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	B087218	A. BUILDING: _____ B. WING _____	11/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FUSION SENIOR CARE HOMES LLC	512 N BEBE STREET WICHITA, KS 67212

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S 000	INITIAL COMMENTS The following citations represent the findings of a Resurvey for licensure with complaint investigations #172534, #172268, #165993, and #175833 for the above named Home Plus facility conducted on 11/03/22 and 11/7/22.	S 000		
S 190 SS=D	26-39-102 (e) Admission, Transfer, Discharge (e) Before a resident is transferred or discharged involuntarily, the administrator or operator, or the designee, shall perform the following: (1) Notify the resident, the resident ' s legal representative, and if known, a designated family member of the transfer or discharge and the reasons; and (2) record the reason for the transfer or discharge under any of the circumstances specified in paragraphs (d) (1) through (4) in the resident ' s clinical record, which shall be substantiated as follows: (A) The resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the adult care home; (B) the resident's physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the adult care home; and (C) a physician shall document the rationale for transfer or discharge in the resident ' s clinical record if the transfer or discharge is necessary because the health or safety of other	S 190		

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

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S 190	Continued From page 1 individuals in the adult care home is endangered. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(e)(1)(2) The facility reported a census of six residents. The sample included three residents and three discharged resident record reviews. Based on interview and record review of one (R113) of three discharged residents, the operator failed to give R113 or his known family member written notice of involuntary discharge and failed to record the reason for discharge in the residents clinical record. Findings included: - Review of R113's medical record included an admission agreement dated 03/17/22. The resident had admitting diagnoses of diabetes and seizure disorder. An interview on 11/07/22 at 01:39 PM "Administrative Licensed Nurse" A reported the resident, and his family were given notice in March of 2022, when they decided to close that facility and he would need to move to a different facility. She stated the notice that she sent when closing the sister facility was then still in effect, even though he had moved to his current facility. She stated they sent the notice out again after he moved in but she was unable to provide a copy of the 30-day notice she said she gave the resident and his family.	S 190		

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S 190	Continued From page 2 An electronic interview on 11/08/22 at 12:35 PM an unidentified family member reported the following specifics regarding R113 moving into this facility and discharging from their sister facility. - On 03/23/22 family received a text from "Administrative Licensed Nurse" A the resident would move out of his current home into a sister facility, another facility owned/operated by "Administrative Licensed Nurse" A. - On 04/15/22 she got another text from "Administrative Licensed Nurse" A wanting to know if she had a timeline in mind to when she could move R113 and if there was a facility close to family that he could move into. She advised "Administrative Licensed Nurse" A that the parole officer was working on it. - On 05/13/22 family member texted "Administrative Licensed Nurse" A asking if the resident was still at the facility because R113 had contacted her saying he was being moved to another city. -On 05/31/22 family member received a text from "Administrative Licensed Nurse" A which stated, "He has to be out of our facility by the 3rd. He has surpass [sic] him 30 days notice in March. I have someone moving in on the 3rd so please let me know what time you can pick him up so we can get his things together. Thanks". - On 06/03/22 she drove to get R113 and arranged for him to stay in a hotel as well as staying at another family members house a few	S 190		

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S 190	Continued From page 3 times. - She stated she did not receive a discharge notice for R133 indicating that he had to move out of the facility or why. The only notice she received was the text on 05/31/22. The operator failed to provide a 30-day discharge notice to the resident or his family and failed to document in the record the reason for the resident's need to be discharged. why the to telling the family he would have to be out of their facility within three days.	S 190		
S5085 SS=E	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: KAR 26-42-201 (c)(1) The facility census totaled six residents (R). The sample included three residents and three focused record reviews. Based on record review and interview the operator failed to ensure designated staff completed two (R114 and R116) of three sampled resident's Functional Capacity	S5085		

