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	B087141	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLARK ADULT CARE HOME 3	11216 W MAPLE STREET WICHITA, KS 67209

(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 with attached complaint numbers 175189, 174856, 174870, 174848, 170724, 167346, and 165227 conducted on 10/17/2022, 10/18/2022, 10/19/2022 and 10/20/22.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity 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; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-201 (c) (1) The facility reported a census of seven residents. The sample included five "Residents'" (R)'s and three closed record reviews. Based on record review and interview the operator failed to ensure a "Functional Capacity Screen" (FCS) was performed for R118 every 365 days to determine her current level of functioning. Findings included: - Record review on 10/18/22 for R118 revealed an admission date of 09/15/21 with diagnoses of	S5085		

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

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S5085	Continued From page 1 congestive heart failure, hypertension, dementia, and hypothyroidism. Record review of R118 FCS dated 09/15/2021 identified the resident required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. She was incontinent and had impaired short-term memory, impaired long-term memory, impaired memory/recall, and impaired decision making. She was able to make herself understood and understood others. She was marked with impaired vision and impaired decision making. She required a wheelchair and mechanical lift and lacked the ability to manage her own medications. Record review of R118 "Negotiated Service Agreement" (NSA) dated 09/15/21 identified the following health care services to be provided by the facility staff. 1 to 2 person assist with bathing, and toileting. She was a two person or mechanical lift for transfers. She required a pureed diet with thin liquids. Facility staff were to use a wheelchair for mobility and a mechanical lift. Record review of R118 "Health Care Service Plan" (HSP) instructed staff to transfer resident with a mechanical lift with a two staff assist as needed. She could walk with one to two staff using a gait belt as needed. Interview on 10/19/22 with operator B and "Licensed Nurse" (LN) A confirmed the resident had not received a FCS in 365 days to determine her current level of function.	S5085		

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S5085	Continued From page 2 The operator failed to ensure R118 had a FCS performed at least once every 365 days to determine R118 current level of functioning.	S5085		
S5116 SS=D	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: K.A.R. 26-42-202 (d) (1) The facility reported a census of seven residents. The sample included five "Residents'" (R)'s and three closed record reviews. Based on record review and interview the operator failed to ensure R118 "Negotiated Service Agreement" (NSA) was reviewed/revised every 365 days. Findings included: - Record review on 10/18/22 for R118 revealed an admission date of 09/15/21 with diagnoses of	S5116		

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S5116	Continued From page 3	S5116		

congestive heart failure, hypertension, dementia, and hypothyroidism.

Record review of R118 FCS dated 09/15/2021 identified the resident required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and eating. She was incontinent and had impaired short-term memory, impaired long-term memory, impaired memory/recall, and impaired decision making. She was able to make herself understood and understood others. She was marked with impaired vision and impaired decision making. She required a wheelchair and mechanical lift and lacked the ability to manage her own medications.

Record review of R118 "Negotiated Service Agreement" (NSA) dated 09/15/21 identified the following health care services to be provided by the facility staff. A to 2 person assist with bathing, and toileting. She was a two person or mechanical lift for transfers. She required a pureed diet with thin liquids. Facility staff were to use a wheelchair for mobility and a mechanical lift.

Record review of R118 "Health Care Service Plan" (HSP) instructed staff to transfer resident with a mechanical lift with a two staff assist as needed. She could walk with one to two staff using a gait belt as needed.

Interview on 10/19/22 with operator B and "Licensed Nurse" (LN) A confirmed the resident NSA was reviewed/revised every 365 days.

