Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N019011	A. BUILDING: _____ B. WING _____	02/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTRIDGE	950 WEST ST JOHN ST GIRARD, KS 66743

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 01/31/23 and 02/01/23.	S 000		
S3060 SS=F	26-41-106 Community Governance (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the facilitation of the organization of at least one resident council, each of which shall meet at least quarterly to provide residents with a forum to provide input into community governance. (b) Each administrator or operator shall ensure the accommodation of the council process by providing space for the meetings, posting notices of the meetings, and assisting residents who wish to attend the meetings. (c) In order to permit a free exchange of ideas and concerns, each administrator or operator shall ensure that all meetings are conducted without the presence of facility staff, unless allowed by the residents. (d) Each administrator or operator shall respond to each written idea and concern received from the council, in writing, within 30 days after the meeting at which the written ideas and concerns were collected. The administrator or operator shall ensure that a copy of each written idea or concern and each response is available to surveyors. This REQUIREMENT is not met as evidenced by: K.A.R. 25-41-106 (a) The facility reported a census of 13 residents.	S3060	Resident Council Meetings will be scheduled quarterly through the end of the year with the tentative dates of Wednesday, March 13th, Wednesday, June 14th, Wednesday, September 13th, and Wednesday, December 13th at 11: 00 a.m. The Resident Council Meeting dates and times will be added to the Monthly Activity Calendar with staff reminders. The first meeting will be staff led due to the cognitive status of the current census. The agenda of the first meeting will review the purpose of Resident Council Meetings and whether or not the residents wish to have these meetings resident led without staff attendance.	

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

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S3060	Continued From page 1 The sample included 3 "Residents'". Based on interview and record review the operator failed to ensure the facilitation and organization of a resident council meeting at least quarterly to provide all residents with a forum to provide input into community governance. Findings Included: - Interview on 01/31/23 at 02:06 PM with Executive Director A revealed the residents had not had a resident council meeting "since COVID". Record review on 02/01/23 of the facility provided "Community Governance" book revealed the last resident council meeting was performed on 07/13/21 at 11:11 AM. The operator failed to ensure the facilitation and organization of a resident council meeting at least quarterly to provide all residents with a forum to provide input into community governance.	S3060		
S3248 SS=D	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (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	S3248	WestRidge is a small privately owned and operated facility with administrative staff wearing multiple hats, including resident care. A checklist has been developed with all of the Staff Qualifications for each new employee to be placed in each Employee Record upon hire, which will help administration keep track of what new employee tasks need to be completed.	

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S3248	Continued From page 2 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 care home; 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 have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-102 (d) (1) (3) The facility reported a census of 13 residents. The sample included 3 residents and 5 newly hired employees. Based on interview and record review the operator failed to perform a licensure check for "Licensed Nurse" (LN) C at the time of hire, and further failed to ensure "Certified Nurse Aide" (CNA) D did not have a finding of having abused, neglected or, exploited a resident in an adult care home from the Kansas Nurse Aide Registry prior to providing care to residents. Findings included: Record review on 01/31/23 of newly hired LN C revealed she began employment on 04/30/22. The employee record included documentation	S3248		

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S3248	Continued From page 3 from the nurse registry which was dated 01/31/23. Interview on 01/31/23 at 01:54 PM with Operator E, she confirmed the employee record lacked the documentation from the nurse registry at the time of request, and she continued that she performed the required check on 01/31/23. Record review on 01/31/23 of newly hired CNA D revealed she began employment on 10/14/21. The employee record included documentation from the Kansas Nurse Aide Registry dated 01/31/23. Interview on 01/31/23 at 01:54 PM with Operator E, she confirmed the employee record lacked the documentation from the nurse registry at the time of request, and she continued that she performed the required check on 01/31/23. The operator failed to perform a licensure check for LN C at the time of hire, and further failed to ensure CNA D did not have a finding of having abused, neglected or, exploited a resident in an adult care home from the Kansas Nurse Aide Registry prior to providing care to residents.	S3248		
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 employment to the facility ' s emergency management plan; (2) education of each resident upon	S3280	This will be added to the Resident Council Meeting Agenda for the meeting scheduled for March 13th at 11:00 a.m. and will be a regular part of the Resident Council Meeting Agenda thereafter.	

