STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B008006	A. BUILDING: _____ B. WING _____	01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HULLS HAVEN	401 PARKWOOD ROSE HILL, KS 67133

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S 000	INITIAL COMMENTS The following represents the findings of the initial survey at the above named home plus facility conducted on 12/29/22 and 01/03/23.	S 000		
S 230 SS=F	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b) The facility reported a census of one resident. Based on interview and record review the operator failed to ensure staff informed Resident (R) 103 or his legal representative in writing of	S 230		

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

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S 230	Continued From page 1 the state statutes related to advance medical directives and keep a copy in his medical record. Findings included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of bladder, and had short-term memory and decision-making impairments. R103's record lacked evidence the facility informed R103 or his legal representative in writing of the state statutes related to advance medical directives. On 01/03/23 at approximately 01:20 PM Operator A and Operator B confirmed they had not informed R103 or his legal representative about advance medical directives or have a copy in his medical record. The administrator failed to ensure staff informed R103 or his legal representative in writing of the state statutes related to advance medical directives and keep a copy in his medical record.	S 230		
S5029 SS=F	26-42-101 (g) Availability of policies and procedures (g) Availability of policies and procedures. Each administrator or operator shall ensure that	S5029		

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S5029	Continued From page 2 policies and procedures related to resident services are available to staff at all times and are available to each resident, legal representatives of residents, case managers, and families during normal business hours. A notice of availability shall be posted in a place readily accessible to residents. This REQUIREMENT is not met as evidenced by: KAR 26-42-101(g) The facility reported a census of one resident which was included in the sample. Based on interview and record review the operator failed to ensure a notice was posted of the availability of the facility's policies and procedures. Findings included: - Observation on 12/29/22 at approximately 01:33 PM during the initial tour revealed a notice of the facility's policies and procedures available was not posted. On 01/03/23 at approximately 01:20 PM Operator A confirmed a notice of the facility's policies and procedures available was not posted. The operator failed to ensure a notice was posted of the availability of the facility's policies and procedures.	S5029		
S5080 SS=F	26-42-201 (a) (b) Functional Capacity Screen on Admission (a) On or before each individual ' s admission to	S5080		

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S5080	Continued From page 3 a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a) The facility reported a census of one resident. Based on interview and record review the operator failed to address each element and definition specified by the department on the "Functional Capacity Screen" (FCS) for Resident (R) 103 Findings included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen"	S5080		

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S5080	Continued From page 4 (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of bladder, and had short-term memory and decision-making impairments. The following sections were left blank on the 05/17/22 "FCS": Management of medications Management of treatments Communication The cognition section had two items marked but the total score line was blank. On 01/03/23 at 12:16 PM Operator A confirmed the R102's "FCS" was not complete. The operator failed to address each element and definition specified by the department on the "FCS" for R103.	S5080		
S5105 SS=F	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;	S5105		

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S5105	Continued From page 5 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) The facility reported a census of one resident. Based on interview and record review the operator failed to ensure the development of a written "Negotiated Service Agreement" (NSA) based on R103's "Functional Capacity Screen" (FCS), service needs, and preferences in collaboration with the resident or his legal representative, and the case manager. Finding included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of bladder, and had short-term memory and decision-making impairments. R103's record lacked evidence of an "NSA." On 01/03/23 at 12:16 PM Operator A confirmed R103's record lacked an "NSA" . The operator failed to ensure the development of	S5105		

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S5105	Continued From page 6 a written "NSA" based on R103's "Functional Capacity Screen" (FCS), service needs, and preferences in collaboration with the resident or his legal representative, and the case manager.	S5105		
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 one resident. 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.	S5192		

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S5192	Continued From page 7 Findings included: - Review of the facility's provided food temperature log revealed all lines were blank. On 12/29/22 at 01:34 PM Operator B confirmed the food temperature log was blank. Observation on 01/03/22 at approximately 12:35 PM revealed Operator B warmed a bowl of soup in the microwave and served it to Resident (R) 103 without taking a food temperature. 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 one resident. The facility had a main kitchen where food was stored and prepared. Based on observation, interview. and record review the operator failed to document food storage temperatures of the	S5195		