The operator failed to ensure R118 "Negotiated

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S5116	Continued From page 4 Service Agreement" (NSA) was reviewed/revised every 365 days.	S5116		
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 census of seven residents. The sample included five "Residents'" (R)'s and three closed record reviews. Based on record review and interview the operator failed to ensure the "Licensed Nurse" (LN) maintained the facility's compliance with the department's "tuberculosis" (TB) guidelines for adult care home adopted by reference in K.A.R. 26-39-105 when R118 record lacked the required annual TB screening. Findings included:	S5230		

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S5230	Continued From page 5 - Record review on 10/18/22 for R118 revealed an admission date of 09/15/21 with diagnoses of congestive heart failure, hypertension, dementia and hypothyroidism. Record review of R118 revealed an admission TB screen performed on 09/15/21. The documents included the first step of the required two step was implanted on 09/15/21 and read negative on 09/17/21. The required second step was implanted on 09/29/21 and read negative on 10/1/21. The record lacked the required annual screening questionnaire for 09/15/22. Interview on 10/19/22 with operator B and LN A confirmed R118 record lacked the required annual TB screening for 2022. The operator failed to ensure the LN maintained the facility's compliance with the department's TB guidelines for adult care home adopted by reference in K.A.R. 26-39-105 when R118 record lacked the required annual TB screening.	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)	S5251		

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S5251	Continued From page 6 The facility reported a census of 7 residents. The sample included five residents' (R)'s and three closed record reviews. Based on interview and record review the operator failed to ensure the "Licensed Nurse" (LN) included in the resident record all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for R116 when he experienced a change of condition. Findings included: - Record review on 10/17/22 for R116 revealed an admission date of 9/29/2014 with diagnoses of Hypertension, Depression, Lipidemia, Alzheimer's disease, Gastroesophageal reflux disease, Osteo arthritis and allergies. Record review of R116 "Functional Capaciity Screen" (FCS) dated 09/15/22 for a change of condition identified the resident required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. He was frequently incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He could usually make himself understood, and he understood others. He was marked with impaired vision and required a wheelchair and mechanical lift. Record review of R116 out for signature "Negotiated Service Agreement" (NSA) for a "significant change in condition"dated 09/15/22, identified the facility would provide the following healthcare services: resident was to be assisted	S5251		

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S5251	Continued From page 7 with the mechanical lift and two staff for transferring resident. He was to receive a pureed diet with nectar thick liquids. Facility staff would manage his medications and facility staff would use two staff and a mechanical lift for transfers. Record review of R116's "Heatlh care Service Plan" (HSP) dated 09/15/22 instructed the facility staff would assist resident using the mechanical lift to sit on toilet ten minutes prior to shower for a bowel movement, and two staff for transferring resident with the mechanical lift to transfer from the wheelchair and to the bed. He was able to use the bars with staff assistance in the bathroom. Under the section titled "Mobility Appliance/Devices" the wheelchair and mechanical lift are marked as required for resident. Record review of the "Nursing Notes" revealed the last entry was made on 12/06/21. Interview with LN A confirmed R116's nurse notes lacked any entries identifying incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for R116 after 12/06/21. The operator failed to ensure the licensed nurse included in the resident record all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action for R116 when he experienced a change of condition.	S5251		
S5255 SS=J	26-42-102 (a) Staff Qualifications Sufficent Staff	S5255		

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S5255	Continued From page 8 (a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident ' s functional capacity screening, health care service plan, and negotiated service agreement. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-102 (a) The facility reported a census of seven residents. The sample included five residents (R)'s and three closed record reviews. Based on observation, interview and record review the operator failed to provide two qualified staff in the facility during the nighttime hours for R112, R114 and R116 who required assistance with transfers and were identified as requiring the use of a mechanical lift on their signed "Negotiated Service Agreement" (NSA). The operator further failed to ensure staff followed the facility policy which required two staff members when using mechanical lifts to transfer residents. This placed R112, R114, and R116 in immediate jeopardy during the nighttime hours if an emergency, which would have required an evacuation had occurred, and further failed to follow the signed NSA's for transferring the residents from the bed to the wheelchair during the nighttime hours. R112, R114 and R116 were restricted to their beds without the risk of injury with one staff using the mechanical lift and/or the option of getting out of bed during the nighttime hours related to only one staff member being in the home during	S5255		

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S5255	Continued From page 9	S5255		

the nighttime hours from 12/21/21 to 10/17/22.

