dated 12/07/20 revealed the resident had a current risk for falls and unsteadiness, had impaired vision and hearing.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R103's most current NSA/HCSP is dated 02/01/21 failed to identify services related to falls/unsteadiness and her impaired vision and hearing.

On 10/04/22 at 06:08 PM, "Licensed Nurse" B acknowledged the NSA/HCSP did not address falls/unsteadiness, impaired vision and hearing as identified on the resident's FCS.

The operator failed to ensure designated staff developed the written NSA/HCSP based on the resident's FCS and service needs

- Review of R105's medical record revealed he moved into the facility on 05/02/21 with diagnosis of Alzheimer's dementia.

R105's "Functional Capacity Screen" (FCS) dated 06/09/22 identified the resident needed

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S5105	Continued From page 2	S5105		

physical assistance with dressing, had impaired cognition, bladder incontinence, and impaired communication. It also identified the resident had a risk or current problem with falls and unsteadiness. He also was unable to manage his medications or medical treatments.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R105's NSA/HCSP dated 05/02/21 with an addencumn dated 06/09/22 failed to address the residents risk for falls/unsteadiness or his impaired vision and impaired communication as identified on the FCS.

On 10/03/22 at 12:27 PM, R105 got up from the table and walked over to the front room without using an assistive device. His gait was slightly shuffled and his posture was hunched over and moved side to side as he walked.

On 10/04/22 at 11:45 AM, "Certified Nurse Aide" I went over and told the resident it was time for lunch using hand gesters to come and to eat. The resident got up from the living room chair independently and walked over to the table.

On 10/03/22 at 02:26 PM, "Certified Nurse Aide" F stated staff had to cue the resident for dressing and show him to button his shirt. CNA F also reported he did not really use sign language but staff had to show him and point to things for him to understand what they were saying.

On 10/04/22 at 05:27 PM, "Licensed Nurse" B

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S5105	Continued From page 3 acknowledged the NSA/HCSP did not address falls, communication, or his impaired vision as marked on the FCS. The operator failed to ensure designated staff developed the written NSA/HCSP based on the resident's FCS and service needs.	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 nine residents (R). The sample included three residents. Based on observation, interview and record review the operator failed to ensure staff reviewed and revised two (R103 and R104) of three resident's "Negotiated Service Agreement" at least every 365 days and following a	S5116		

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S5116	Continued From page 4 significant change in condition. Findings Included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnoses of hypertension and nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed the resident had a current risk for falls and unsteadiness, had impaired vision and hearing. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R103's most current NSA/HCSP is dated 02/01/21 more than eight months past the 02/01/22 when an annual NSA/HCSP would have been due. Review of the residents "Nurse Notes" from 11/30/20 to 05/20/22 identified the resident had a wound under her chin that the facility staff provided health care services for. The resident's record failed to include a review/revision of the NSA/HCSP when the staff began providing services for an open wound under the resident's chin. On 10/04/22 at 06:08 PM, "Licensed Nurse" B acknowledged she did not revise the NSA/HCSP when the resident developed a wound and acknowledged she had not completed the NSA/HCSP at least annually.	S5116		

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S5116	Continued From page 5 The operator failed to ensure designated staff reviewed and revised R103's NSA/HCSP at least every 365 days and failed to revise it when the resident had a significant change in status needing services for an open wound under her chin. - Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain. R104's "Functional Capacity Screen" (FCS) dated 07/29/22 identified she needed total assistance with all activities of daily living and medication administration. She had bladder incontinence, impaired cognition, and communication, and had problem with falls/unsteadiness with impaired vision and hearing. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R104's most current NSA/HCSP dated 05/07/22, more than four months past the 05/07/22 date when an annual NSA/HCSP should have been reviewed/revised. The failure to review and revise the residents NSA/HCSP on 07/29/22 included the resident having significant changes in status: requiring assistance of 2 staff for transfers, impaired communication, risk for falls/unsteadiness, and starting services with a local Hospice provider.	S5116		

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S5116	Continued From page 6 On 10/04/22 at 05:54 PM, "Licensed Nurse" B acknowledged she did not revise the NSA/HCSP annually or when the resident had significant changes in services provided. The operator failed to ensure designated staff reviewed and revised R104's NSA/HCSP at least every 365 days and when the resident had a significant change in status.	S5116		
S5117 SS=D	26-42-202 (e) NSA Nurse Participation (e) A licensed nurse shall participate in the development, review, and revision of the negotiated service agreement if the resident's functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (e) The facility reported a census of nine residents (R). The sample included three residents. Based on record review and interview, the operator failed to have evidence to ensure a Licensed Nurse participated in the development, review, and revision for one (R103) of three sampled residents negotiated service agreement who needed health care services. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with	S5117		