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S5085	Continued From page 4 Screen (FCS) at least every 365 days. - Review of R114's medical record revealed she moved into the facility on 05/03/17 with diagnoses of hypertension, epilepsy, and paranoid schizophrenia. R114's record included a "Functional Capacity Screen" (FCS) completed on 04/05/22 as an annual FCS. The record lacked prior additional FCS to show designated staff completed the FCS every 365 days. On 11/07/22 at 12:28 PM "Administrative Licensed Nurse" A reported she did not know where the prior FCS was but R114 should have had one completed on 09/15/21 to go with the "Negotiated Service Agreement". The operator failed to ensure designated staff completed the resident's functional capacity screens at least every 365 days. - Review of R116's medical record revealed he had a hospital admission return date of 05/13/21 with diagnoses of hypertension, prostate cancer. R116's record included a "Functional Capacity Screen" (FCS) completed on 05/13/21 when he had a hospital admission return. He did not have another FCS completed until 09/06/22, more than 365 days after the prior FCS. On 11/07/22 at 01:46 PM "Administrative Licensed Nurse" A confirmed the FCS needed to be completed at least annually. The operator failed to ensure designated staff	S5085		

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S5085	Continued From page 5 completed two of three resident's functional capacity screens at least every 365 days.	S5085		
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 six residents (R). The sample included three residents and three focused record reviews. Based on interview and record review the operator failed to ensure designated staff completed one (R116) 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 R116's medical record revealed he had a hospital admission return date of 05/13/21 with diagnoses of hypertension, prostate cancer. R116's record included a "Functional Capacity Screen" (FCS) completed on 09/06/22, it failed to include responses for section three- "Current or Recent Problems and Risks". These potential problems included risk for falls/unsteadiness,	S5095		

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S5095	Continued From page 6 impaired vision, and hearing, wandering, socially inappropriate behaviors and impaired decision-making abilities. On 11/07/22 at 01:46 PM "Administrative Licensed Nurse" A confirmed the FCS had not been fully completed to accurately show the residents functional abilities. The operator failed to ensure designated staff fully and accurately completed R116's FCS.	S5095		
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)(2)(3) The facility reported a census of six residents(R).	S5105		

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S5105	Continued From page 7 The sample included three residents and three focused record reviews. Based on observation, interview, and record review for three (R114, R115, R116) of three sampled residents the operator failed to ensure designated staff developed a "Negotiated Service Agreement" based on the resident's "Functional Capacity Screen" and service needs, which include a description of all the services the resident would receive, the provider of those services, and the party responsible for payment if outside resources provided a service for the resident. Findings included: - Review of R114's medical record revealed she moved into the facility on 05/03/17 with diagnoses of hypertension, epilepsy, and paranoid schizophrenia. R114's record included a "Functional Capacity Screen" (FCS) dated 04/05/22 identified the resident needed physical assistance with bathing, was always incontinent of bladder, and had significant impaired cognition. The resident sometimes made herself understood and sometimes understood others. She was also at risk for falls/unsteadiness. R114's "Negotiated Service Agreement" (NSA) dated 04/05/22 failed to address services the resident would be provided related to bladder incontinence, impaired cognition, poor communication abilities and risk for falls/unsteadiness. It also failed to included services provided by a Licensed Social Worker, an outside resource and who was responsible for payment of the service.	S5105		

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S5105	Continued From page 8 Observation on 11/3/22 at 10:15 AM the resident got up from the dining room table and walked to the corner, got walker, unlocked it, and then walked around to the couch using her walker and then locked it and sat on the couch. On 11/07/22 at 01:47 PM "Administrative Licensed Nurse" acknowledged R114's NSA did not address all service needs as identified on the resident's FCS. The operator failed to ensure the residents NSA included a description of all services the resident would receive based on the residents FCS and service needs. - Review of R115's medical record revealed he moved into the facility on 10/25/22 with diagnoses of dementia and hypertensive disease with heart failure. R115's "Functional Capacity Screen" completed on 10/25/22 identified the resident had significant impaired cognition and a risk for falls/unsteadiness. R115's "Negotiated Service Agreement" (NSA) dated 10/25/22 failed to include services staff provided related to cognitive impairment. Observation on 11/07/22 at 11:43 AM the resident asked, "Administrative Licensed Nurse" A for a cigarette and she reminded him needed to turn of his oxygen first before she would give him a cigarette. During the rest of the day the resident walked throughout the facility without his walker and staff would either give it to him or	S5105		

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S5105	Continued From page 9	S5105		

remind him to go back and get it to use when walking.

