

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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 with attached complaint numbers; 172998, 172016, 169318, and 165597, for the above named facility conducted on 12/12/22, 12/13/22, and 12/14/22.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility 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 26-41-201 (c)(2) The facility reported a census of forty-one residents. The sample included three "Residents" (R)'s 112, 114 and 116. Based in observation, interview and record review the operator failed to ensure the "Licensed Nurse" (LN) conducted a "Functional Capacity Screen" (FCS) for "Resident" (R) 112 when she experienced a change of condition. Findings included: - Record review on 12/12/22 for R112 revealed	S3081		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3081	Continued From page 1 an admission date of 06/19/22 with diagnoses of pressure ulcer of sacral region stage three, hypertension, and unspecified dementia. Record review on 12/12/22 of R112 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with toileting, transferring, and walking/mobility. She required supervision with bathing, and she was independent with dressing and eating. She had impaired; short-term memory, long-term memory, memory recall and impaired decision making. She lacked the ability to manage her own medications, she was able to make herself understood to others and she understood others, she was incontinent and used a walker and wheelchair mobility devices. Record review on 12/12/22 of R112 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP), instructed /identified the following services coordinated/ provided by the facility staff; bathing would be provided an outside provider; resident would be assisted by one staff with mobility. Record review on 12/12/22 of R112 "Progress Notes" dated 06/20/22 thru 12/12/22 as the only entries: 06/20/22 at 11:28 AM - "Resident arrived on 06/19/22 with her husband via outside transport. Resident is alert and orientated times two with confusion. Resident is able to make needs known. She knows when she needs to use the commode but if unable to make it in time, she wears briefs. Resident does have a wound on	S3081		

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S3081	Continued From page 2 her coccyx and a burn to her lower back from a heating pad. Wounds managed by Hospice". 06/22/22 at 04:16 PM - "Hospice nurse out today to treat and measure resident wounds. Left upper buttock measures at 1.5 x 1 x 0, right upper buttock is 1 x 1 x 0 and right butt cheek is excoriated. Hospice nurse aide will be here on Tuesday and Friday to bathe resident". 06/30/22 at 12:02 PM - "New orders received from hospice to discontinue Centrum, Atorvastatin and aspirin. Schedule Senna -S 50-8.6 milligrams by mouth twice daily for constipation, acetaminophen-codeine 300milligram/15milligram by mouth twice daily for pain, and as needed milk of magnesia 5 milliliters daily as needed for constipation, lidocaine 5% ointment to apply to painful open areas as needed may kept at bedside. Faxed to pharmacy to profile". 08/26/22 at 01:20 PM - "Hospice nurse here today. New orders received to discontinue Dulcolax order and to start Dulcolax 5 milligram by mouth one tablet Monday, Wednesday, Friday evening. May hold for loose stools". 10/04/22 at 02:32 PM - "Hospice nurse out today. New order received to discontinue Coreg 3.125 milligram. Will continue to check resident blood pressure and pulse daily". 11/10/22 at 06:26 AM - "Resident had her Covid booster on 11/09/22". 12/12/2022 at 01:45 PM - "New orders received from pharmacy to administer 0.5 milliliters	S3081		

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S3081	Continued From page 3 Morphine concentrate 20milligram/milliliter every four hours. May give every hour as needed for breakthrough pain and shortness of air, Also for Atropine 1% administer 2 drops every four hours for excessive secretions. May give every hour as needed for worsening of secretions and gurgling. Orders faxed to pharmacy". The progress notes lacked an entry for when R112 started requiring assistance with activities of daily living, and the notes further lacked an entry when R112 appetite started to diminish. Interview 12/12/22 with LN A revealed the wounds listed in R112 progress notes were healed, R112 admitted to the facility on hospice services, and that the resident was in the active dying process. LN stated R112 had only comfort food of apple sauce and pudding on 12/09/22. She confirmed the resident progress notes lacked entries identifying the resident change of condition. Observation on 12/13/22 at 02:00 PM of R112, family was at the bedside, resident was laying on her left side. Resident did not open her eyes; she was minimally responsive when staff repositioned the resident. Resident was not able to assist with repositioning, she was unable to make herself understood and it was unclear if she understood staff. The operator failed to ensure the "Licensed Nurse" (LN) conducted a "Functional Capacity Screen" (FCS) for "Resident" (R) 112 when she experienced a change of condition.	S3081		