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S5117	Continued From page 7 diagnoses of hypertension and nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with all activities of daily living and physical assistance with eating. She also needed total assistance with management of medications and medical treatments. The resident also had current problem with risk for falls/unsteadiness and had impaired vision and hearing. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R103's NSA/HCSP dated 02/01/21 was signed by the administrative staff A and did not have evidence that a licensed nurse participated in the development, review/revision of R103's NSA/HCSP. On 10/04/22 at 05:33 PM "Licensed Nurse" (LN) B reported she did not know why she did not sign it because she and Administrative staff A complete the Negotiated Service Agreements. The operator failed to ensure a LN participated in the completion, review, and revision of R103's NSA.	S5117		
S5126 SS=E	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to	S5126		

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S5126	Continued From page 8 the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of nine residents (R) and the sample included three residents. Based on interview and record review for 2 (R103, and R105) the operator failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnoses of hypertension and nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with all activities of daily living and physical assistance with eating. She also needed total assistance with management of medications and medical treatments. The resident also had current problem with risk for falls/unsteadiness and had impaired vision and hearing. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R103's NSA/HCSP dated 02/01/21 was signed	S5126		

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by the "Administrative Staff" A and not by the licensed nurse, the resident or legal representative.

Review of the resident's record lacked evidence of communication with family regarding the reviewing/revising of the residents NSA/HCSP.

On 10/04/22 at 05:33 PM "Licensed Nurse" B reported she did not know why she did not sign it and that "Administrative Staff" A usually called the families.

On 10/06/22 at 11:48 PM via electronic interview, "Administrative Staff" A reported R103's NSA/HCSP had been updated during COVID and discussed with family but acknowledged she failed to get family signatures.

The operator failed to ensure all who participated in the development, reviewing, and/or revising of the NSA/HCSP signed it.

- Review of R105's medical record revealed he moved into the facility on 05/02/21 with diagnosis of Alzheimer's dementia.

R105's Functional Capacity screen dated 06/09/22 identified the resident needed physical assistance with dressing, had impaired cognition, bladder incontinence, and impaired communication. He also was unable to manage his medications or medical treatments.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP)

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S5126	Continued From page 10 were one document. R105's NSA/HCSP dated 05/02/21 had handwritten on the bottom dated 04/22/22 "reviewed, no changes needed at this time" signed by "Administrative Staff" A and "Licensed Nurse" B. R105's "Addendum to Negotiated Service Agreement" dated 06/09/22 identified the resident needed increased assistance with dressing and toileting. It was signed by "Administrative Staff" A and "Licensed Nurse" B. On 10/6/22 at 11:48 PM via electronic interview, "Administrative Staff" A acknowledged she did not get family signatures for the development, reviews, and revision of the residents NSA/HCSP. The operator failed to ensure all who participated in the development, reviewing, and/or revising of the NSA/HCSP signed it.	S5126		
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 26-41-204 (i) The facility reported a census of nine residents (R). The sample included three residents. Based on observation, interviews and record review the	S5171		

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operator failed to ensure the Licensed Nurse provided health care services for two (R103 and R104) of three sampled residents according to standards of practice related to wound care, monitoring, measuring and documentation of the wound.

Findings included:

- Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnoses of hypertension and nerve pain.

R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with all activities of daily living and physical assistance with eating. She also needed total assistance with management of medications and medical treatments.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R103's NSA/HCSP dated 02/01/21, identified staff would assist the residents with activities of daily living, would administer medications and apply Vaseline to wound under her chin.

Review of R103's "Nursing Notes" included the following documentation related to the resident having a wound under her chin.

11/30/20 -assessed resident's chin and had no signs of infection such as drainage, increased pain, or redness.

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12/11/20 -upon assessment of resident's chin area looks more open and instructed resident it would be good to see her physician. Resident and daughter refused.

12/14/20 assessment of resident's chin wound and dressing change at this time. Resident stated she had some pain to her left cheek this morning. Triple antibiotic ointment applied.

12/21/20 - will schedule telemedicine visit and keep wound dry, apply triple antibiotic ointment bid and place soft foaming pad between resident's chin and chest.

