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	B087251	A. BUILDING: _____ B. WING _____	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW GREENWAY	1858 S GREENWAY BLVD WICHITA, KS 67213

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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named home plus facility conducted on 12/19/22 and 12/20/22.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The facility reported a census of seven residents with three residents included in the sample. Based on interview and record review the operator failed to obtain signatures of each individual involved in the development of the "Negotiated Service Agreement" (NSA) for Residents (R) 130 and R131. Findings included: - Record review for R130 revealed an admission date of 01/18/18 with the following diagnoses: atrial fibrillation and anxiety. The 10/03/22 "Functional Capacity Screen" (FCS) identified R130 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, eating, and	S5126		

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

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S5126	Continued From page 1	S5126		

management of medications and treatments. She was incontinent of bladder; had short-term and long-term memory, memory recall, and decision-making impairments; was sometimes understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision making.

The 10/03/22 "NSA" identified facility staff would provide assistance with bathing, dressing, toileting, transfers, walking/mobility with a gait belt; cues and prompting with eating; and management of medications and treatments. Staff would provide assistance to change incontinence products; she had a durable power of attorney (DPOA) to assist with cognition; used a wheelchair, walker, and gait belt to prevent falls; wore glasses for impaired vision; and had a DPOA for impaired decision making. Communication and impaired hearing were not addressed on R130's NSA.

R130's "NSA" was signed by the nurse but lacked the signatures of other individuals that participated in the development of the "NSA" including R130's legal representative.

- Record review for R131 revealed an admission date of 08/09/19 with the following diagnoses: dementia and dysphagia.

The 01/26/22 "FCS" identified R131 required physical assistance with bathing, dressing, toileting, transfers, walking/mobility, and eating. She was unable to perform management of medications and treatments; was incontinent of bladder; had short-term and long-term memory,

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S5126	Continued From page 2	S5126		

memory recall, and decision-making impairments; was rarely or never understandable and sometimes understood others during communication; and was marked for falls, impaired vision, impaired hearing, and impaired decision making.

The 01/26/22 "NSA" identified facility staff would provide assistance with bathing, dressing, toileting, transfers, walking/mobility with walker or wheelchair; and would set up and cut up foods, provide cues and reminders, and assist with feeding as needed for eating. Home health staff would provide management of medications. Facility staff would provide assistance to change incontinence products; redirect as necessary for cognition; used a wheelchair or walker to prevent falls; wore glasses for impaired vision; wore a hearing aid for impaired hearing; and had a legal guardian for impaired decision making. Management of treatments and communication were not addressed on R131's NSA.

R131's "NSA" was signed by the nurse but lacked the signatures of other individuals that participated in the development of the "NSA" including R131's legal representative.

On 12/20/22 at approximately 10:46 AM Administrative Staff A confirmed R130 and R131's "NSAs" lacked the signatures of their legal representatives.

The operator failed to obtain the signatures of each individual involved in the development of the "NSA" for R130 and R131.

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S5192	Continued From page 3	S5192		
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. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(e) The facility reported a census of seven residents. The facility had a main kitchen where food was stored and prepared. Based on record review and interview the operator failed to provide evidence of documentation of food temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: - The food temperature log for October, November and December 2022 lacked food temperature entries 60 times.	S5192		

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S5192	Continued From page 4 11 times in October; 18 times in November and 31 times in December. There were a total of 60 out of 240 meals that food was served without first obtaining temperatures to ensure the food was safe. On 12/20/22 at 10:46 AM Administrative Staff A confirmed the food temperature log was missing entries. The operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures.	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 facility reported a census of seven residents. The facility had a main kitchen where food was stored and prepared. Based on interview and record review the operator failed to document food storage temperatures of the refrigerator and freezer to ensure foods were stored under safe conditions.	S5195		

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S5195	Continued From page 5 Findings included: - Observation on 12/19/22 at 11:53 AM during initial tour revealed a refrigerator and freezer located in the facility's main kitchen with food stored inside. The facility failed to provide evidence of refrigerator and freezer temperature log. On 12/19/22 at 12:26 PM Administrative Staff A confirmed food storage temperatures were not documented. The operator failed to document food storage temperatures of the refrigerator and freezer in the main kitchen to ensure foods were stored under safe 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.	S5230		

