STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B078030	A. BUILDING: _____ B. WING _____	12/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS	2500 PLEASANT HILLS PARKWAY HUTCHINSON, KS 67502

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey at the above named home plus facility conducted on 12/01/22.	S 000		
S5171 SS=D	26-42-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-42-204 (i) The census totaled 9 residents. The sample included 3 residents. Based on observation, interview and record review, Operator/ Licensed Nurse (LN) A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice for the use of bed assistive devices, which met the needs of 1 of 3 sampled residents (R)2. Findings included: - The "Resident Roster" obtained on 12/01/22 identified two residents (R2 and R4) as having a bed rail. Record review for R2 revealed he admitted to the facility on 11/17/22 with diagnoses of hypertension, hyperlipidemia, depression, edema and rhabdomyolysis. R2's "Functional Capacity Screen" (FCS) dated	S5171		

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S5171	Continued From page 1 11/17/22 recorded the resident required supervision with bathing, independent with dressing, toileting, transfers, walk/mobility and eating, and was unable to manage medications and treatments. R2 was occasionally incontinent, had short term memory impairment and impaired memory/recall. R2 used a walker for mobility. The resident's "Negotiated Service Agreement" (NSA) dated 11/17/22 recorded staff assisted R2 with bathing and administered medications and treatments. The NSA failed to identify the use of a bed assistive device. Record review lacked any assessment of the resident to confirm the device was not a restraint, an assessment of the resident to determine the purpose of the bedrail/assistive device and the resident's ability to safely use the device, an assessment of the bedrail/assistive device to ensure the device was securely attached to the bed or bedframe and posed no risk for entrapment. Observation on 12/01/22 at 01:10 PM revealed a hospital bed in R2's room. The bed had a bed assist rail to both sides of the bed. Interview on 12/01/22 at 12:42 PM with Operator/LN A confirmed no safety checks or bed assistive device assessments completed on R2. The FDA (food and drug administration) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment dated 3/10/06 listed 4 zones of greatest concern with specific measurements to reduce the risk of entrapment as follows:	S5171		

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S5171	Continued From page 2 Zone 1 within the rail should measure less than 4 and 3/4 inches Zone 2 under the rail, between the rail supports or next to a single rail support should measure less than 4 and ¾ inches Zone 3 between the rail and the mattress should measure less than 4 and 3/4 inches Zone 4 under the rail at the ends of the rail should measure less than 2 and 3/8 inches. Operator/LN A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice which met the needs of R2 regarding use of a bed assistive device.	S5171		
S5192 SS=F	26-42-206 (e) Food Preparation (e) Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations.(2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening 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.	S5192		

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S5192	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-42-206 (e) The census equaled 9 residents. Based on record review, interview and observation for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure facility staff served food at the proper temperature. Findings included: - During the initial tour on 12/01/22 at 10:03 AM, facility food temperature monitoring logs requested and the facility failed to provide any food temperature monitoring logs. Interview on 12/02/22 at 10:03 AM with Certified Medication Aide (CMA) B confirmed no food temperatures logs recorded. Interview on 12/02/22 at 10:38 AM with Operator/LN A confirmed no food temperatures logs recorded. "Kansas Department of Agriculture Food Safety Guidelines" records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility's "Dietary Services" policy (no date) recorded, "Foods shall be prepared by safe methods that conserve the nutritive value, flavor, and appearance, and shall be attractively served at the proper temperatures."	S5192		

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S5192	Continued From page 4 For all residents of the facility, Operator/ LN A 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: KAR 26-42-206 (f) The census equaled 9 residents. The sample included 3 residents. Based on record review, interview and observation for all residents receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff stored all food under safe and sanitary conditions. Findings included: - Observation during the initial tour on 12/01/22 at 10:03 AM revealed a refrigerator/freezer containing food/drinks in the kitchen. Facility refrigerator/freezer temperature monitoring logs requested and the facility failed to provide any logs. Interview on 12/01/22 at 01:44 PM with Certified	S5195		

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S5195	Continued From page 5 Medication Aide (CMA) B confirmed no refrigerator/freezer temperature monitoring logs recorded. Interview on 12/02/22 at 10:38 AM with Operator/LN A confirmed no refrigerator/freezer temperature monitoring logs recorded. Facility's "Dietary Services" policy (no date) recorded, "All food shall be served under safe and sanitary conditions." For all residents of the facility, Operator/LN A failed to ensure the facility staff stored all food under safe and sanitary conditions.	S5195		
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 census totaled 9 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 5 Staff (Operator/Licensed Nurse (LN) A, Certified Medication Aide (CMA) C, CMA D, CMA E and Certified Nurse Aide (CNA) F), the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Operator/LN A "Employee Record" revealed a hire date of 06/08/22. Operator/LN A's record lacked evidence of TB testing and a TB questionnaire upon hire. CMA C's "Employee Record" revealed a hire date of 07/31/22. CMA C's record lacked evidence of a TB questionnaire completed upon hire. CMA D's "Employee Record" revealed a hire date of 02/28/22. CMA D's record lacked evidence of a TB questionnaire completed upon hire. CMA E's "Employee Record" revealed a hire date of 07/19/22. CMA E's record lacked evidence of a TB questionnaire completed upon hire. CNA F's "Employee Record" revealed a hire date of 11/21/22. CNA F's record lacked evidence of a TB questionnaire completed upon hire. Interview on 12/01/22 at 12:48 PM with Operator/LN A confirmed she did not receive TB testing upon hire.	S5230		

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S5230	Continued From page 7 Interview on 12/01/22 at 01:45 PM with Operator/LN A confirmed no TB questionnaires located for herself, CMA C, CMA D, CMA E and CNA F. The facility failed to follow the State Agency's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S5230		
S5258 SS=D	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; (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.	S5258		

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S5258	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-42-102 (d) (2) The facility reported a census of 9 residents. Based on record review and interview, Operator/Licensed Nurse (LN) A failed to ensure evidence of supporting documentation for criminal background checks for 1 of 5 sampled staff was completed upon hire. Findings included: - Record review for one employee revealed the following: Certified Medication Aide (CMA) E's employee record revealed a hire date of 07/19/22. The employee record lacked evidence a background check was completed. Interview on 12/01/22 at 01:45 PM with Operator/LN A confirmed unable to locate criminal background check completed for CMA E. Operator/LN A failed to ensure evidence of supporting documentation for criminal background checks for one of five sampled staff was completed upon hire.	S5258		