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S3085	Continued From page 4	S3085		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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: K.A.R. 26-41-202 (a) (1) (2) (3) The facility reported a census of forty-one residents. The sample included three "Residents" (R). Based on record review and interview the operator failed to ensure the "Negotiated Service Agreement" (NSA) contained a description of the services the resident would receive, identification of the provider of each service, and the identification of each party responsible for payment when the outside resource provided a service for R 112 hospice provider and R 114 physical therapy	S3085		

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S3085	Continued From page 5 provider. Findings included: - Record review on 12/12/22 for R112 revealed an admission date of 06/19/22 with diagnoses of pressure ulcer of sacral region stage three, hypertension, and unspecified dementia. Record review on 12/12/22 of R112 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with toileting, transferring, and walking/mobility. She required supervision with bathing, and she was independent with dressing and eating. She had impaired; short-term memory, long-term memory, memory recall and impaired decision making. She lacked the ability to manage her own medications, she was able to make herself understood to others and she understood others, she was incontinent and used a walker and wheelchair mobility devices. Record review on 12/12/22 of R112 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP), instructed /identified the following services coordinated/ provided by the facility staff; bathing would be provided an outside provider/hospice; resident would be assisted by one staff with mobility. 06/20/22 at 11:28 AM - "Resident arrived on 06/19/22 with her husband via outside transport. Resident is alert and orientated times two with confusion. Resident is able to make needs known. She knows when she needs to use the commode but if unable to make it in time, she wears briefs. Resident does have a wound on	S3085		

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S3085	Continued From page 6 her coccyx and a burn to her lower back from a heating pad. Wounds managed by Hospice". 06/22/22 at 04:16 PM - "Hospice nurse out today to treat and measure resident wounds. Left upper buttock measures at 1.5 x 1 x 0, right upper buttock is 1 x 1 x 0 and right butt cheek is excoriated. Hospice nurse aide will be here on Tuesday and Friday to bathe resident". 06/30/22 at 12:02 PM - "New orders received from hospice to discontinue Centrum, Atorvastatin and aspirin. Schedule Senna -S 50-8.6 milligrams by mouth twice daily for constipation, acetaminophen-codeine 300milligram/15milligram by mouth twice daily for pain, and as needed milk of magnesia 5 milliliters daily as needed for constipation, lidocaine 5% ointment to apply to painful open areas as needed may kept at bedside. Faxed to pharmacy to profile". 08/26/22 at 01:20 PM - "Hospice nurse here today. New orders received to discontinue Dulcolax order and to start Dulcolax 5 milligram by mouth one tablet Monday, Wednesday, Friday evening. May hold for loose stools". 10/04/22 at 02:32 PM - "Hospice nurse out today. New order received to discontinue Coreg 3.125 milligram. Will continue to check resident blood pressure and pulse daily". 12/12/2022 at 01:45 PM - "New orders received from pharmacy to administer 0.5 milliliters Morphine concentrate 20milligram/milliliter every four hours. May give every hour as needed for breakthrough pain and shortness of air, Also for	S3085		

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S3085	Continued From page 7 Atropine 1% administer 2 drops every four hours for excessive secretions. May give every hour as needed for worsening of secretions and gurgling. Orders faxed to pharmacy". Interview on 12/14/22 at 02:00 PM with LN A and Operator B, confirmed the NSA/HSP lacked the description of the services that R112 would receive from the hospice provider, identification of the provider of each service, and the identification of each party responsible for payment when the outside resource provided hospice services - Record review on 12/12/22 for R114 revealed an admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension, chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and	S3085		