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S5230	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of seven residents with three included in the sample. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for Residents (R) 130, R129, and R131. Findings included: - Record review for R130 revealed an admission date of 01/18/18 with the following diagnoses: atrial fibrillation, anxiety, and osteoporosis. The 02/13/21 (most recent) TB symptom screen was negative. R130's record lacked evidence of an annual TB symptom screen since 02/13/21 which was 674 days at the start of the survey. The 10/03/22 nursing progress note documented R130 had returned to the facility from a rehabilitation facility. R130's record lacked evidence of a TB symptom screen upon return from a hospitalization and therapeutic leave. - Record review for R129 revealed an admission date of 12/18/17 with the following diagnoses: cerebrovascular accident, diabetes mellitus, and	S5230		

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S5230	Continued From page 7 depression. The 02/28/21 (most recent) annual TB symptom screen was negative. R129's record lacked evidence of an annual TB symptom since 02/28/21 which was 659 days at the start of the survey. - Record review for R131 revealed an admission date of 08/09/19 with the following diagnoses: dementia and dysphagia. The 08/30/21 (most recent) TB symptom screen was negative R130's record lacked evidence of an annual TB symptom screen since 08/30/21 which was 476 days at the start of the survey. On 12/20/22 at approximately 10:45 AM Administrative Staff A confirmed the 02/13/21 TB symptom screen was the most recent for R130, the 02/28/21 TB symptom screen was the most recent for R129, and the 08/30/21 TB symptom screen was the most recent for R131. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.	S5230		
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,	S5258		

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S5258	Continued From page 8 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. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of seven residents. Based on interview and record review the operator failed to ensure evidence of supporting documentation for criminal background checks was completed upon hire for two out of five sampled staff. Findings included: - Record review for two employees revealed the following:	S5258		

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S5258	Continued From page 9 Certified Nurse Aide (CNA) C's employee record revealed a hire date of 09/03/22. The employee record lacked evidence a background check was completed. Certified Medication Aide (CMA) D's employee record revealed a hire date of 08/30/21. The criminal background check was completed on 09/27/21 which was 28 days CMA D worked in the facility before a background check was completed. The operator failed to ensure evidence supporting documentation for criminal background checks for two out of five sampled staff was completed upon hire.	S5258		
S5314 SS=D	26-42-205 (g) (4) Sample & Indigent Medication Program Meds (g) (4) Licensed nurses and medication aides may administer sample medications and medications from indigent medication programs if the administrator or operator ensures the development of policies and implementation of procedures for receiving and identifying sample medications and medications from indigent medication programs that include all of the following conditions: (A) The medication is not a controlled medication. (B) A medical care provider ' s written order accompanies the medication, stating the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions regarding administration. (C) A licensed nurse or medication aide receives the medication in its original, unbroken	S5314		

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S5314	Continued From page 10 manufacturer ' s package. (D) A licensed nurse documents receipt of the medication by entering the resident ' s name and the medication name, strength, and quantity into a log. (E) A licensed nurse places identification information on the medication or package containing the medication that includes the medical care provider ' s name; the resident ' s name; the medication name, strength, dosage, route, and frequency of administration; and any cautionary instructions as documented on the medical care provider ' s order. Staff consisting of either two licensed nurses or a licensed nurse and a medication aide shall verify that the information on the medication matches the information on the medical care provider ' s order. (F) A licensed nurse informs the resident or the resident ' s legal representative that the medication did not go through the usual process of labeling and initial review by a licensed pharmacist pursuant to K.S.A. 65-1642 and amendments thereto, which requires the identification of both adverse drug interactions or reactions and potential allergies. The resident ' s clinical record shall contain documentation that the resident or resident ' s legal representative has received the information and accepted the risk of potential adverse consequences. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(4) The facility reported a census of seven residents. Based on observation and interview the operator	S5314		

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S5314	Continued From page 11 failed to ensure the development of policies and implementation of procedures for receiving and identifying sample medications. Findings included: - Observation on 12/19/22 at 01:17 PM revealed one sample medication was in the medication cart. On 12/19/22 at 01:17 PM Administrative Staff A confirmed the facility used one physician's sample prescription medication (Myrbetriq) for a resident and did not have a policy in place to receive sample medications. The operator failed to ensure the development of policies and implementation of procedures for receiving and identifying sample medications.	S5314		