12/22/20 - dressing change to chin at this time, area noted to have scant drainage.

12/28/20 - dressing change to chin and area with scant drainage. continues to refuse to go to physician.

01/01/21 - dressing change at this time.

01/02/21 - dressing change at this time.

01/11/21 -dressing change at this time.

01/12/21 - dressing change at this time.

01/19/21 order received for Vaseline twice a day applied to resident's wound under her chin.

05/03/21 - Begin taking measurements to resident's wound on her chin. Ulcer has yet to close, dressing changes twice a day.

03/09/22 - Progress note sent to physician due to

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pressure sore to chin opening. Physician not in office.

03/14/22 - continue to apply Vaseline to chin wound.

04/15/22 - wound still open, physician updated.

04/29/22 - physician at facility to see resident. New order for appointment at wound clinic as wound is not healing.

05/06/22 - new wound orders from wound clinic. Dressing changes three times per week.

05/07/22 - dressing changed.

05/11/22 - dressing changed to chin with picture taken of wound and sent to wound clinic medical provider.

05/20/22 - resident to physician for biopsy of chin wound, biopsy not done resident, and daughter refused.

The resident's record lacked evidence the licensed nurse assessed the resident's wound routinely for monitoring, measuring, and description of the wound bed and surrounding tissue, as well as signs of infection.

Observation on 10/04/22 at 01:43 PM revealed the resident did not have a reddened area or open area under her chin.

On 10/04/22 at 06:02 PM "Licensed Nurse" (LN) B acknowledged the record did not include wound assessments that described the wound

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bed, surrounding tissue, drainage, odor, pain, or the measuring of the wound. LN B stated she did not realize she needed to document her assessment and description of the wound routinely to identify treatments were effective.

The operator failed to ensure the licensed nurse assessed, monitored, and measured the residents chin wound routinely.

- Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain.

R104's "Functional Capacity Screen" dated 07/29/22 identified she needed total assistance with all activities of daily living , medication and medical treatment administration and had impaired cognition and was totally incontinent of urine.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R104's most recent NSA/HCSP dated 05/07/21 included that staff would assist the resident with all activities of daily living and would administer medication and monitor blood sugars daily. It did not identify the resident received any treatments for wounds.

Review of the Hospice notes included the following documentation:

08/09/22 - Resident has a small stage 1 sacrum

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S5171	Continued From page 15	S5171		

opening that has been covered with weekly dressing changes of Mepilix.

08/23/22- Stage 1 pressure sore to sacrum area.

Review of R104's "Nurse's Notes" revealed the only documentation regarding the resident having a sacral wound, is dated 08/9/22, for a new Hospice order for a stage one sacral pressure wound, Hospice nurse to change during visits.

The record lacked evidence that the facility Licensed nurse assessed, monitored, and measured the resident's sacral wound

Observation on 10/04/22 at 07:33 AM "Certified Nurse Aide" (CNA) I went into the resident's room to help her get ready for the day. CNA, I assisted with oral care and other personal grooming and then rolled the resident to her left to check her brief. The resident was clean and dry but also had a Mepilex dressing on her coccyx area at the top of her buttock cleft.

On 10/03/22 at 02:23 PM CNA F stated she thought the resident had a sore on her tailbone and Hospice took care of it.

On 10/04/22 at 09:48 AM interview with Licensed Outside Provider reported the resident had a pinpoint open area on her sacrum that was superficial so we started putting a Mepilex dressing on it. She stated it is currently closed and the dressing now is for protection.

On 10/04/22 at 05:54 PM "Licensed Nurse" B stated she did not think she needed to do any

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S5171	Continued From page 16 monitoring or documenting since Hospice managed the wound. The operator failed to ensure the licensed nurse assessed, monitored, and measured the residents wound.	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: KAR 26-42-206(e) The facility reported a census of 9 residents. Based on record review and interview the operator failed to ensure designated staff prepared food using safe methods and served food at the proper temperature. All 9 resident's ate food prepared in the facility kitchen.	S5192		