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S3085	Continued From page 8 weight one time a month, and assist resident to take medications as ordered. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Record review of R114 Telephone Orders revealed an order dated 10/21/22 that read "Empower Me to evaluate physical therapy and occupational therapy for leg weakness, history of falls". Record review on 12/13/22 of R114 physical therapy notes revealed she admitted to physical therapy services on 10/22/22 at 04:00 PM. R114 NSA/HSP lacked a description of the services the resident would receive, identification of the provider of each service, and the identification of each party responsible for payment for physical therapy services. Interview on 12/14/22 at 02:00 PM with LN A and Operator B, they confirmed the R114 NSA/HSP lacked a description of the services the resident would receive, identification of the provider of each service, and the identification of each party responsible for payment for the outsider resource providing physical therapy services. The operator failed to ensure the "Negotiated Service Agreement" (NSA) contained a description of the services the resident would receive, identification of the provider of each service, and the identification of each party responsible for payment when the outside resource provided a service for R 112 hospice provider and R 114 physical therapy provider.	S3085		

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S3101	Continued From page 9	S3101		
S3101 SS=E	26-41-202 (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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (h) The facility reported a census of forty-one residents. The sample included three "Resident's" (R's) 112,114, and 116. Based on interview and record review the Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the completed NSA for R114 and R116. Findings included: - Record review on 12/12/22 for R114 revealed an admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension, chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was	S3101 S3101		

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S3101	Continued From page 10 continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and weight one time a month, and assist resident to take medications as ordered. The signature page lacked the signatures of each individual involved in the development of the NSA/HSP. Interview on 11/14/22 at 02:00 PM with LN A and Operator B, they confirmed the document lacked the signature page with each individual involved in the development of the NSA/HSP. - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. Record review of R116 identified the resident was independent with bathing, dressing, toileting, transferring, walking/mobility, eating, and she was continent. She lacked the ability to manager her own medication, she was able to make herself understood and she understood others. She was marked with falls, impaired	S3101		

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S3101	Continued From page 11 hearing and impaired decision making. Record review of R116 combined NSA/HSP identified the following health care services to be provide/coordinated by the facility staff: staff were instructed to take resident vitals one time a month, prepare and serve meals, obtain monthly weights, provide housekeeping weekly, make bed daily, laundry weekly, and administer resident medications. The signature page lacked the signatures of each individual involved in the development of the NSA/HSP. Interview on 12/14/22 at 02:00 PM with LN A and Operator B, they confirmed the document lacked the signature page with each individual involved in the development of the NSA/HSP. The Operator failed to ensure each individual involved in the development of the "Negotiated Service Agreement" (NSA) signed the completed NSA for R114 and R116.	S3101		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility 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.	S3155		

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S3155	Continued From page 12 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (a) The facility reported a census of forty-one residents. The sample included three "Resident's" (R's) 112, 114, and 116. Based on observation, interview and record review the operator failed to ensure the "Licensed Nurse" (LN) provided or coordinated the provision of necessary "Health Care Services" (HCS) in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of bed assist devices for R112, and further failed to perform an assessment for R112 ensuring the bed assist devices were not a restraint or pose a risk for entrapment. Findings included: - Record review on 12/12/22 for R112 revealed an admission date of 06/19/22 with diagnoses of pressure ulcer of sacral region stage three, hypertension, and unspecified dementia. Record review on 12/12/22 of R112 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with toileting, transferring, and walking/mobility. She required supervision with bathing, and she was independent with dressing and eating. She had impaired; short-term memory, long-term memory, memory recall and impaired decision making. She lacked the ability to manage her own medications, she was able to make herself understood to others and she understood others, she was incontinent and used a walker and	S3155		

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S3155	Continued From page 13 wheelchair mobility devices. The FCS lacked the documentation of a bed assist device. Record review on 12/12/22 of R112 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP), instructed /identified the following services coordinated/ provided by the facility staff; bathing would be provided an outside provider; resident would be assisted by one staff with mobility, and would assist with dressing and undressing to assure the resident was dressed appropriately. Caregivers to assist resident in and out of bed, and caregivers to physically assist resident with transferring. The NSA/HSP lacked documentation of a bed assist device. Observation on 12/13/22 at 02:00 PM revealed the resident laying in bed on her left side with quarter rails on either side of the head of the bed. Record review revealed no 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. 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:	S3155		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3155	Continued From page 14 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 3/4 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. Interview on 12/14/22 at 02:00 pm with LN A and Operator B revealed the resident did not have an assessment performed ensuring the bed assist devices were not a restraint or pose a risk for entrapment, and the bed assist device was not documented on the FCS or the NSA/HSP. The operator failed to ensure the "Licensed Nurse" (LN) provided or coordinated the provision of necessary "Health Care Services" (HCS) in accordance with the "Functional Capacity Screen" (FCS) and the "Negotiated Service Agreement" (NSA) regarding the use of bed assist devices for R112, and further failed to perform an assessment for R112 ensuring the bed assist devices were not a restraint or pose a risk for entrapment.	S3155		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.	S3165		