Findings included:

- Record review on 10/17/22 of the resident roster provided by "Licensed Nurse" (LN) A identified three residents required a two-person transfer.

- Record review on 10/17/22 for R112 revealed an admission date of 10/06/22 with diagnoses of atrial fibrillation, hypertension, depression, and gout.

Record Review of R112 "Functional Capacity Screen" (FCS) dated 10/06/22 identified the resident required physical assistance with bathing and toileting and was dependent of facility staff for transferring and mobility. He was incontinent, had impaired short-term memory, impaired long- term memory, impaired memory recall, and impaired decision making. He was able to make himself understood and he understood others. He was marked with falls, impaired vision, and impaired decision making. He required a wheelchair and mechanical lift mobility device.

Record review of R112's signed NSA identified the facility would provide the following healthcare services: resident was to be assisted with the mechanical lift for toileting if not using the urinal and required 2 person and mechanical lift for transferring. Under the section titled "Mobility Appliance/Devices" the wheelchair and mechanical lift are marked as required for resident. Under the section "Assist in Case of

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Emergency" it stated staff would provide assist of 1 person with a blanket transfer to a safe environment.

Record review of R112 "Health Care Service Plan" (HSP) dated 10/06/22 instructed staff to use the mechanical lift and two staff for transfers, and the plan identified a wheelchair and mechanical lift for mobility appliance/devices.

- Record review for R114 on 10/17/22 revealed an admission date of 04/26/22 with diagnoses of Friedreich's ataxia with bilateral knee contracture, Iron deficiency, anemia, essential hypertension, pulmonary hypertension, tachycardia, and type 2 diabetes.

Record review of R114 FCS dated 04/26/22 identified the resident was dependent on facility staff for bathing, dressing, toileting, transferring and she required physical assistance with her mobility. She was incontinent and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was able to make herself understood and understood others. She required a wheelchair and mechanical lift mobility device.

Record review of R114's signed NSA dated 04/26/22 identified the facility would provide the following healthcare services: resident was to be assisted with the mechanical lift and two staff for transferring resident for bathing, toileting, and all other transfers. Under the section titled "Mobility Appliance/Devices" the wheelchair and mechanical lift are marked as required for resident. Under the section "Assist in Case of

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S5255	Continued From page 11	S5255		

Emergency" it stated staff would provide assist of 1 person with a blanket transfer to a safe environment.

Record review of R114 HSP dated 04/26/22 instructed staff to use the mechanical lift and two staff for transfers, and the plan identified a wheelchair and mechanical lift for mobility appliance/devices.

- Record review on 10/17/22 for R116 revealed an admission date of 09/29/2014 with diagnoses of Hypertension, Depression, Lipidemia, Alzheimer's disease, Gastroesophageal reflux disease, Osteo arthritis and allergies.

Record review of R116 FCS dated 09/15/22 identified the resident required physical assistance with bathing, dressing, toileting, transferring, and walking/mobility. He was frequently incontinent, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He could usually make himself understood, and he understood others. He was marked with impaired vision and required a wheelchair and mechanical lift.

Record review of R116 out for signature NSA identified the facility would provide the following healthcare services: resident was to be assisted with the mechanical lift and two staff for transferring resident. Under the section titled "Mobility Appliance/Devices" the wheelchair and mechanical lift are marked as required for resident. Under the section "Assist in Case of Emergency" it stated staff would provide assist of