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S5195	Continued From page 8 refrigerator and freezer to ensure foods were stored under safe conditions. Findings included: - Observation on 12/29/22 at 01:34 PM revealed a refrigerator and freezer located in the facility's main kitchen. The facility failed to provide temperature logs for the refrigerator and freezer. On 12/29/22 at approximately 01:34 PM Operator B 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		
S5210 SS=F	26-42-104 (b) Written Emergency Plan b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations.	S5210		

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S5210	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-42-104(b) The facility reported a census of one resident which was included in the sample. Based on interview and record review the operator failed to ensure flood, severe weather, lack of water, and missing resident were included in the written emergency plan. Findings included: - Review of the facility's emergency management preparedness plan provided upon request lacked evidence of detailed written plans to manage flood, severe weather, lack of water, and missing resident emergencies. On 09/07/22 at approximately 01:20 PM Operator A confirmed the emergency management plan lacked all the elements required by the department. The operator failed to ensure flood, severe weather, lack of water, and missing resident were included in the written emergency plan.	S5210		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan;	S5215		

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S5215	Continued From page 10 (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 one resident. Based on interview and record review the operator failed to provide quarterly reviews of the facility's management plan with employees and residents. Findings included: - The facility's record of quarterly reviews of the emergency management plan with employees and residents revealed a review was conducted on 02/22/22 and 09/12/22. The record lacked evidence that reviews were completed every quarter since opening. On 01/03/23 at approximately 01:20 PM Operator A confirmed a review of the facility's management plan was completed only twice with employees and residents. The operator failed to provide quarterly reviews of the facility's emergency management	S5215		

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S5215	Continued From page 11 plan with employees and residents.	S5215		
S5230 SS=F	26-42-207 (b)(5)(6) (c) Infection Control Policies (b)(5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; (c) Each administrator or operator shall ensure the home ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. This REQUIREMENT is not met as evidenced by: KAR 26-42-207(c) The facility reported a census of one resident. 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 Resident (R) 103 and all staff employed by the facility. Findings included: - Record review for R103 revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory	S5230		

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S5230	Continued From page 12 loss, and agitation. R103's record lacked evidence of a two-step TB skin test and an admission TB symptom screen. - Record review for all three employees working at the facility revealed the following: Operator A's employee record revealed a hire date of 02/07/22. The employee record lacked evidence of a two-step TB skin test and a TB symptom screen. Operator B's employee record revealed a hire date of 02/07/22. The employee record lacked evidence of a two-step TB skin test and a TB symptom screen. Licensed Nurse C's employee record revealed a hire date of 02/07/22. The employee record lacked evidence of a two-step TB skin test and a TB symptom screen. On 01/03/23 at 11:59 AM Operator A and Operator B confirmed the employees' records lacked evidence of TB testing and symptom screens On 01/03/23 at 12:25 AM Operator A and Operator B confirmed R103's record lacked evidence of TB testing and a symptom screen. 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		

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S5250	Continued From page 13	S5250		
S5250 SS=F	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(2)(3)(7)(8)(9) The facility reported a census of one resident. Based on interview and record review the operator failed to ensure the resident's record contained the date of admission; an admission agreement and any amendments; the negotiated	S5250		

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S5250	Continued From page 14 service agreement (NSA); the name, address, and phone number of the physician and dentist to be notified in an emergency; the name, address, and telephone number of the legal representative to be notified in the event of a significant change of condition; and the name, address, and telephone number of the case manager for Resident (R) 103. Findings included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of bladder, and had short-term memory and decision-making impairments. Management of medications and treatments, and communication were not addressed on R103's "FCS." R103's record lacked evidence of an "NSA" R103's record lacked evidence of the date of admission; an admission agreement and any amendments; the name, address, and phone number of the physician and dentist to be notified in an emergency; the name, address, and telephone number of the legal representative to be notified in the event of a significant change of condition; and the name, address, and telephone number of the case manager. On 01/03/23 at approximately 01:20 PM	S5250		

