STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087199	A. BUILDING: _____ B. WING _____	10/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARJORIE'S HOME LLC GP	524 N MAIN STREET GARDEN PLAIN, KS 67050

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey for the above named Home Plus facility conducted on 10/10-11/2022.	S 000		
S5095 SS=D	26-42-201 (d) Functional Capacity Screen Accurate (d) Designated staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(d) The facility reported a census of eight residents and one day care resident (R). Based on observation, interview and record review the operator failed to ensure designated staff completed one (R110) of three sampled resident's "Functional Capacity Screen" accurately to reflect the resident's functional ability at the time staff completed the screen. Findings Included: - Review of R110's medical record revealed she moved into the facility on 10/03/22 with diagnoses od dysphagia, hypertension, and weakness. R110's "Functional Capacity Screen" (FCS) dated 10/3/22 failed to identify the resident used	S5095		

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

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S5095	Continued From page 1 a wheelchair for mobility. Observation on 10/10/22 at 10:45 AM, staff brought the resident out of her room via wheelchair to the front room to watch TV. Observation on 10/10/22 at 02:22 PM the resident came back in from eating lunch with her daughter outside on the porch. The resident uses a wheelchair as a mobility device. Staff then took the resident into her room and assisted her back into bed using a mechanical lift. On 10/10/22 at 1:55 PM "Certified Medication Aide" B reported the resident required assistance of 2 staff for transfers using a mechanical lift and used a wheelchair for mobility device. On 10/11/22 at 9:40 AM Administrative Licensed Nurse reported she thought she had marked wheelchair use and knew it needed marked if she used one. The operator failed to ensure designated staff completed R110's FCS to include the use of a wheelchair as a mobility assistive device.	S5095		
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)	S5171		

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S5171	Continued From page 2	S5171		

The facility reported a census of eight residents and one day care resident (R). The sample included three residents and the one-day care resident. Based on observation, interviews and record review the operator failed to ensure the Licensed Nurse provided health care services for two (R110 and R112) of three sampled residents according to standards of practice related to wound care, monitoring, measuring and documentation of the wounds.

Findings included:

- Review of R110's medical record revealed the resident moved into the facility on 10/03/22 with diagnoses of dysphagia, hypertension, and weakness.

R110's "Functional Capacity Screen" dated 10/03/22 revealed the resident required physical assistance to complete activities of daily living, had impaired cognition, at risk for falls, and could not manage her own medications or medical treatments.

R110's "Negotiated Service Agreement" dated 10/03/22 revealed staff would assist the resident with activities of daily living, would administer her medication and the licensed nurse or Hospice would provide wound care to the resident's right heel as ordered.

Review of the resident's "Care Notes" revealed the following:

10/03/22 - resident has wound to right heel with numerous callouses on bottom of both feet.
10/04/22 - order clarified for dressing for the

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S5171	Continued From page 3 wound on right heel, is approximately the size of a nickel. 10/07/22 - This nurse changed dressing to right heel, appears to be healing. On 10/10/22 at 12:49 PM observation with the Hospice nurse of the resident's right heel, revealed an area she measured at two centimeters by one centimeter. It had a dry skin covering with a reddish-purple area underneath it. The Hospice nurse called it a deep tissue injury (persistent non-blanchable deep red, purple or maroon areas of intact skin, non-intact skin or blood-filled blisters caused by damage to the underlying soft tissues). On 10/10/22 at 01:52 PM "Certified Medication Aide" B reported the resident had a wound on her right foot, so we do not put a shoe on that foot. On 10/11/22 at 9:40 AM "Administrative Licensed Nurse" A acknowledged that she had not documented measuring or assessing the wound yet. The Operator failed to ensure licensed nursing staff provide nursing health care services according to standards of practice for the resident's wounds by the failure to measure and monitor the resident's wounds for healing/infection and document her observations in the resident record. - Review of R112's medical record revealed the resident moved into the facility on 06/12/18 with diagnoses of osteoarthritis and coronary artery disease.	S5171		

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S5171	Continued From page 4 R112's "Functional Capacity Screen" dated 12/26/21 identified the resident could not manage completing her own activities of daily living and required staff to manage her medications and medical treatments. R112's "Negotiated Service Agreement" dated 12/26/21 identified the facility's licensed nurse would provide management of medical treatments. It included an addendum dated 11/29/21 to keep toe dividers in when in bed and on 07/11/22 for resident to wear blue heel protectors on when in bed. Review of the resident's "Care Notes" from 12/8/21 to 10/10/22 lacked documentation about the resident having an abrasion type wound on her right gluteal fold. On 10/10/22 at 02:22 PM "Certified Medication Aide" (CMA) B and CMA C assisted the resident into bed using a mechanical lift. The sling used was an oversized sling and the bottom edge came just above the resident's knees. As CMA B and CMA C removed the resident's brief it revealed a large abraised area approximately three inches by one inch with a beefy red wound bed area just below her right gluteal fold. The resident also had a purplish colored area across the top of her right great toe and slight redness to her toe. On 10/10/22 at 01:55 PM CMA B stated the resident was at risk for getting pressure ulcers and staff reposition her every two hours but when her daughter comes, she will want her to stay up and visit most of the day. CMA B stated the sore	S5171		

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S5171	Continued From page 5 on her gluteal fold had been there for awhile and they are putting calmoseptin on it to help it heal. On 10/10/22 at 08:38 PM "Administrative Licensed Nurse" A stated the resident had an abrasion from the sling with the hole in it they had used for transfers. When Administrative Licensed Nurse A identified it caused an abrasion in that area, they decided to use a larger sling for all transfers and to only use the one with a hole in it when they give her a shower. On 10/11/22 at 09:40 "Administrative Licensed Nurse" A reported she was not aware the resident's gluteal fold had reopened. The Operator failed to ensure licensed nursing staff provide nursing health care services according to standards of practice for the resident's wounds by the failure to measure and monitor the resident's wounds for healing/infection and document her observations in the resident record.	S5171		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening	S5192		

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S5192	Continued From page 6	S5192		

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 eight residents and one day care resident. Based on record review and interview, the operator failed to ensure staff prepared food using safe methods and ensured staff served foods at the proper temperature for all residents in the facility.

- On 10/10/22 at 10:05 AM during initial tour on the side of the refrigerator was the food temperature log. "Certified Medication Aide" CMA B reported staff were supposed to take the temperature of the foods as they cooked them to make sure they were done. She also confirmed that when they reheated foods in the microwave, they needed to be heated to 165 degrees Fahrenheit (F).

Review of the "Cooking/Reheating Temperatures" log directed staff to "Take temperature before serving meal. Temperature should be 165 degrees F for at least 15 seconds - cold foods need to be 41 degrees F or below.

The September/October 2022 Logs which started on 09/16/22 revealed the following
09/16/22 - did not include noon meal

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S5192	Continued From page 7 temperatures 09/17/22 - did not include noon or supper meals 09/19/22 - did not include noon or supper meals 09/20/22 - did not include supper meal 09/23/22 - did not include supper meal 09/24/22 - did not include supper meal 09/30/22 - did not include supper meal 10/03/22 - did not include supper meal 10/07/22 - did not include breakfast or noon meal 10/08/22 - did not include breakfast or noon meal It also included seven days with no food temperatures taken. The operator failed to ensure facility staff prepared food using safe methods and failed to ensure foods were maintained and served and the proper temperatures.	S5192		