On 11/7/22 at 9:22 PM "Certified Nurse Aide" D reported she had to frequently remind the resident to use his oxygen and his walker.

On 11/7/22 at 11:30 AM "Administrative Licensed Nurse" A acknowledged the resident's NSA did not address service needs related to impaired cognition.

The operator failed to ensure the residents NSA included a description of all services the resident would receive based on the residents FCS and service need.

- Review of R116's medical record revealed he had a hospital admission return date of 05/13/21 with diagnoses of hypertension, prostate cancer.

R116's "Functional Capacity Screen" (FCS) completed on 09/06/22 identified the resident needed physical assistance with all activities of daily living, had significant impaired cognition and sometimes was able to make himself understood or understand others.

R116's "Negotiated Service Agreement" (NSA) dated 09/06/22 failed to include services to be provided related to cognitive impairment and impaired communication ability. It also failed to included services provided by a Licensed Social Worker, an outside resource and who was responsible for payment of the service.

On 11/8/22 at 12:12 PM via phone conversation, "Administrative Licensed Nurse" A confirmed the

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S5105	Continued From page 10 resident's NSA did not include the licensed social worker information and acknowledged the NSA needed to include services to address the residents needs according to the FCS. The operator failed to ensure designated staff developed R116's NSA according to the functional needs identified in the FCS and who would provide the services.	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 six residents (R). The sample included three residents and three focused record reviews. Based on interview and record review the operator failed to ensure the review and if necessary, the revision of each	S5116		

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S5116	Continued From page 11	S5116		

negotiated service agreement for two (R114 and R116) of three sampled residents at least every 365 days and following any significant change in condition, as defined in KAR 26-39-100.

Findings Included:

- Review of R114's medical record revealed she moved into the facility on 05/03/17 with diagnoses of hypertension, epilepsy, and paranoid schizophrenia.

R114's "Functional Capacity Screen" (FCS) completed on 04/05/22 which identified the resident needed physical assistance with bathing , could not manage her medications or medical treatments, had significant impaired cognition and had bladder incontinence. She also had a current risk or problem with falls/unsteadiness.

R114's record included a "Negotiated Service Agreement" (NSA) dated 09/15/21 and the next one completed was dated 04/05/22, more than 365 days after the previous NSA.

On 11/7/22 at 11:00 AM "Administrative Licensed Nurse" A acknowledged the NSA's needed to be completed at least annually.

The operator failed to ensure designated staff completed the resident's NSA's at least every 365 days.

- Review of R116's medical record revealed he had a hospital admission return date of 05/13/21 with diagnoses of hypertension, prostate cancer.

R116's record included a "Functional Capacity

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S5116	Continued From page 12 Screen" (FCS) completed on 05/13/21 that identified the resident required physical assistance from staff for all activities of daily living. R116's record included a "Negotiated Service Agreement" completed on 05/13/21 and did not have another one completed until 09/06/22, more than 365 days after the previous one. The resident record also indicated the resident admitted to a local Hospice agency on 08/08/22 and "Administrative Licensed Nurse" A acknowledged she had not revised the NSA when the resident started on Hospice services. On 11/07/22 at 01:46 PM "Administrative Licensed Nurse" A confirmed the NSA needed to be completed at least annually and when they had a significant change in status. The operator failed to ensure the review and if necessary, the revision of each negotiated service agreement for R114 and R116 at least every 365 days or following any significant change in condition, as defined in KAR 26-39-100.	S5116		
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 the resident or the resident's legal representative.	S5126		