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S5192	Continued From page 17 Findings included: - During initial tour of the kitchen on 10/03/22 at 11:20 AM revealed a food temperature log taped to the refrigerator. The log did not include any food temperatures for today, breakfast or lunch. On 10/03/22 at 11:20 AM "Certified Medication Aide" C had prepared sweet and sour chicken and had it all in one large pan. She stated she had cooked the chicken but did not temp it until she had let it all cook together. Review of the food temperature logs revealed the following: July 2022 - 12 days out of 31 did not have food temperatures recorded at all three meals. It also included eight additional days that the supper meal did not have any food temperatures recorded. August 2022 - lacked all food temperatures for breakfast, had eight days with no food temperatures at lunch , and 23 days when no food temperatures were recorded for supper. September 2022- lacked all record of breakfast food temperatures, 10 days lacked food temperatures at lunch , and 18 days lacked food temperatures for supper. On 10/03/22 at 12:22 PM Administrative staff A acknowledged food temperature logs had not been completed accurately to show staff were temping food to ensure proper cooking temperature and serving temperature.	S5192		

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S5192	Continued From page 18 The operator failed to ensure designated staff prepared food using safe methods and served food at the proper temperature.	S5192		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of nine residents. Based on record review and interview, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees. Findings included:	S5215		

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S5215	Continued From page 19 - On 10/03/22 "Administrative Staff" A provided a notebook that she indicated had the quarterly reviews of the emergency management plan in it for residents and for employees. Review of the employee information identified staff reviewed the emergency management plan in March and June of 2021 and 2022 but did not review it on a quarterly basis. On 10/03/22 at 03:49 PM "Administrative Staff" A acknowledged the Emergency Management Plan had not been reviewed by employees every quarter and was a "work in progress". The operator failed to ensure reviews of the facility's emergency management plan were completed on a quarterly basis and failed to conduct an annual evacuation drill..	S5215		
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 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 20 This REQUIREMENT is not met as evidenced by: K.A.R 26-42-207(c) The facility reported a census of nine residents (R). The sample included three residents and review of 5 newly hired employee files. Based on interview and record review for three (R103, R104, R105) of three sampled residents and five of five newly hired employees, the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This failure had the potential to affect all residents in the assisted living facility. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 and her most current TB symptom screen had a completion date of 08/11/21. - Review of R104's medical record revealed she moved into the facility on 05/07/21 and did not receive her first of two TB skin test until 07/17/21, more than 7 days after admission into the facility and staff failed to complete an annual TB symptom screen. - Review of R105's medical record revealed he moved into the facility on 05/02/21 and did not receive her first of two TB skin test until 07/17/21, more than 7 days after admission into the facility and staff failed to complete an annual TB symptom screen.	S5230		

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S5230	Continued From page 21 On 10/04/22 at 10:01 AM via electronic interview "Licensed Nurse" B reported she completed a 2-step TB process for new residents upon admission for the residents and then after that it's the yearly TB symptom questionnaire. On 10/4/22 at 01:30 PM Administrative staff A provided an infection control policy and the TB guidelines for adult care homes and reported they follow the guidelines. The TB Guidelines for Adult Care Homes dated June 2013 directed that each new resident shall have an initial TB symptoms screen that includes components of the TB symptom Screen Questionnaire within seven days of residency or at the time of administration of the TB skin test. Each new resident shall receive a 2-step TB skin test within seven days of residency. For three of three sampled residents the operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. - Review of 5 newly hired employees files revealed the following: " Certified Nurse Aide" (CNA) D had a hire date of 06/06/22 and did not have a TB symptom screen or a second TB skin test in her employee file. CNA E had a hire date of 08/10/22 and did not have a second TB skin test completed.	S5230		

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S5230	Continued From page 22 CNA F had a hire date of 07/06/22 and did not have a TB symptom screen or a second TB skin test in her employee file. "Certified Medication Aide" (CMA) G had a hire date of 10/04/21and did not have a TB symptom screen or a 2-step TB skin test in her employee file. CNA H had a hire date of 09/01/21 and did not have a TB symptom screen or a 2-step TB skin test in her employee file. 10/04/22 at 10:01 AM via electronic interview "Licensed Nurse" B reported she completed a 2-step TB process for new employees as soon as they start work. On 10/04/22 at 01:30 PM Administrative staff A provided an infection control policy and the TB guidelines for adult care homes and reported they follow the guidelines. The TB Guidelines for Adult Care Homes dated June 2013 directed that each new employee shall have an initial TB symptoms screen that includes components of the TB symptom Screen Questionnaire within seven days of employment or at the time of administration of the TB skin test. Each new employee shall receive a 2-step TB skin test within seven days of employment. For three of three sampled residents and five of five newly hired employees the operator failed to ensure the facility remained in 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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S5251	Continued From page 23	S5251		
S5251 SS=E	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: KAR 26-42-105(f)(11) The facility reported a census of nine residents (R). The sample included three residents. Based on interview and record review the operator failed to ensure the record contained documentation of all incidents, symptoms, and other indications of illness or injury including the time and date of occurrence, action taken, and results of the action for 3 (R103, R104, R105) of 3 sampled residents. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnoses of hypertension and nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with all activities of daily living and physical assistance with eating. She also needed total assistance with management of medications and medical treatments. On 10/03/22 at 01:38 PM "Administrative Staff" A	S5251		

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reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R103's NSA/HCSP dated 02/01/21, identified staff would assist the residents with activities of daily living, would administer medications and apply Vaseline to wound under her chin.