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S3165	Continued From page 15 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (d) The facility reported a census of forty-one residents. The sample included three "Resident's" (R's) 112, 114, and 116. Based on interview and record review the Operator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan" (HSP) was listed on the "Negotiated Service Agreement" (NSA) for 112, R114 and R116. Findings included: - Record review on 12/12/22 for R112 revealed an admission date of 06/19/22 with diagnoses of pressure ulcer of sacral region stage three, hypertension, and unspecified dementia. Record review on 12/12/22 of R112 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with toileting, transferring, and walking/mobility. She required supervision with bathing, and she was independent with dressing and eating. She had impaired; short-term memory, long-term memory, memory recall and impaired decision making. She lacked the ability to manage her own medications, she was able to make herself understood to others and she understood others, she was incontinent and used a walker and wheelchair mobility devices. Record review on 12/12/22 of R112 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP), instructed /identified	S3165		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3165	Continued From page 16 the following services coordinated/ provided by the facility staff; bathing would be provided an outside provider; resident would be assisted by one staff with mobility. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Interview on 12/14/22 at 02:00 PM with LN A and Operator B, they confirmed the NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Record review on 12/12/22 for R114 revealed an admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension, chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and weight one time a month, and assist resident to	S3165		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3165	Continued From page 17 take medications as ordered. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Interview on 12/14/22 at 02:00 PM with LN A and Operator B, they confirmed the NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. Record review of R116 identified the resident was independent with bathing, dressing, toileting, transferring, walking/mobility, eating, and she was continent. She lacked the ability to manager her own medication, she was able to make herself understood and she understood others. She was marked with falls, impaired hearing and impaired decision making. Record review of R116 combined NSA/HSP identified the following health care services to be provide/coordinated by the facility staff: staff were instructed to take resident vitals one time a month, prepare and serve meals, obtain monthly weights, provide housekeeping weekly, make bed daily, laundry weekly, and administer resident mediations. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Interview on 12/14/22 at 02:00 PM with LN A and	S3165		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3165	Continued From page 18 Operator B, they confirmed the NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. The Operator failed to ensure the name of the licensed nurse responsible for the implementation and supervision of the "Health Care Service Plan" (HSP) was listed on the "Negotiated Service Agreement" (NSA) for 112, R114 and R116.	S3165		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (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: K.A.R. 26-41-205 (a)	S3175		

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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3175	Continued From page 19 The facility reported a census of forty-one residents. The sample included three "Resident's" (R's) 112,114, and 116. Based on interview and record review the Operator failed to ensure the licensed nurse performed an assessment at the time of admission which determined R114 and R116 could perform self-administration of medications safely and accurately without staff assistance. Findings included: - Record review on 12/12/22 of the facility provided resident roster identified R114 and R116 as "Gives Own Medications". Record review on 12/12/22 for R114 revealed an admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension, chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare	S3175		

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S3175	Continued From page 20 services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and weight one time a month, and assist resident to take medications as ordered. The record lacked an assessment for R114 that showed she could perform self-administration of medications safely and accurately without staff assistance. Interview on 12/13/22 at 01:30 PM with "Certified Medication Aide C" she confirmed R114 administered her own medications and R114 overflow medication is kept in the locked facility medication room. Interview on 12/14/22 at 02:00 PM with "Licensed Nurse" (LN) A and Operator B, they confirmed R114 administered her own medications, and the resident record lacked an assessment showing R114 could perform self-administration of medications safely and accurately without staff assistance. - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. Record review of R116 identified the resident was independent with bathing, dressing, toileting, transferring, walking/mobility, eating, and she was continent. She lacked the ability to manager her own medication, she was able to make herself understood and she understood others. She was marked with falls, impaired	S3175		