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S5126	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (h) The facility reported a census of six residents (R) and the sample included three residents and three focused record reviews. Based on interview and record review for two (R116, and R115) of three sampled residents, the operator failed to ensure that everyone involved in the development of the negotiated service agreement signed the agreement. Findings included: - Review of R115's medical record revealed he moved into the facility on 10/25/22 with diagnoses of dementia and hypertensive disease with heart failure. R115's "Functional Capacity Screen" completed on 10/25/22 identified the resident needed supervision with bathing, unable to manage his own medications or medical treatments, had significant impaired cognition and at risk for falls/unsteadiness. The FCS also identified the resident had a family member who was his "Durable Power of Attorney for Health Care Decisions". R115's "Negotiated Service Agreement" (NSA) included signatures of the "Licensed Nurse" and "Administrative Licensed Nurse' A but did not include a signature of the resident. On 11/03/22 at 11:56 AM "Administrative Licensed Nurse" A acknowledged the resident	S5126		

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S5126	Continued From page 14 had not signed the NSA because she thought he would probably need to have a guardian and questioned his ability to sign for himself. The operator failed to ensure designated staff had everyone involved in the development of the NSA sign it. - Review of R116's medical record revealed he had a hospital admission return date of 05/13/21 with diagnoses of hypertension, prostate cancer. R116's record included a "Functional Capacity Screen" (FCS) completed on 05/13/21 that identified the resident required physical assistance from staff for all activities of daily living. The resident's FCS identified he was the primary person responsible for legal and financial matters. R116's record included a "Negotiated Service Agreement" (NSA) completed on 09/06/22 included the signature of "Administrative Licensed Nurse" A but did not include the resident's signature. On 11/7/22 at 10:54 AM "Administrative Licensed Nurse" A acknowledged the NSA had not been signed by the resident and should have. The operator failed to ensure all who participated in the development, reviewing, and/or revising of the NSA/HCSP signed it.	S5126		
S5192 SS=E	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and	S5192		

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S5192	Continued From page 15 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 six residents. Based on observation, interview, and record review the operator failed to ensure staff served foods at the proper temperature for two residents who were not in the facility when lunch was served. Findings included: - On 11/03/22 at 12:10 PM "Certified Nurse Aide" (CNA) G served 4 residents their lunch which consisted of ham sandwiches and tater tots. On 11/03/22 at 12:17 PM CNA G covered 2 plates (sandwich with ham and mayonnaise on them, tater tots) with aluminum foil and put them	S5192		

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S5192	Continued From page 16 in the microwave to serve the residents when they returned to the facility. On 11/03/22 at 01:17 PM the plates remained in the microwave. "Administrative Licensed Nurse" A took the plates out of the microwave and attempted to check the temperature of the ham, but the thermometer did not work. She acknowledged the plates should have been covered and put in the refrigerator to make sure the sandwiches stayed cold. She then threw away the prepared food and explained to CNA G the need to make fresh sandwiches when the residents returned. ON 11/03/22 at 01:30 PM "Administrative Licensed Nurse" provided the food temperature logbook, and it had a large note on the front indicating that cold food needed to be kept at 40 degrees Fahrenheit or below. The operator failed to ensure facility staff served food at the proper temperature.	S5192		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by:	S5195		

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S5195	Continued From page 17 KAR 26-42-206(f) The facility reported a census of six residents. Based on observations and interview the operator failed to ensure staff stored all foods under safe and sanitary conditions. Findings included: - Observation on 11/03/22 at 10:49 AM of the main refrigerator contained the following: Two open coke bottles one frozen, an open coke can, a sonic cup, all without a name of who they belong to or when they were opened. A pitcher with brown frozen liquid without a date. An opened bag of salad dated 10/29 that was partially frozen and wet, An opened bottle of tomato juice without an open date. The bottom drawer contained a half head of lettuce dated 10/27/22 that was brown and soggy on the bottom. On 11/03/22 at 10:56 AM "Administrative Licensed Nurse" A confirmed all food items needed to include a date when opened or put in the refrigerator and acknowledged the lettuce was not good and threw it away. She also threw away the opened cokes that were in the refrigerator. The operator failed to ensure all foods were stored in a safe manner.	S5195		
S5215 SS=E	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure	S5215		