Review of R103's "Nursing Notes" from 11/30/20 to 10/04/22 revealed the following Nursing Note entries:

- 02/01/21 at 03:05 PM nurse noted new medication orders due to anemia and that labs would be drawn again on March 1st. The entry was not signed, and the record lacked documentation of the labs being redrawn to show results from the new medications.

- 03/14/22 at 02:00 PM the resident started Macrobid (an antibiotic) for urinary tract infection. The record lacked further assessment of the use of the antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms of her urinary tract infection had improved.

-The medical record also included multiple nursing entries that did not include the time documented: 01/01/21, 05/03/21, 08/25/21, 01/05/22, 03/09/22, 04/15/22, 04/28/22, 05/25/22, and 06/03/22.

On 10/04/22 at 05:34 PM - "Licensed Nurse" B confirmed all nurses notes should include the time they were written but did not know she needed to follow up in the notes regarding

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starting new medications including antibiotics.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury including the time of occurrence, action taken, and results of the action for R103.

- Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain.

R104's "Functional Capacity Screen" dated 07/29/22 identified she needed total assistance with all activities of daily living , medication and medical treatment administration and had impaired cognition and was totally incontinent of urine.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R104's most recent NSA/HCSP dated 05/07/21 included that staff would assist the resident with all activities of daily living and would administer medication and monitor blood sugars daily.

Review of R104's "Nurse's Notes" revealed the following:

- On 06/25/21 the resident started an antibiotic for a urinary tract infection. The record lacked further assessment of the use of antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms of her

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urinary tract infection had improved.

- On 10/24/21 the resident started on an antibiotic for a urinary tract infection. The record lacked further assessment of the use of antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms of her urinary tract infection had improved.

- An entry identified the resident had an oxygen saturation of 91% but did not include a date or time of the entry.

- On 01/08/22 resident returned from hospital and had her insulin discontinued and other medication changes. She also demonstrated shortness of air upon return. The record lacked any documentation for the results of discontinuing her insulin and other medications. It also did not identify if her shortness of air improved.

- On 02/07/22 the resident started on an antibiotic for urinary tract infection. The record lacked further assessment of the use of antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms of her urinary tract infection had improved.

- On 06/24/22 the resident had a fall which resulted in a skin tear. The record lacked any follow up documentation regarding to the healing of the skin tear or monitoring the resident after the fall for any subsequent injuries.

- On 07/20/22 the notes identified the resident had declined and went to the emergency room but failed to identify that she was admitted to the

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hospital.

-On 07/23/22 the resident returned from the hospital and the next entry is dated 08/09/22 that she had new Hospice orders.
The record lacked documentation the resident returned to the hospital on 07/25/22, was admitted and returned on 07/29/22 with orders for admission to Hospice.

It also included the following documentation that did not include the time; 06/23/21, 10/24/21, 12/3/21, and 01/6/22.

On 10/04/22 at 05:34 PM - "Licensed Nurse" B confirmed all nurses notes should include the time they were written but did not know she needed to follow up in the notes regarding starting new medications including antibiotics or that she needed to follow up after a fall for possible injuries or her hospital return.

Review of the "Documenting an Accident of Incident Involving a Resident in the Resident's Clinical Record" policy dated 03/15/22 directed the nurse caring for the resident will record the resident's response for at least three days or until the resident's condition is stabilized following an incident or accident.

The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury including the time of occurrence, action taken, and results of the action for R103.

