STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B087219	A. BUILDING: _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE COTTAGE, LLC	531 N. CRESTLINE WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named Home Plus facility conducted on 11/03/22.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of three 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 complete and document an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for Resident (R)102, and R103. Findings included:	S5155		

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

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S5155	Continued From page 1 - R102's medical record revealed the resident moved into the facility on 04/04/21 with a diagnosis of dementia. The 04/04/22 "Functional Capacity Screen" (FCS) documented R102 was unable to perform transfers. The 04/04/22 "Negotiated Service Agreement" documented R102 required staff assistance with transfers and utilized a bed rail to help her get in and out of bed. Review of R102's medical records failed to locate an assessment for the use of a bed rail. On 11/03/22 at 03:30 PM a bed rail was observed to be attached to R102's bed that was properly installed. On 11/03/22 at 03:09 PM Certified Medication Aide (CMA) F stated R102 utilized a bed assistive device when staff changed her. On 11/08/22 at 03:50 PM Licensed Nurse (LN) B stated a bed rail assessment was included on a safety checklist for every resident admitted who used a bed rail but was unable to locate a completed safety checklist for R102. 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. - R103's medical record revealed the resident	S5155		

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S5155	Continued From page 2 moved into the facility on 09/07/22 with a diagnosis of sarcopenia. The 09/07/22 FCS documented R103 required physical assistance with transfers. The 09/07/22 "NSA documented R103 required staff assistance with transfers and used a bed rail to get in and out of bed. Review of R103's medical records failed to locate an assessment for the use of a bed rail. On 11/03/22 at 02:10 PM a bed rail was observed to be properly installed on the right-hand side of R103's bed. On 11/03/22 at 03:12 PM CMA F stated R103 used the bedrail for bed mobility. On 11/03/22 at 02:27 PM LN B stated a bed rail assessment was included on a safety checklist for every resident admitted who used a bed rail but was unable to locate a completed safety checklist for R103. The operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs for R103 the use of a bed assistive device.	S5155		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the	S5210		

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S5210	Continued From page 3 following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(b)(2) The facility reported a census of three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure the disaster and emergency plan include all required items as it failed to include information on floods. Findings included: - On 11/03/22 review of documentation of the emergency management plan revealed it did not include information concerning missing residents. On 11/03/22 at 11:45 AM, Administrative Staff A acknowledged the disaster plan did not include information concerning floods. The operator failed to ensure the emergency management plan included all the required items.	S5210		

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S5215 SS=F	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 three residents. Based on record review and interview for all residents and all facility employees, the operator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 11/03/22 Administrative Staff A provided documentation for emergency management plan reviews. No documentation was provided for	S5215		

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S5215	Continued From page 5 resident reviews and lacked documentation for staff reviews for the fourth quarter 2021, first quarter 2022 and second quarter 2022. Interview on 11/03/22 at 11:45 AM, Administrative Staff A acknowledged she could not produce all the required reviews of the emergency management plan with staff and residents and could not verify which residents or staff were present at the reviews that took place. The operator failed to ensure the performance of quarterly reviews of the emergency management plan with employees and staff.	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. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c)	S5230		

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S5230	Continued From page 6 The facility reported a census of three residents. Based on interview and record review 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. Findings included: - Review of Certified Medication Aide (CMA) D's employee record revealed a hire date of 06/13/22. The facility failed to ensure the second step of the two-step TB Skin Test (TST) was completed. Review of Certified Nurse Aide (CNA) C's employee record revealed a hire date of 10/15/22. The facility failed to ensure a TB Screening Questionnaire and as TST was completed upon hire. On 11/03/22 at 01:27 PM Administrative Staff A stated it was her expectation that a TB Screening Questionnaire and a two-step TB skin test be completed at the time of hire. The June 2013 "Tuberculosis (TB) Guidelines for Adult Care Homes" documented, "Each new ... employee shall have an initial TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within 7 days of ...employment ...Each new ... employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ..." The operator failed to ensure the facility remained in compliance with the department's	S5230		

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S5230	Continued From page 7 tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105 regarding newly hired employees. - Resident (R)102 admitted to the facility on 04/04/22 with a diagnosis of dementia. Review of R102's medical records revealed a TB Screening Questionnaire was completed but was not dated as to when it was completed. On 11/08/22 at 03:50 PM Licensed Nurse B stated the TB Questionnaire and TB 2-step skin test should be completed upon admission. 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 Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment ...Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ..." 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 admitted residents. -R103 admitted to the facility on 09/07/22 with a diagnosis of sarcopenia. Review of R103's medical records revealed a TB Screening Questionnaire was completed and the TST was started on 10/10/22 which was 26 days	S5230		

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S5230	Continued From page 8 late. On 11/08/22 at 03:47 PM Licensed Nurse B stated she expected the TB Screening Questionnaire and TST to be completed upon admission. 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 Tuberculosis Symptom Screen Questionnaire within 7 days of residency or employment ...Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of residency or employment ..." 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 admitted residents.	S5230		
S5258 SS=E	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 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	S5258		

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S5258	Continued From page 9 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)(2) The operator reported a census of three residents. Based on interview and record review, the operator failed to ensure two of four newly hired employee records included evidence a criminal background check was completed prior to staff employment. Findings included: - Review of employee files conducted on 11/03/22 revealed the following: Certified Nurse Aide (CNA) C hired on 10/15/22. No documentation was found to verify a criminal background check was completed thru KDADS and the Kansas Bureau of Investigations (KBI). CNA E hired on 09/11/22. No documentation was found to verify a criminal background check was	S5258		

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S5258	Continued From page 10 completed by KBI. On 11/03/22 at 01:27 PM Administrative Staff A stated criminal background checks are to be completed for new staff upon hire. The operator failed to ensure criminal background checks of newly hired staff were completed prior to staff employment.	S5258		