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S5215	Continued From page 18 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 six residents. Based on record review and interview for all resident's and staff, the executive director failed to ensure disaster and emergency preparedness by the failure to conduct quarterly reviews of the home's emergency management plan with employees. Findings included: - On 11/03/22 at 11:25 AM Surveyor reviewed information provided by "Administrative Licensed Nurse" A as the reviews of the emergency management plan with residents and staff. Records included reviews conducted on 07/22/21, 11/07/21 and on 02/02/22. The reviews included resident's who lived in the	S5215		

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S5215	Continued From page 19 facility and only 1-4 staff. On 11/03/22 at 11:35 AM "Administrative Licensed Nurse" A acknowledged the reviews did not include all the staff who worked in the facility and would look for more reviews completed after 02/02/22. As of 11/7/22 at 02:30 PM "Administrative Licensed Nurse" A had not provided any additional reviews of the emergency management plan to show it was reviewed with all residents and all staff quarterly. The operator failed ensure the emergency management plan was reviewed on a quarterly basis with all residents and all facility staff.	S5215		
S5225 SS=F	26-42-207 (a) (b) (1)(2)(3)(4) Infection Control a) The administrator or operator of each home plus shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service;	S5225		

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S5225	Continued From page 20 This REQUIREMENT is not met as evidenced by: KAR 26-42-207 (b)(4) The facility reported a census of six residents. Based on observations and interview the operator failed to ensure the provision of safe and sanitary conditions for food service by failing to sanitize dishes in which foods were prepared and served. Findings included: Observation on 11/03/22 at 01:58 PM "Certified Nurse Aide" (CNA) G washed dishes from lunch with a soapy dish rag and rinsed in hot tap water. She put them in a dish drain rack and the dried them with a paper towel and put away in kitchen cabinets. On 11/03/22 at 02:00 PM CNA G stated she did not ever use the dishwasher. On 11/03/22 at 02:00 PM "Administrative Licensed Nurse stated staff used the dishwasher for at least one meal a day, usually the evening meal. The "Focus on Food Safety" guide from the Kansas Department of Agriculture revised 8/17 regarding cleaning and sanitizing using manual washing steps includes to Wash dishes in hot (at least 110 degrees Fahrenheit), Rinse using clean, hot (at least 110 degrees Fahrenheit) water, and Sanitize using 1 ounce bleach to 3 gallons of water or appropriate chlorine or quaternary ammonia and allow to air dry.	S5225		

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S5225	Continued From page 21 The operator failed to ensure sanitary conditions for food service by the failure to sanitize dishes and cookware when washing them by hand.	S5225		
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: K.A.R 26-42-207(c) The facility reported a census of six residents (R). The sample included three residents and 3 focused record reviews. Based on interview and record review for one (R116) of three sampled residents and two of three newly hired employees, 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 K.A.R. 26-39-105. This failure had the potential to affect	S5230		

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S5230	Continued From page 22 all residents in the assisted living facility. Findings included: - Review of R116's medical record revealed he had an annual TB symptom screen completed on 07/06/20 but did not include an annual TB symptom screen from 2021 or 2022. On 11/3/22 at 02:48 PM "Administrative Licensed Nurse" A stated she did not know what happened and acknowledged there should have been annual screens done every year. The operator failed to ensure R116 received a TB symptom screen annually. - Review of three newly hired employee files revealed the following: - "Certified Nurse Aide" D had a hire date of 10/03/22 did not have a TB symptom screen or two-step TB skin test in her record. - "Certified Nurse Aide" E had a hire date of 05/31/22 did not have a TB symptom screen or a two-step TB skin test in her record. On 11/03/22 at 03:22 "Administrative Licensed Nurse" A stated for employee TB testing she refers them to the health department to get it and then they bring it to work to put in their files. She stated that she would look through records to see if they were taken out for some reason. On 11/07/22 at 10:34 AM "Administrative Licensed Nurse" A stated she thought maybe both of the employees might have had positive	S5230		