- Review of R105's medical record revealed he moved into the facility on 05/02/21 with diagnosis

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S5251	Continued From page 28 of Alzheimer's disease. R105's "Functional Capacity Screen" dated 06/09/22 identified the resident needed physical assistance with dressing, could not manage his medications or medical treatments and had impaired cognition. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R105's NSA/HCSP identified staff assisted the resident with dressing and medication administration and provided daily reminders throughout the day. Review of R105's "Nurse's Notes" included the following documentation: - On 12/29/21 the resident had right leg and calf swelling and went to urgent care. He returned and was started on an antibiotic for right leg swelling. The record lacked monitoring of the use of an antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms right leg a calf swelling, and tenderness resolved. - An entry with only the time indicated the resident saw a surgeon for a cyst on his upper back and was started on an antibiotic. The record lacked monitoring of the use of an antibiotic to ensure the resident did not have any adverse effects and if the resident's symptoms related to the cyst had improved.	S5251		

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(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
S5251	Continued From page 29 - On 02/21/22 the resident had removal of upper back cyst and the area is clean and dry. The record lacked further documentation regarding monitoring the incision site for infection and healing. - On 04/29/22 the resident had a new order for compression stockings to right lower leg daily. The record lacked follow up as to the effectiveness of the compression stockings. The record included a progress note from Dermatology office related to cryosurgery to six different areas on the resident's right hand, left arm and face. The Nurse's Notes lacked any documentation regarding the resident having the treatment or follow up afterwards. On 10/04/22 at 05:34 PM - "Licensed Nurse" B confirmed all nurses notes should include the time they were written but did not know she needed to follow up in the notes regarding physician office appointments, or the starting of new medications including antibiotics. The operator failed to ensure designated staff documented all incidents, symptoms, and other indications of illness or injury including the time of occurrence, action taken, and results of the action for R103.	S5251		
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	S5258		

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S5258	Continued From page 30 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1) The facility reported a census of nine residents. Based on record review and interview, the operator failed to provide evidence of registration, and certification completed upon hire for two of five newly hired staff that required specialized education and training. Findings included: - Review of five newly hired employee records on 10/03/22 since the last surveyed revealed the following:	S5258		

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S5258	Continued From page 31 "Certified Nurse Aide" (CNA) D hired on 06/06/22 and her registry/certification check was not completed until 06/29/22, 23 days after hire date. CNA H hired on 09/01/22 and her registry/certification check was not completed until 09/19/21, 18 days after hired. On 10/03/22 at 01:58 PM "Administrative Staff" A reported she did not know what happened in these situations because she normally prints it as soon as she gets the applications. The operator failed to ensure newly hired employees had evidence of a registry/certification check completed upon hire.	S5258		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S5300		

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S5300	Continued From page 32 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of nine residents (R). The sample included three residents. Based on record review and interview for two (R103 and R104) of three sample residents who had their medications administered from facility staff, the operator failed to ensure staff administered as needed (PRN) medications according to standards of practice. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnosis of nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with management of medications and medical treatments and had no cognitive or communication impairment. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R103's NSA/HCSP dated 02/01/21, identified facility staff would administer the resident her medications. The NSA/HCSP did not identify the resident had chronic pain and/or include non-pharmacological interventions to help reduce her pain.	S5300		

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Review of R103's September 2022 "Medication Administration Record" (MAR) included a physician's order for Tramadol (opioid analgesic) 50 milligrams (mg) 1 twice a day as needed (PRN) pain, can give 1/2 Tramadol (25 mg) three times a day PRN if resident requests it. It identified staff gave the resident Tramadol 25 mg 30 times and 50 mg. twice. It was given for leg pain, body pain, back pain, arm pain, shoulder pain and thigh pain.

The October MAR included the same PRN Tramadol order which staff administered to the resident twice. One time was 50mg. and the other was 25 mg.

The MAR/record failed to have evidence the "Certified Medication Aide" (CMA) notified the licensed nurse prior to administration of a PRN medication for pain, a task requiring physical assessment of the resident by a licensed health professional.

On the vitals sheet next to the MAR was a sticky note to have the CMA "ask [name] if she needs a Tramadol when she gets her HS (bedtime) meds."

On 10/03/22 at 01:12 PM the resident stated she did have problems with pain but had medicine that helped.

On 10/04/22 at 02:20 PM CMA J stated that since the Tramadol is already on the MAR, we do not have to call the nurse before giving it. CMA J said the note to ask her at bedtime if she needs a pain pill is because she will usually ask for one every night, but we must ask her if she wants a

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half or a whole.

On 10/04/22 at 06:15 PM "Licensed Nurse" B reported she did not know the CMA needed to call the nurse for PRN medication administration.

The operator failed to ensure the CMA contacted the licensed nurse prior to the administration of a "PRN for pain" medication for the nurse to assess and direct the administration of the PRN Tramadol.

- Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain.

R104's "Functional Capacity Screen" dated 07/29/22 identified she needed total assistance with medication administration and had impaired cognition.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R104's most recent NSA/HCSP dated 05/07/21 included that staff would administer medications.

Review of R104's "Medication Administration Record" (MAR) for August 2022 included the following:

Lorazepam (an antianxiety) 0.5 milligrams (mg) every 4 hours for anxiety as needed. Handwritten beside it noted "May crush and put with small amount of liquid or morphine sulfate." Staff

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administered the Lorazepam 4 times and documented the resident was restless and anxious.

Morphine (a narcotic analgesic) 20 mg/milliliter (ml), give 0.25 ml buccal every hour PRN for shortness of air or pain. Staff initialed the administration of the medication 5 times and documented giving the medication three times on the MAR for grimacing.

Review of the September 2022 MAR included the same Lorazepam and Morphine orders. It revealed staff administered the Morphine twice for back pain and the Lorazepam once for anxiety.

The MAR/record failed to have evidence the "Certified Medication Aide" (CMA) notified the licensed nurse prior to administration of a PRN medication for pain, a task requiring physical assessment of the resident by a licensed health professional.

On 10/04/22 at 02:20 PM CMA J stated since the PRN medication is already on the MAR, we do not have to call the nurse before giving it.

On 10/04/22 at 06:15 PM "Licensed Nurse" B reported she did not know the CMA needed to call the nurse for PRN medication administration.

The operator failed to ensure the CMA contacted the licensed nurse prior to the administration of a "PRN for pain" and/or "PRN for anxiety" medication for the nurse to assess and direct the administration of the PRN medications.

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S5315	Continued From page 36	S5315		
S5315 SS=F	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 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	S5315		

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S5315	Continued From page 37 by: KAR 26-42-205(h)(1)(4) The facility reported a census of nine residents. Based on observation, interview, and record review the Operator failed to ensure staff stored medications that required refrigeration securely in a locked medication room and/or a locked refrigerator to ensure only licensed nurses and medication aides had access to the stored medications. The operator also failed to ensure tuberculin solution was stored securely and ensuring that it was not accidentally administered beyond the manufacturers or pharmacy recommended date of expiration. Findings included: - On 10/04/22 at 06:37 AM surveyor walked past the main office and the door was open. A small refrigerator labeled "Medication Refrigerator" sat on a file cabinet. The refrigerator was not locked and contained a box with three Basaglar insulin pens and a vial of tuberculin solution that had been opened. On 10/04/22 at 06:55 AM "Certified Nurse Aide" I stated the office door is always open because that is where staff clock in and out. On 10/04/22 at 03:09 PM "Administrative Staff" A acknowledged the medication refrigerator is supposed to be locked and got the key out of her desk to lock it. Review of the "Storage of Medications" policy dated 02/2015 revealed the medication refrigerator will be accessible only to employees	S5315		

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S5315	Continued From page 38 who are qualified to administer medications. The operator failed to ensure medications were securely stored and only accessible to the CMA and licensed nurse. - On 10/04/22 at 06:37 AM in the unlocked medication refrigerator was a box with an open vial of tuberculin solution that did not have a date on the box or vial when staff first opened and use the vial. On 10/04/22 at 03:09 PM "Administrative Staff" A acknowledged the tuberculin solution did not have a date that staff initially opened the vial and thought it was back in July. Tuberculin manufacturer guidelines directions for storage include to date the tuberculin vial when opening and discard it after 30 days. The operator failed to ensure medications were store the tuberculin solution to ensure that it was not accidentally administered beyond the manufacturers or pharmacy' recommended date of expiration.	S5315		
S5325 SS=D	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. 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 the resident experiences any significant change in condition.	S5325		

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S5325	Continued From page 39 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (l) The facility reported a census of nine residents(R). The sample included 3 residents. Based on interview and record review for one(R104) of 3 sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regiment review at least quarterly for each resident whose medication the facility managed. Findings included: - Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain. R104's "Functional Capacity Screen" dated 07/29/22 identified she needed total assistance with medication administration and had impaired cognition. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R104's most recent NSA/HCSP dated 05/07/21 included that staff would administer medications. Review of the residents record failed to included "Medication Therapy Review"s for the year 2022.	S5325		

