| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | B001001 | A. BUILDING: _____ B. WING _____ | 10/17/2022 |

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| HEARTLAND MEADOWS, LLC | 1727 OREGON ROAD IOLA, KS 66749 |

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| S 000 | INITIAL COMMENTS<br><br>The following represent the findings of a resurvey for the above named Home Plus facility conducted on 10/13/22 and 10/17/22. | S 000 | | |
| S5155 SS=E | 26-42-204 (a) Health Care Services<br><br>(a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-204(a)<br><br>The facility reported a census of 11 residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for two of three sampled residents evidenced by the failure to include the use of bed rails in the "Health Care Service Plan" (HCSP) for Resident (R)102, and R103.<br><br>Findings included:<br><br>- R102's medical record revealed the resident moved into the facility on 04/13/20 with | S5155 | | |

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

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| S5155 | Continued From page 1 | S5155 | | |

diagnoses of dementia and high risk for falls.

The 04/10/22 "Functional Capacity Screen" (FCS) documented R102 was independent with transfers and required supervision with walking/mobility using a walker.

The 04/10/22 "Negotiated Service Agreement" (NSA) documented staff to encourage R102 to wear shoes or anti-skid socks when up at all times. Staff were to monitor oxygen tubing placement to prevent tripping.

The 04/10/22 "Care Plans" failed to document the use of a bed rail.

On 10/17/22 at 02:53 PM observation of a bedrail attached to the left-hand side of R102's bed.

On 10/17/22 at 02:38 PM CNA F stated R102 used a bed rail for bed mobility and to help him sit up in bed.

On 10/17/22 at 04:24 PM Administrative Nurse A stated she expected the NSA and HCSP to include the use of a bed rail.

The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R102 regarding the use of a bed assistive device.

- Resident (R)103s medical record revealed the resident moved into the facility on 08/30/16 with diagnoses of weakness and chronic fatigue.

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| S5155 | Continued From page 2<br>The 06/03/22 FCS documented R103 required supervision with transfers and mobility and did not use a mobility device.<br><br>The 06/03/22 NSA documented staff to provide one-on-one assistance with transfers and to walk with R103.<br><br>The 06/03/22 "Care Plans" failed to document the use of a bed assistive device.<br><br>On 10/17/22 at 02:30 PM observed bedrail on the left-hand side of R103's bed.<br><br>On 10/17/22 at 02:33 PM CNA F stated R103 used a handrail on his bed for bed mobility.<br><br>On 10/17/22 at 04:34 PM Administrative Nurse A stated R103 used a bed rail to help with sitting up in bed and stated the bed rail should be included in the NSA and the care plan.<br><br>The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R103 regarding the use of a bed assistive device. | S5155 | | |
| S5230 SS=F | 26-42-207 (b)(5)(6) (c) Infection Control Policies<br><br>(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;<br>(6) providing orientation to new employees and employee in-service education at least | S5230 | | |

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| S5230 | Continued From page 3<br>annually on the control of infections in a health care setting;<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-207(c)<br><br>The facility reported a census of 11 residents. Based on interview and record review for three residents and five new employee records, 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 KAR 26-39-105.<br><br>Findings included:<br><br>- Review of five newly hired staff records revealed the following:<br><br>Certified Medication Aide (CMA) D's employee record revealed a hire date of 07/11/22. CMA D had the first step of the two-step TB skin test (TST) administered on 07/13/22 but did not have it read and did not have the second step of the TST administered.<br><br>Certified Nurse Aide (CNA) F's employee record revealed a hire date of 04/06/22. The operator failed to document the date of administration for the first step of the two-step TST and failed to administer the second step of the TST. | S5230 | | |

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| S5230 | Continued From page 4<br><br>CMA G's employee record revealed a hire date of 07/13/21. The operator failed to ensure a TB screening questionnaire was completed within seven days of hire, failed to ensure the first step of the two-step TB skin test was administered within seven days of hire and failed to ensure the second step of the TB skin test was administered 1-3 weeks after the first step was completed.<br><br>CMA E's employee record revealed a hire date of 06/17/21. The first step of the two-step TST was read 06/11/21. There was no documentation of a second step TST completed within 1-3 weeks after the first step was read. The next TST on file was competed on 06/20/22.<br><br>On 10/17/22 at 04:42 PM Administrative Nurse A stated she expected a TB Screening Questionnaire and a TST to be completed upon hire.<br><br>The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new resident and new employee shall have an initial TB symptom screen that includes the components of the TB symptom questionnaire within seven days of residency or employment ...Each new employee shall receive a two-step TST ...within 7 days of employment ...If the first TST is read as not positive, a second TST shall be administered within 1 to 3 weeks. "<br><br>The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees. | S5230 | | |

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| S5258 SS=F | 26-42-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following information:<br>(1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;<br>(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;<br>(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<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-42-102(d)(1)<br><br>The facility reported a census of 11 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employee records included evidence verification with the nurse aide registry was completed prior to staff employment. | S5258 | | |

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| S5258 | Continued From page 6<br>Findings included:<br><br>- Review of employee files conducted on 10/13/22 revealed the following:<br><br>Certified Nurse Aide (CNA) C hired on 04/06/22. The date on the "Nurse Aide Registry Confirmation Notice" indicated the facility completed a registry check 22 days after the date of hire.<br><br>Certified Medication Aide (CMA) D rehired on 07/13/21. There was no "Nurse Aide Registry Confirmation Notice" to show when the facility completed an updated registry check upon re-hire.<br><br>CMA G hired on 06/17/21. The "Nurse Aide Registry Confirmation Notice" indicated the facility completed a registry check 315 days after the date of hire.<br><br>On 10/18/22 at 01:06 PM Administrative Nurse A stated nurse aide registry checks should be checked prior to employment and printed off.<br><br>The operator failed to ensure verification of the nurse aide registry checks were completed prior to staff employment. | S5258 | | |