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S3175	Continued From page 21 hearing and impaired decision making. Record review of R116 combined NSA/HSP identified the following health care services to be provide/coordinated by the facility staff: staff were instructed to take resident vitals one time a month, prepare and serve meals, obtain monthly weights, provide housekeeping weekly, make bed daily, laundry weekly, and administer resident mediations. The record lacked an assessment for R116 that showed she could perform self-administration of medications safely and accurately without staff assistance. Interview on 12/13/22 at 02:53 PM with R116, she revealed she does administer one of her medications, has recently received an order to administer two of her own medications. Interview on 12/14/22 at 02:00 PM with LN A and Operator B confirmed the resident does administer one of her own medications and the facility had recently received the order for resident to administer a second medication, LN A and operator B further confirmed the resident record lacked, assessment showing R116 could perform self-administration of medications safely and accurately without staff assistance. The Operator failed to ensure the licensed nurse performed an assessment at the time of admission which determined R114 and R116 could perform self-administration of medications safely and accurately without staff assistance.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications	S3186		

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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3186	Continued From page 22 (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: K.A.R. 26-41-205(b) The facility reported a census of forty-one residents. The sample included three "Resident's" (R's) 112, 114, and 116. Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R114 reflected the resident would self-administer all of her own medications. The Operator further failed to ensure the NSA for R116 identified the medications that R116 would self-administer and failed to identify which medications the facility would administer. Findings included: - Record review on 12/12/22 of the facility provided resident roster identified R 114 and R116 as "Gives Own Medications". Record review on 12/12/22 for R114 revealed an	S3186		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3186	Continued From page 23 admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension, chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and weight one time a month, and assist resident to take medications as ordered, and to assist resident to take medications as ordered. The NSA failed to identify the resident would self-administer all her medications. Interview on 12/13/22 at 01:30 PM with "Certified Medication Aide C" she confirmed R114 administered her own medications and R114 overflow medication is kept in the locked facility medication room. Interview on 12/14/22 at 02:00 PM with "Licensed Nurse" (LN) A and Operator B, they confirmed R114 administered her own	S3186		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
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S3186	Continued From page 24 medications, and R114 NSA did not reflect that R114 administered her own medications. - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. Record review of R116 identified the resident was independent with bathing, dressing, toileting, transferring, walking/mobility, eating, and she was continent. She lacked the ability to manager her own medication, she was able to make herself understood and she understood others. She was marked with falls, impaired hearing and impaired decision making. Record review of R116 combined NSA/HSP identified the following health care services to be provide/coordinated by the facility staff: staff were instructed to take resident vitals one time a month, prepare and serve meals, obtain monthly weights, provide housekeeping weekly, make bed daily, laundry weekly, and administer resident mediations. The NSA lacked identification of which medication the resident would administer and which medications the facility would administer. Interview on 12/13/22 at 02:53 PM with R116, she revealed she does administer one of her medications, has recently received an order to administer two of her own medications.	S3186		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
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S3186	Continued From page 25 Interview on 12/14/22 at 02:00 PM with LN A and Operator B confirmed the resident does administer one of her own medications and the facility had recently received the order for resident to administer a second medication, LN A and operator B further confirmed the resident NSA lacked identification of which medication the resident would administer and which medications the facility would administer. The Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R114 reflected the resident would self-administer all of her own medications. The Operator further failed to ensure the NSA for R116 identified the medications that R116 would self-administer and failed to identify which medications the facility would administer.	S3186		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 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.	S3211		

