STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N048003	A. BUILDING: _____ B. WING _____	01/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WHEATLANDS HEALTH CARE CENTER	750 W WASHINGTON ST KINGMAN, KS 67068

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S 000	INITIAL COMMENTS The following citations represents the findings of a licensure resurvey for the above named assisted living facility conducted on 01/26/23 and 01/30/23.	S 000		
S 130 SS=E	26-39-103 (g) Resident Right Finance Management (g) Management of financial affairs. The administrator or operator shall ensure that each resident is afforded the right to manage personal financial affairs and is not required to deposit personal funds with the adult care home. This STANDARD is not met as evidenced by: KAR 26-39-103(g) The facility reported a census of 14 residents (R). The sample included 3 residents. Based on record review and interview for three (R3, R4, and R5) of 3 sampled residents the administrator failed to ensure each resident was afforded the right to manage personal financial affairs and not provided an option to deposit personal funds with the facility. Findings included: - R3 moved into the facility on 09/09/22 with diagnoses of type II diabetes mellitus. Review of R3's admission paperwork revealed a "Resident's Trust Account" agreement. It identified while living at the facility "residents	S 130		

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

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S 130	Continued From page 1	S 130		

may want to have funds available to them. To achieve this, we have established a Resident Trust account. The money is kept in an interest bearing savings account...Cash is available in the business office Monday through Friday...There are other options available to you. Of course, you and your representative may manage his/her own funds. We do recommend that cash is kept in the apartment safe..." This form was marked that R3's Durable Power of Attorney wanted her to have a petty cash account with the facility.

- R4 moved into the facility on 10/31/22 with diagnoses of Parkinson's disease. His admission records included the same "Resident Trust Account" agreement and marked to keep money in a petty cash account with the facility.

- R 5 moved into the facility on 07/11/19 with diagnoses of Celiac disease and heart failure. Her admission records included the same "Resident Trust Account" agreement and marked to keep money in a petty cash account with the facility.

On 01/26/23 at 02:28 PM "Administrative Staff" B acknowledged the residents who lived in the "Assisted Living" (AL) part of the facility could have money kept in a trust account managed by the facility. She stated they were managing the AL resident's funds the same as they are the residents who live in "Long Term Care" (LTC), based on LTC regulations.

On 01/26/23 at 02:33 PM "Administrative Staff" A acknowledged some of the residents' on AL kept money in a trust account managed by the facility.

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S 130	Continued From page 2 For R3, R4, R5, the administrator failed to ensure each resident was afforded the right to manage personal financial affairs and not provided an option to deposit personal funds with the facility.	S 130		
S3082 SS=D	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-201 (d) The facility reported a census of 14 residents(R). The sample included three residents. Based on record review and interview the administrator failed to ensure designated facility staff completed R4's "Functional Capacity Screen" accurately to reflect the resident received physical assistance with putting on and taking off physician ordered lymphedema (tissue swelling) wraps every day. Findings included: - Review of R4's "Electronic Medical Record" EMR revealed he moved into the facility on 10/31/22 with diagnoses of Parkinson's disease and lymphedema. R4's "Functional Capacity Screen" (FCS) dated	S3082		

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S3082	Continued From page 3 10/31/22 identified the resident was independent with all activities of daily living and failed to identify the resident needed staff assistance with physician ordered medical treatments. Review of R4's EMR included "Admission Orders" for lymphedema wraps- on in morning and off at bedtime. On 01/30/23 at 09:52 AM "Administrative Licensed Nurse' B acknowledged R4's FCS did not identify that he needed physical assistance with management of his lymphedema wraps. The administrator failed to ensure R5's FCS accurately reflected the resident's functional status regarding the medical treatment for his lymphedema wraps.	S3082		
S3085 SS=E	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	S3085		

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S3085	Continued From page 4 payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a)(1)(2) The facility reported a census of 14 residents (R). The sample included three residents. Based on record review and interview, the executive director failed to ensure designated staff completed the Negotiated Service Agreement for three (R3, R4, and R5) of three sampled residents, based on the resident's "Functional Capacity Screen" and service needs, which included a description of the services the resident received and the provider of each service. Findings included: - Review of R3's "Electronic Medical Record" revealed the resident moved into the facility on 09/09/22 with a diagnoses of type II diabetes, edema, and hypertension. R3's "Functional Capacity Screen" (FCS) dated 09/09/22 revealed she needed physical assistance with bathing, supervision with dressing, was unable to manage medications or medical treatments. She also had bladder incontinence, impaired vision and hearing and was at risk for falls. R3's "Negotiated Service Agreement" (NSA) dated 09/09/22 failed to identify who provided the resident assistance with bathing, dressing,	S3085		

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S3085	Continued From page 5	S3085		

and medication management. It did not identify services related to bladder incontinence, risk for falls or impaired vision or hearing.