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S5230	Continued From page 23 tests and needed to get Chest X-rays done. Review of the "Kansas Department for Aging and Disability Service" notice "Tuberculosis (TB) Guidelines for Adult Care Homes" June, 2013 revealed 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 or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Each new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 days of employment. The operator failed to ensure two of three newly hired employees had TB screening completed 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		
S5245 SS=F	26-42-105 (b) Resident Records Confidential (b) Each administrator or operator shall ensure that all information in each resident's record, regardless of the form or storage method for the record, is kept confidential, unless release is required by any of the following: (1) Transfer of the resident to another health care facility; (2) law; (3) third-party payment contract; or (4) the resident or legal representative of the resident.	S5245		

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S5245	Continued From page 24 This REQUIREMENT is not met as evidenced by: KAR 26-42-105 (b) The facility reported a census of six residents(R). Based on observation, interview, and record review the operator failed to store residents' clinical records to ensure protected health information remained confidential and safeguard it from unauthorized use. Findings included: - Observation on 11/03/22 at 10:01 AM during initial tour, on the entryway table, where visitors/family signed residents in and out of the building, sat two (R116 and R119) Hospice notebooks. The notebooks contained Hospice notes including the residents' Medicare numbers, dates of birth, diagnoses, medication lists and other personal information. On 11/03/22 at 10:37 AM in the dining room, observed an unlocked metal cabinet, accessible to any resident or visitor. The cabinet contained 4 large brown envelopes with resident clinical records in them and 5 banded records which included clinical records for five additional residents. On the top shelf were multiple resident papers just stuffed on the shelf. Some of those records belonged to R114 and R116. The records in the drawer and on the shelf contained protected health information of multiple residents still in the facility and those discharged.	S5245		

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S5245	Continued From page 25 On 11/3/22 at 11:17 AM Administrative Licensed Nurse A reported the books were supposed to be kept in the office. She also acknowledged anyone who came into the facility could have access to the information in the hospice notebooks and in the records in the unlocked metal cabinet. The operator failed to ensure staff stored and maintained current and discharged resident records to ensure confidentiality and unauthorized use of residents protected health information.	S5245		
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: KAR 26-42-105(f)(11) The facility reported a census of six residents (R). The sample included three residents and three focused record reviews. 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 one (R113) of three focused record reviews.	S5251		

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S5251	Continued From page 26 Findings included: - Review of R113's medical record included an admission agreement for the this facility on 03/17/22 from a sister facility. His admitting diagnoses included diabetes and seizure disorder. The resident's nursing notes included notes from prior to and after 03/17/22. However, the record lacked documentation of him moving into this facility or discharging from the facility. On 11/3/22 at 03:32 PM "Administrative Licensed Nurse" A confirmed she should have documented when the resident moved into and out of the facility. The operator failed to ensure designated staff documented all incidents in R113's medical record.	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 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;	S5258		

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S5258	Continued From page 27 (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)(2) The facility reported a census of six residents. Based on record review and interview, the operator failed to provide evidence of registration, and certification check completion upon hire for three of two of three newly hired staff that required specialized education and training. The operator also failed to have evidence of completing the required criminal background checks for two of three newly hired staff. This had the potential to affect all residents who resided in the facility. Findings included: - Review of the list of newly hired employees since the last time the facility was surveyed revealed the following: - "Certified Nurse Aide" D, hired on 10/3/22 had her registry check completed on 11/3/22, 31 days after hire date.	S5258		