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S3211	Continued From page 26 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (g) (3) The facility reported a census of forty-one residents. Based on observation and interview the operator failed to ensure the licensed nurse labeled the "Over the Counter" (OTC) medication bottles with the resident full name. Findings included: - Observation on 12/13/22 at 04:45 PM of the large floor to ceiling cabinet in the medication room located next to the dining room in the assisted living section of the facility revealed the following OTC bottles which lacked the resident full name: 1 opened bottle of Antacid 500 milligram tablets 1 bottle of Melatonin 3 milligram tablets Bayer Aspirin 325 milligram tablets marked as "HOUSE" Docusate 100 milligram tablets Low Dose Aspirin 81 milligram tablets 1 bottle of Ibuprofen 200 milligram marked as "HOUSE" 1 opened bottle of Tylenol 500 milligram which had the resident name marked out with a black marker. Interview on 12/13/22 with "Licensed Nurse" (LN) A and "Certified Medication Aide" (CMA) C revealed these were "stock" medications used for all residents if needed. The operator failed to ensure the licensed nurse labeled the "Over the Counter" (OTC) medication	S3211		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
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S3211	Continued From page 27 bottles with the resident full name.	S3211		
S3261 SS=F	26-41-105 (f) (11) Resident Record 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. 26-41-105 (f) (11) The facility reported a census of forty-one residents. The sample included three "Residents" (R). Based on record review and interview the operator failed to ensure the resident record included documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R's 112, 114 and 116. Findings included: - Record review on 12/12/22 for R112 revealed an admission date of 06/19/22 with diagnoses of pressure ulcer of sacral region stage three, hypertension, and unspecified dementia. Record review on 12/12/22 of R112 "Functional Capacity Screen" (FCS) identified the resident required physical assistance with toileting, transferring, and walking/mobility. She required	S3261		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 22550 S FRANKLIN STREET SPRING HILL, KS 66083		
(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
S3261	Continued From page 28 supervision with bathing, and she was independent with dressing and eating. She had impaired; short-term memory, long-term memory, memory recall and impaired decision making. She lacked the ability to manage her own medications, she was able to make herself understood to others and she understood others, she was incontinent and used a walker and wheelchair mobility devices. Record review on 12/12/22 of R112 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP), instructed /identified the following services coordinated/ provided by the facility staff; bathing would be provided an outside provider; resident would be assisted by one staff with mobility. Record review on 12/13/22 of R112 Progress Notes dated 06/20/22 through 12/12/22 revealed the following entries: 06/20/22 at 11:28 AM - "Resident arrived on 06/19/22 with her husband via outside transport. Resident is alert and orientated times two with confusion. Resident is able to make needs known. She knows when she needs to use the commode but if unable to make it in time, she wears briefs. Resident does have a wound on her coccyx and a burn to her lower back from a heating pad. Wounds managed by Hospice". The note lacked documentation of results of the admission and how the resident was adjusting to her new environment. 06/22/22 at 04:16 PM - "Hospice nurse out today to treat and measure resident wounds. Left upper	S3261		

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S3261	Continued From page 29 buttock measures at 1.5 x 1 x 0, right upper buttock is 1 x 1 x 0 and right butt cheek is excoriated. Hospice nurse aide will be here on Tuesday and Friday to bathe resident". The note lacked documentation of the actions taken and results of the action taken for the treatment to the wounds and treatment of the excoriation located on R112 buttocks. 6/30/22 at 12:02 PM - "New orders received from hospice to discontinue Centrum, Atorvastatin and aspirin. Schedule Senna -S 50-8.6 milligrams by mouth twice daily for constipation, acetaminophen-codeine 300milligram/15milligram by mouth twice daily for pain, and as needed milk of magnesia 5 milliliters daily as needed for constipation, lidocaine 5% ointment to apply to painful open areas as needed may kept at bedside. Faxed to pharmacy to profile". The record lacked documentation for the symptom of increased pain and the results of the acetaminophen -codeine, and the lidocaine ointment. 08/26/22 at 01:20 PM - "Hospice nurse here today. New orders received to discontinue Dulcolax order and to start Dulcolax 5 milligram by mouth one tablet Monday, Wednesday, Friday evening. May hold for loose stools". The record lacked documentation of the effectiveness of the Dulcolax. 10/04/22 at 02:32 PM - "Hospice nurse out today. New order received to discontinue Coreg	S3261		

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S3261	Continued From page 30 3.125 milligram. Will continue to check resident blood pressure and pulse daily". The record lacked documentation of the resident having a problem with her blood pressure, and further lacked results on the blood pressure after the Coreg 3.125 milligram was discontinued. 12/12/2022 at 01:45 PM - "New orders received from pharmacy to administer 0.5 milliliters Morphine concentrate 20milligram/milliliter every four hours. May give every hour as needed for breakthrough pain and shortness of air, Also for Atropine 1% administer 2 drops every four hours for excessive secretions. May give every hour as needed for worsening of secretions and gurgling. Orders faxed to pharmacy". The record lacked documentation of R 112 having increased pain, shortness of air, and excessive secretions. The record further lacked documentation of the effectiveness of the medications ordered to relieve the symptoms of increased pain, shortness of air and excessive secretions. Interview on 12/14/22 at 02:00 PM with "Licensed Nurse"(LN) A, and Operator B confirmed the resident record lacked documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R 112. - Record review on 12/12/22 for R114 revealed an admission date of 08/24/22 with diagnoses of chronic ischemic heart disease, hypertension,	S3261		