On 01/30/23 at 09:38 AM "Administrative Licensed Nurse" C acknowledged the NSA did not include a description of services or the provider of the services according to the resident's functional capacity screen.

The administrator failed to ensure designated staff included a description of the services provided to the R3 and who provided the service according to his FCS.

- Review of R4's "Electronic Medical Record" revealed he moved into the facility on 10/31/22 with diagnoses of Parkinson's disease and dementia.

R4's "Functional Capacity Screen" (FCS) dated 10/31/22 identified the resident was independent with all activities of daily living and failed to identify the resident needed staff assistance with physician ordered medical treatments. It also identified the resident had impaired vision and hearing and had a current or recent problem with falls/unsteadiness.

R4's "Negotiated Service Agreement" (NSA) date 10/31/22 failed to include services related to the management of medical treatments, falls, impaired vision, and impaired hearing.

On 01/30/23 at 09:51 AM "Administrative Licensed Nurse" C acknowledged R4's NSA did not include that certified medication aid assisted the resident with putting on and taking off his leg

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S3085	Continued From page 6 wraps and did not address services for impaired vision, impaired hearing, or falls/unsteadiness as marked on the FCS. The administrator failed to ensure designated staff included a description of the services provided to the R4 and who provided the service according to his FCS and service needs. - Review of R5's "Electronic Medical Record" revealed she moved into the facility on 07/11/19 with diagnoses of celiac disease and heart failure. R5's "Functional Capacity Screen" (FCS) dated 07/09/22 identified the resident had impaired vision and hearing and had a current or recent risk for falls/unsteadiness. R5's "Negotiated Service Agreement" (NSA) dated 07/09/22 failed to identify any services related to impaired vision or hearing or services related to falls/unsteadiness. On 01/30/23 at 09:45 AM "Administrative Licensed Nurse" B acknowledged the NSA did not address services for impaired vision, impaired hearing, or falls/unsteadiness as marked on the FCS. The administrator failed to ensure designated staff included a description of the services provided to the R5 and who provided the service according to her FCS and service needs.	S3085		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each	S3305		

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S3305	Continued From page 7 assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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:	S3305		

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S3305	Continued From page 8 KAR 26-41-207 (b)(4) The facility reported a census of 14 residents. Based on observations and interview the administrator failed to ensure staff implemented procedures to prevent the spread of infections by the failure to ensure staff washed their hands after touching contaminated objects. This had the potential to affect all resident who ate that noon meal. Findings included: - On 01/26/23 at 11:10AM- "Dietary Staff" E brought down the hot cart and removed the lids of the steam table and put the food trays in it. At 11:24 AM "Dietary Staff" E removed the foil from the hot foods and proceeded to start putting chili in bowls. At 11:25 AM she put something in the trash and the lid did not shut so she lifted the lid and readjusted it on the trash can. She then proceeded directly to the steam table and got a bowl from the stack on the counter and put her fingers inside of the bowl. She did this without washing her hands after touching the trash can lid. At 11:29 she got into the kitchen cabinet and put some ranch dressing into a small cup and then proceeded to serve chili to the other residents. She continued the process of fixing bowls of chili and getting other condiments out of the cabinet without washing her hands. At 11:33 "Dietary Aide" E took the covers off the salad items touching the food side with her ungloved hands that had touched cabinet door handles and drawer handles without washing them. As she removed the salad covers, she touched the food side with her bare hands. She proceeded to give residents fruit out of the containers and	S3305		

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S3305	Continued From page 9 then put the covers back on the containers. On 01/26/23 11:58 AM "Dietary Staff" E stated she kept a bucket in the sink that she used to wash in. 01/26/23 at 12:04 PM "Dietary staff" G reported the dietary staff were to wash their hands anytime they touch anything such as the trash and are to handle by the edge of the bowl and not the food surface. The administrator failed to ensure dietary staff served foods using techniques to ensure the prevention of the spread of infections by the failure of staff to use proper hand washing.	S3305		