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S5258	Continued From page 28 - "Certified Nurse Aide" E, hired on 05/31/22 had her registry check completed on 06/14/22, 14 days after hire date. On 11/07/22 at 10:34 PM "Administrative Licensed Nurse" A acknowledged the above listed newly hired staff did not have registry checks completed upon hire. The operator failed to ensure staff who required specialized education and training had their certification and registration checked upon hire to ensure they were qualified to provide health care services. - Review of the list of newly hired employees since the last time the facility was surveyed revealed the following: - "Certified Nurse Aide" (CNA) E hired on 05/31/22 did not have evidence of having a required criminal background check completed. - "Housekeeping" staff F, hired on 10/31/22 did not have evidence of having a required criminal background check completed. On 11/07/22 at 10:34 PM "Administrative Licensed Nurse" A looked for receipts to show that she had completed the background checks for CNA E and Housekeeping staff F and reported she did not have receipts of completing the required criminal background checks. The operator failed to ensure newly hired employee records contained evidence of completion of the required criminal background	S5258		

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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
S5258	Continued From page 29 checks for two of three certified staff. This had the potential to affect all residents who resided in the facility.	S5258		
S5265 SS=D	26-42-205 (a) (1) Medication Self Administration Assessment (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (a)(1) The facility reported a census of six resident (R)s. The sample included three residents and three focused record reviews. Based on observation, interview, and record review for one (R115) of one resident who self-administered some of his medications, the operator failed to	S5265		

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	B087218	A. BUILDING: _____ B. WING _____	11/07/2022

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S5265	Continued From page 30	S5265		

ensure a licensed nurse assessed the resident prior to the resident initially self-administering medications to ensure his cognitive, and physical ability to use his inhaler as needed.

Findings included:

-- Review of R115's medical record revealed he moved into the facility on 10/25/22 with diagnoses of dementia and hypertensive disease with heart failure.

R115's "Functional Capacity Screen" completed on 10/25/22 identified the resident was unable to manage his own medications or medical treatments and had significant impaired cognition.

R115's "Negotiated Service Agreement" (NSA) revealed medications would be administered by "Certified Medication Aide" and/or "Licensed Nurse". It failed to identify the resident self-administered his Albuterol (asthma) inhaler.

On 11/07/22 at 11:46 AM observation in the resident's room, revealed he had an Albuterol inhaler on his bedside table. He stated he used it when he was having a real hard time breathing.

On 11/07/22 at 11:58 AM "Administrative Licensed Nurse" A reported the hospice nurse was going to bring her something to show he can do his inhaler and nebulizer. She acknowledged she had not completed a self-administration assessment for him to self administer his inhaler.

The operator failed to ensure a licensed nurse completed a self-administration assessment for

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S5265	Continued From page 31 R115 prior to him initially self-administering his inhaler as needed.	S5265		
S5286 SS=D	26-42-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (b) The facility reported a census of six residents. The sample included 3 residents and 4 focused record reviews. Based on observation, interview, and record review the operator failed to ensure one (R115) of three sampled residents "Negotiated Service Agreement" identified the resident self-administered select medications and had the rest of the medications administered by a qualified facility staff. Findings included: - Review of R115's medical record revealed he moved into the facility on 10/25/22 with diagnoses of dementia and hypertensive disease with heart failure.	S5286		

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S5286	Continued From page 32 R115's "Functional Capacity Screen" completed on 10/25/22 identified the resident was unable to manage his own medications or medical treatments and had significant impaired cognition. R115's "Negotiated Service Agreement" (NSA) revealed medications would be administered by "Certified Medication Aide" and/or "Licensed Nurse". It failed to identify the resident self-administered his Albuterol (asthma) inhaler. On 11/07/22 at 11:46 AM observation in the resident's room revealed he had an Albuterol inhaler on his bedside table. He stated he used it when he was having a real hard time breathing. On 11/07/22 at 12:10 PM "Administrative Licensed Nurse" A reported she didn't realize she needed to specify what medications the resident self-administered and what one's facility staff administered on the NSA. The operator failed to ensure designated staff completed R115's NSA to identify he self-administered select medications and had the rest of his medications administered by a qualified facility staff.	S5286		
S5300 SS=F	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	S5300		