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S3261	Continued From page 31 chronic kidney stage three, abnormalities of gait and mobility. Record review of R114 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, toileting, dressing, transferring, walking/mobility, eating and managing her own medications. She was continent, she was able to make herself understood, and she understood others. She had impaired long-term memory, decision making and impaired memory recall. She was marked as a fall risk, impaired vision and impaired hearing. She used a walker mobility device. Record review of R114 combined "Negotiated Service Agreement/Health Care Service Plan" (NSA/HSP) identified the following healthcare services to be provided/coordinated by the facility staff: facility staff instructed to remind resident of mealtimes, obtain blood pressure and weight one time a month, and assist resident to take medications as ordered. The NSA lacked the name of the nurse responsible for the implementation and supervision of the HSA. Record review of R114 Progress Notes dated 08/24/22 through 12/05/22 revealed the following entries: 08/24/22 at 12:32 PM- "Resident arrived to facility with her son in law at 12:15. Resident in good spirits. Denies pain. States her back is a little stiff, but she has arthritis and takes Tylenol for it. LCTA (no definition provided), no cough or shortness of breath noted. Bowel sounds in four quadrants. Vital signs - blood pressure 137/61, pulse 66, respirations 18 and oxygen	S3261		

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S3261	Continued From page 32 concentration was 94% on room air. Called pharmacy to get medications profiled, resident came with a lot of her own medications, will compare to own medication list. Resident was administering her own medications at home. Will do an assessment with her to see if she is able to safely administer here. The resident record lacked and entries for follow up on resident after admission to facility, management of pain and assessment showing resident was safe to self-administer her own medications 09/01/22 at 12:26 PM - Nurse practitioner here today and seen R 114. New orders received for physical / occupational therapy to evaluate for gait instability and falls. The resident record lacked entries for follow up on the order for physical / occupational therapy. 10/10/22 at 02:49 AM - Resident had unwitnessed fall today on 10/10/22 at 02:12 AM. Resident stated that she was going to the bathroom when she lost her balance and fell, hitting her head against the bathroom door. Certified Medication Aide (CMA) called the paramedics who came and assessed the resident. The resident refused to be taken to the hospital. Will continue monitoring. The resident record lacked entries for post fall monitoring. Interview on 12/14/22 at 02:00 PM with "Licensed Nurse" (LN) A, and Operator B confirmed the resident record lacked	S3261		

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S3261	Continued From page 33 documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R 114. - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. Record review of R116 identified the resident was independent with bathing, dressing, toileting, transferring, walking/mobility, eating, and she was continent. She lacked the ability to manager her own medication, she was able to make herself understood and she understood others. She was marked with falls, impaired hearing and impaired decision making. Record review of R116 combined NSA/HSP identified the following health care services to be provide/coordinated by the facility staff: staff were instructed to take resident vitals one time a month, prepare and serve meals, obtain monthly weights, provide housekeeping weekly, make bed daily, laundry weekly, and administer resident mediations. Record review of R116 Progress notes dated 12/10/21 through 11/11/2022 revealed the following entries: 01/09/22 at 07:44 AM resident refused blood sugar to be checked. Nurse notified. 01/10/22 at 08:00 AM resident refused blood	S3261		