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S5255	Continued From page 12 1 person with a blanket transfer to a safe environment. Record review of R116's HSP dated 09/15/22 instructed the facility staff would assist resident using the mechanical lift to sit on toilet ten minutes prior to shower for a bowel movement, and two staff for transferring resident with the mechanical lift to transfer from the wheelchair and to the bed. He was able to use the bars with staff assistance in the bathroom. Under the section titled "Mobility Appliance/Devices" the wheelchair and mechanical lift are marked as required for resident. Interview with LN A on 10/17/22 at approximately 03:00 PM during the entrance conference revealed the staffing for the facility was two staff on first shift, two staff on second shift, and one staff on third shift. LN A stated the staffing usually contained one "Certified Medication Aide" (CMA) and one "Certified Nurse Aide" (CNA) for the first and second shift. The third shift was either a CMA or CNA. Observation on 10/17/22 at 03:29 PM during the facility tour with operator B revealed two resident rooms on the north end of the facility had the sling style mechanical lifts, and one room on the south end of the facility had a sit to stand mechanical lift. Interview on 10/17/22 at 03:40 PM with operator B revealed the conformation of the nighttime staffing was only one staff member in the facility. Record review on 10/17/22 of the current facility schedule for dates 10/15/22 thru 10/22/22	S5255		

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provided by operator B revealed only one staff member was scheduled in the facility on 10/15/22 and 10/16/22. On 10/17/22 thru 10/22/22 under the "sleeper" column there was an additional staff member scheduled.

Interview on 10/17/22 at 05:14 PM with operator B and LN A confirmed there had not been two staff scheduled in the facility since 12/21/21.

Interview with CMA D on 10/18/22 at approximately 04:45 PM, she confirmed that all mechanical lift residents required a 2 person assist.

Interview on 10/20/22 at 09:52 AM with operator B, she stated that the facility staff was trained during facility in-services on how to move a resident from the bed to the floor using a blanket and one staff. She continued that the staff practiced on each other, and the residents were not practiced on for safety reasons.

Record review of the facility provided evacuation, performed on 01/06/22 at 12:30 PM, described a fire in the facility kitchen. The evacuation location was the facility back yard and revealed that six residents participated in the evacuation and was signed by third shift staff D.

Record review of the undated facility "Emergency Action - Evacuation Policy" it stated under procedure:

Know your residents and level of care and needs, from the resident care plan.
When evacuation is necessary, one of two procedures should be followed depending upon

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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
S5255	Continued From page 14 the severity and time frame of the emergency: Minimal to intermediate - remove all residents from the facility but remain on facility property. Ambulatory residents explain and instruct where to go. Assisted transfer residents: Assist of 1 staff assist resident to wheelchair and explain and instruct where to go Assist of 2 staff blanket transfer and drag to safety. Maximum - transfer residents to other areas. Record review of the facility policy titled "Mechanical Lift Usage" dated 10/8/2020 stated the following: The facility staff does not do manual lifting on any residents. If the health care service plan indicates the use of mechanical lift's two staff members must be used for transfer. If a resident's health care service plan indicates the use a mechanical lift and staff chooses to do a manual lift on a resident, they are subjected to disciplinary action and possible termination. Furthermore, if staff have knowledge of a health care service plan not being followed and they do not report it to the facility nurse/operator they are also subjected to disciplinary action. The operator failed to provide two qualified staff in the facility during the nighttime hours for R112, R114 and R116 who required assistance with transfers and identified the required use of a mechanical lift on the residents' NSA's and HSP's. The operator further failed to ensure staff followed the facility policy which required two staff members when using mechanical lifts to transfer residents. This placed R112, R114 and	S5255		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087141	A. BUILDING: _____ B. WING _____	10/20/2022

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S5255	Continued From page 15 R116 in immediate jeopardy during the nighttime hours if an emergency which would have required an evacuation had occurred, and further failed to follow the signed negotiated agreements for transferring the residents from the bed to the wheelchair during the nighttime hours. R112, R114 and R116 where restricted to their beds without the option of getting out of bed during the nighttime hours related to only one staff member being in the home during the nighttime hours from 12/21/21 to 10/17/22. 10/17/22 at 03:49 PM Immediate Jeopardy was called for facility not providing two staff members in the home during the nighttime hours when there were three residents identified as being two person assist with mechanical lifts. An immediate plan of correction was requested from operator B. Abatement plan was provided and accepted by the department on 10/17/22 at 05:36 PM. The plan included a "sleeper position" at the facility to assure that the facility had two qualified staff members present during the nighttime hours.	S5255		