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S5250	Continued From page 15 Operator A and Operator B confirmed R103's record lacked all the documents required by the department. The operator failed to ensure the resident's record contained the date of admission; an admission agreement and any amendments; the NSA; the name, address, and phone number of the physician and dentist to be notified in an emergency; the name, address, and telephone number of the legal representative to be notified in the event of a significant change of condition; and the name, address, and telephone number of the case manager for R103.	S5250		
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; (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	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B008006	A. BUILDING: _____ B. WING _____	01/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HULLS HAVEN	401 PARKWOOD ROSE HILL, KS 67133

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S5258	Continued From page 16 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 one resident. Based on interview and record review the operator failed to ensure evidence of registration for all staff and supporting documentation for background checks for two of three staff was maintained in the employee records. Findings included: - Record review for all three employees working at the facility revealed the following: Operator A's employee record revealed a hire date of 02/07/22. The employee record lacked evidence the registry was contacted to check certification status and a background check was completed. Operator B's employee record revealed a hire date of 02/07/22. The employee record lacked evidence the registry was contacted to check certification status and a background check was completed. Licensed Nurse C's employee record revealed a hire date of 02/07/22. The employee record lacked evidence the registry was contacted to check certification status.	S5258		

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S5258	Continued From page 17 On 01/03/23 at 11:59 AM Operator A and Operator B confirmed the employee records lacked evidence the registry was contacted to check certification status for Operator A, Operator B, and Licensed Nurse C and background checks were completed for Operator A and Operator B. The operator failed to ensure evidence of registration for all staff and supporting documentation for background checks for two of three staff was maintained in the employee records.	S5258		
S5320 SS=F	26-42-205 (k) Medication Clinical Records (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the home manages the resident ' s medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(k)(3)	S5320		

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S5320	Continued From page 18 The facility reported a census of one resident. Based on interview and record review the operator failed to ensure the clinical record for Resident (R) 103 contained any known medication allergies. Findings included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of bladder, and had short-term memory and decision-making impairments. The section for management of medications on R103's FCS was left blank. R103's record lacked any known medication allergies. On 12/29/22 at 01:39 PM Operator A unlocked and opened the medication cabinet revealing medications inside labeled with the first and last name of R103. On 12/29/22 at approximately 01:39 PM Operator A confirmed the medications in the cabinet belonged to R103 which the facility managed and administered to R103. The operator failed to ensure the clinical record	S5320		

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S5320	Continued From page 19 for R103 contained any known medication allergies.	S5320		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility reported a census of one resident. Based on interview and record review the operator failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for Residents (R) 103. Findings included: - Review of R103's record revealed an admission date of 02/07/22 with the following diagnoses: mental disorder related to brain trauma, memory loss, and agitation. The 05/17/22 "Functional Capacity Screen" (FCS) identified the resident was independent with bathing, dressing, toileting, transfers, walking/mobility, eating, was continent of	S5325		

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S5325	Continued From page 20 bladder, and had short-term memory and decision-making impairments. The section for management of medications on R103's FCS was left blank. R103's record lacked evidence of quarterly medication regimen reviews by a licensed pharmacist. On 12/29/22 at 01:39 PM Operator A unlocked and opened the medication cabinet revealing medications inside labeled with the first and last name of R103. On 12/29/22 at approximately 01:39 PM Operator A confirmed the medications in the cabinet belonged to R103 which the facility managed and administered to R103. On 01/03/23 at approximately 01:20 PM Operator A and Operator B confirmed R103's records lacked evidence of quarterly medication regimen reviews by a licensed pharmacist. The operator failed to ensure a licensed pharmacist conducted quarterly medication regimen reviews for R103.	S5325		