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S3261	Continued From page 34 sugar to be checked. 01/11/22 at 07:40 AM resident refused blood sugar to be checked. Nurse notified. 01/15/22 at 07:53 AM resident refused blood sugar to be checked. Nurse notified. 01/19/22 at 06:45 AM resident still refused blood sugar to be checked. Nurse notified. 01/24/22 at 07:46 AM resident refused blood sugar to be checked. Nurse notified. 01/26/22 at 07:04 AM resident refused blood sugar to be checked. Nurse notified. 02/01/22 at 06:59 AM resident refused blood sugar to be checked. Nurse notified. 02/08/22 at 07:06 AM resident refused blood sugar to be checked. Nurse notified. 02/09/22 at 07:29 AM resident refused blood sugar to be checked. Nurse notified. 02/12/22 at 07:54 AM resident refused blood sugar to be checked. Nurse notified. 03/02/22 at 03:44 PM nurse received a call from laboratory reporting R116 blood glucose was 466. The provider was notified, new orders for insulin sent to pharmacy by providers office, provider advised the resident be sent to the hospital. Resident sent to hospital and admitted. 03/03/22 at 09:25 AM spoke with nurse taking care of R116, they requested that one days' worth of two specific medications be sent as they are unable to obtain them. This nurse sent the requested medications with R116 representative to the hospital. The next note entered is dated 03/22/22. The record lacked follow up documentation from the recent hospitalization.	S3261		

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S3261	Continued From page 35 09/27/22 at 04:59 PM "Resident came to this writer stating that she had redness and tenderness under her breast. This nurse asked resident it was ok for her to take a look. This nurse noted that under both breast there was redness as well as a yeasty odor. Will call provider tomorrow to see about getting a order for Nystatin powder". The record lacked follow up documentation form the provider for the Nystatin Powder, and the document further lacked any follow up assessments on the redness of the skin under both breasts. Interview on 12/14/22 at 02:00 PM with "Licensed Nurse" (LN) A, and Operator B confirmed the resident record lacked documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R 116. The operator failed to ensure the resident record included documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of the occurrence, action taken and results of the action for R's 112, 114 and 116.	S3261		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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	S3280		

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S3280	Continued From page 36 employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 26-41-104 (d) (2)(3) The facility reported a census of forty-one residents. The sample included three residents. Based on record review and interview the operator failed to ensure all residents received education upon admission and quarterly of the facility's emergency management plan. Findings included: - Record review on 12/14/22 of the facility provided quarterly emergency preparedness training revealed the signature pages lacked resident signatures. Interview on 12/13/22 at 02:37 PM with Operator B revealed the resident emergency preparedness training was not performed with new residents at the time of admission, and she	S3280		

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S3280	Continued From page 37 further confirmed the required emergency preparedness training/education had not been provided quarterly to the residents. The operator failed to ensure all residents received education upon admission and quarterly of the facility's emergency management plan.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. 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. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-206 (d) The facility reported a census of forty-one residents. The sample included the seven residents who reside in the secured memory care	S3298		

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S3298	Continued From page 38 unit. Based on observation, interview and record review the operator failed to ensure the residents in the secured memory care unit were served food at the proper temperature. Findings included: - Observation on 12/12/22 at approximately 12:30PM in the secured memory care unit revealed two residents with Styrofoam containers which contained a hotdog in a bun and French fries. Interview with "Certified Nursing Aide" (CNA) D at the time of the observation revealed that the meals come to the memory care in Styrofoam containers, and she does not take the temperature of the food or reheat the food prior to serving the residents. Interview on 12/12/22 at approximately 01:00 PM with cook E, she stated the memory care food usually goes back on a hot plate. The facility had been recently using Styrofoam containers due to remodeling in the facility. She stated the food temperatures are obtained in the main kitchen. The operator failed to ensure the residents in the secured memory care unit were served food at the proper temperature.	S3298		
S3305 SS=D	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents.	S3305		

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S3305	Continued From page 39 (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; (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; and (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of forty-one residents. The sample included three	S3305		

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S3305	Continued From page 40 "Residents" (R). Based on record review and interview the operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R 116. Findings included: - Record review for R116 revealed an admission date of 04/03/21 with diagnoses of secondary pulmonary atrial hypertension, chronic respiratory failure with hypoxia, requires supplemental oxygen twenty-four hours a day seven days a week, chronic Cor Pulmonale. The record lacked the documentation of the required two step TB test being performed within seven days of residency. Interview on 12/14/22 with Operator B, she confirmed R116 record lacked the required documentation of the two step TB test being performed within seven days of residency. The operator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for R 116.	S3305		