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S5325	Continued From page 40 The last "Medication Therapy Review" in the resident's record was dated 12/31/21. On 10/04/22 at 10:01 AM via electronic interview, LN B identified the "Medication Therapy Reviews" were to be completed quarterly. Review of the "Medication Regimen Review" police dated 02/2015 revealed the consultant pharmacist will perform a drug regimen review on each resident living in the home at least quarterly. The operator failed to ensure each residents medication regimen was reviewed at least quarterly by a licensed pharmacist or licensed nurse.	S5325		
S5326 SS=E	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring.	S5326		

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S5326	Continued From page 41 This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (I)(1) The facility reported a census of nine residents(R). The sample included 3 residents. Based on interview and record review for two(R103 and R104) of 3 sampled residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regiment review that identified any potential or current medication-related problems including lack of clinical indication for use of medication. Findings included: - Review of R103's medical record revealed she moved into the facility on 12/15/18 with diagnosis of nerve pain. R103's "Functional Capacity Screen" dated 12/06/21 revealed she needed total assistance with management of medications and medical treatments and had no cognitive or communication impairment. On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document. R103's NSA/HCSP dated 02/01/21, identified facility staff would administer the resident her medications. The NSA/HCSP did not identify the resident had chronic pain and/or include non-pharmacological interventions to help	S5326		

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S5326	Continued From page 42 reduce her pain. Review of the "Medication Therapy Review" dated 06/30/22 conducted by "Licensed Nurse" (LN) B identified no recommendations. Review of the signed physician's orders for June of 2022 and the current signed physician's orders dated 10/3/22 the following medications did not include a diagnosis or clinical indication for use: Trazadone 50 milligrams (mg) 1 tablet at bedtime, Venalafaxine HCL ER 37.5 mg 1 tablet at bedtime, Calcium 600 mg + 800 international unit (IU) Vitamin D3 1 tablet twice a day, and Gabapentin 100 mg 1 at bedtime. On 10/04/22 at 10:01 AM, LN B reported she had a sheet she faxed to the provider and if we have any recommendations, we write that on the sheet including if she believed the medication caused side effects or needed labs monitored. On 10/4/22 at 05:54 PM, LN B looked in the record and confirmed the above medications did not include a diagnosis or indication for use. LN B reported she did not realize she needed to make sure all the medications had a diagnosis or indication for use. The operator failed to ensure the medication regimen review included ensure each medication included a diagnosis and/or indication for use. - Review of R104's medical record revealed she moved into the facility on 05/07/22 with diagnoses of Alzheimer's disease and chronic low back pain.	S5326		

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R104's "Functional Capacity Screen" dated 07/29/22 identified she needed total assistance with medication administration and had impaired cognition.

On 10/03/22 at 01:38 PM "Administrative Staff" A reported the "Negotiated Service Agreement", and the "Health Care Service Plan" (NSA/HCSP) were one document.

R104's most recent NSA/HCSP dated 05/07/21 included that staff would administer medications.

The most recent "Medication Therapy Review" in the resident's record dated 12/31/21 and signed by the physician on 01/24/22 identified no concerns.

The most current signed physician's orders dated 01/24/22 lacked diagnosis or indications for use for the following medications: Levothyroxine 100 micrograms (mcg) daily, Anastrozole 1 milligram (mg) daily, Atenolol 50 mg daily, Vitamin D3 50 mcg. daily, Basaglar 25 units subcutaneous daily, Vitamin B12 1000 mcg. daily, Memantine 10 mg daily, Janumet 50-500 mg. twice a day, Baclofen 10 mg three times a day, Aspirin 81 mg daily, Famotidine 40 mg daily, Sulfamethoxazole-TMP SS 40-80 1 tablet daily, and Tamsulosin 0.4 mg daily at bedtime.

On 10/04/22 at 10:01 AM, LN B reported she had a sheet she faxed to the provider and if we have any recommendations, we write that on the sheet including if she believed the medication caused side effects or needed labs monitored.

On 10/4/22 at 05:54 PM, LN B looked in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B088002	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ESTATES HOME PLUS	1140 S PERSHING AVENUE LIBERAL, KS 67901

(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
S5326	Continued From page 44 record and confirmed the above medications did not include a diagnosis or indication for use. LN B reported she did not realize she needed to make sure all the medications had a diagnosis or indication for use. Review of the "Medication Regimen Review" policy dated 02/2015 revealed the drug regimen review will identify lack of clinical indication of use for medications. The operator failed to ensure the medication regimen review included review to ensure each medication included a diagnosis and/or indication for use.	S5326		