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S5300	Continued From page 33 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-205 (d)(1) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure that only a licensed nurses and medication aides administered and managed medications for which the home was responsible. Findings included: - Review of the "Resident Roster" provided on 11/03/22 by "Administrative Licensed Nurse" A revealed the facility was responsible for administering all or some medications for all six residents who lived in the facility. During initial tour on 11/03/22 at 10:25 AM the top drawer of the kitchen cabinet by the L shaped island contained a blue plastic tray with medications in it. Medications included an open bottle of Refresh Optive, an open bottle of Ketotifen Fumarate ophthalmic solution, a foil package of Ipratropium Bromide and Albuterol	S5300		

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S5300	Continued From page 34 Sulfate inhalation solution (respiratory), a box with bottle of Ketotifen Fumarate ophthalmic solution , and a large white pill in a plastic bag with "[name] 11PM" written on it. On 11/03/22 at 10:27 AM "Administrative Licensed Nurse" A stated they were medications that she left out for the "Certified Nurse Aide" to give last night. She stated her understanding was that since the medications were eye drops and the pain medication was not a narcotic it was OK for a "Certified Nurse Aide" (CNA) (certified staff not licensed to administer medications), to give if she had trained them how to give the eye drops. On 11/07/22 at 02:45 PM "Certified Medication Aide" C acknowledged at the end of her shift she would set up the nighttime medications for the CNA to give later and initialed in the MAR that she gave them as she set them up for other staff to administer. The operator failed to ensure only licensed nurses and medication aides administered medications for which the home was responsible.	S5300		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the	S5313		

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S5313	Continued From page 35 licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of six residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each package or bottle of over-the-counter medications. Findings included: - Observation on 11/03/22 at 12:30 PM "Administrative Licensed Nurse" A opened the medication cart for inspection. The following over-the-counter medications did not include the full name of the resident for whom they belonged: A bottle of Centrum silver (supplement) no name, bottle of Kaopectate (stomach upset) without a name and 2 additional bottles of Centrum silver. At 12:31 PM on 11/03/22 while inspecting the medication cart, "Administrative Licensed Nurse" A acknowledged over- the-counter medications needed to have resident's full name on the bottle. The operator failed to ensure the residents' full	S5313		

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S5313	Continued From page 36 name was on each bottle of over the counter medications.	S5313		
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.	S5315		

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S5315	Continued From page 37 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of six residents. Based on observation and interview, the operator failed to ensure staff stored medications securely in a locked medication room and/or a locked cart to ensure only "Licensed Nurses" and "Medication Aides" had access to the stored medications. Findings included: - During initial tour on 11/03/22 at 10:25 AM the top drawer of the kitchen cabinet by the L shaped island contained a blue plastic tray with medications in it. Medications included an open bottle of Refresh Optive, an open bottle of Ketotifen Fumarate ophthalmic solution, a foil package of Ipratropium Bromide and Albuterol Sulfate inhalation solution, a box with bottle of Ketotifen Fumarate ophthalmic solution , and a large white pill in a plastic bag with "[name] 11PM" written on it. On 11/03/22 at 10:27 AM "Administrative Licensed Nurse" A stated they were medications that she left out for the "Certified Nurse Aide" to give last night. She acknowledged the medications were not stored in locked area that was only accessible to "Certified Medication Aides" or "Licensed Nurses". The operator failed to ensure all medications were stored securely in a locked medication	S5315		

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S5315	Continued From page 38 room or locked cart to ensure only a "Licensed Nurse or "Medication Aide" had access to the medications.	S5315		