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S3280	Continued From page 4 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: K.A.R. 26-41-104 (d) (3) The facility reported a census of 13 residents. The sample included three "Residents'". Based on record review and interview the operator failed to ensure a facility's emergency management plan was reviewed quarterly with all residents. Findings included: - Record review on 01/31/23 of the facility provided "Fire Drills" training revealed the facility had performed full facility evacuations on 07/28/21 and 12/07/22. The record lacked documentation of quarterly reviews of the facility's emergency management plan with all residents. Interview on 01/31/23 at 02:06 PM with Executive Director A revealed the residents would review the emergency preparedness training during the	S3280		

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S3280	Continued From page 5 resident council meetings. She continued to state that the facility has not had a resident council meeting "since COVID". Executive Director A confirmed the residents are provided education on the emergency preparedness at the time of admission, and the facility has provided no quarterly emergency preparedness training after the time of admission. Record review on 02/01/23 of the facility provided "Community Governance" book revealed the last resident council meeting was performed on 07/13/21 at 11:11 AM and included in the meeting minutes was discussion of the facility emergency preparedness plan. The operator failed to ensure a facility's emergency management plan was reviewed quarterly with all residents.	S3280		
S3310 SS=D	26-41-207 (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; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310	A copy of the TB Guidelines for Adult Care Homes has been placed in a new TB Notebook to replace the previous index card file. A new TB Questionnaire with the 2-Step TB Skin Test added to the bottom was developed so that both can easily be placed in the TB Notebook for quick reference. The first and second TB Skin Test will also be added to the new checklist with Employee Qualifications.	

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S3310	Continued From page 6	S3310		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-207(c)

The facility reported a census of 13 residents. The sample included 3 residents and 5 newly hired employees. Based on interview and record review the operator failed to ensure the facility's compliance with the department's "Tuberculosis" guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for 2 staff ("Certified Medication Aide" (CMA) B and "Licensed Nurse" (LN) C) of the 5 newly hired employees.

Findings included:

- Record review on 01/31/23 at 03:12 PM of newly hired CMA B revealed she began employment on 04/29/22. The employee record lacked documentation of the required two step TB test provided within seven days of hire.

Record review on 01/31/23 at 03:15 PM of newly hired LN C revealed she began employment on 04/30/22. The employee record lacked documentation of the required two step TB test provided within seven days of hire.

Record review of the facility provided policy titled "Employee Records" updated 02/27/19 stated the following: "Current personnel records will be maintained. The personnel records for each employee shall include". Item number 7 stated; "Evidence of good general health and a negative chest x-ray or TB skin test results upon

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S3310	Continued From page 7 employment and subsequent test results as necessary". Interview on 02/01/23 at 01:45 PM with Executive Director A, she confirmed the employee records lacked documentation of the required two step TB test provided within seven days of hire. The operator failed to ensure the facility's compliance with the department's "Tuberculosis" guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for 2 staff (CMA B and LN C) of the 5 newly hired employees.	S3310		
S9999	Final Observations Kansas Statute 39-981. Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions. (d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services. (i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents. This Requirement is not met as evidenced by: Scope and Severity of E.	S9999		

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S9999	Continued From page 8	S9999		

The facility reported a census of 13. The sample included 3 residents. Based on observation and interviews for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

Findings Included:

- Interview on 01/31/23 at 12:20 PM with Operator E, she stated the facility did have video surveillance in all common areas, on all entrances/exits, and one resident had family placed video surveillance monitoring in the resident room, she continued to state the family had cameras in the resident's home when she lived at home, and the family wanted them in the resident room so they could check on her.

Observation on 01/31/23 at 12:35 PM the front entry way and front door lacked a posting identifying the facility had video surveillance, and throughout the facility the residents' rooms lacked posting stating that the rooms of some residents may be monitored electronically on or on behalf of the room's resident/residents.

Interview on 01/31/23 at 02:06 PM with Executive Director A, she confirmed the facility did not have posted at the building entrance or on each resident room stating that some rooms may be monitored electronically.

- Record review on 02/01/23 for "Resident" (R) 3 revealed an admission date of 08/31/21 with

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S9999	Continued From page 9	S9999		

diagnoses of dizziness, giddiness, age related osteoporosis without pathological fracture, major depressive disorder, glaucoma, and unspecified dementia without behavioral disturbances.

Record review on 02/01/23 of R3 "Functional Capacity Screen" dated 10/04/22 identified the resident required physical assistance with bathing and dressing. She needed reminders with toileting. She was independent with transferring, walking, eating, and she lacked the ability to manage her own medications. She had impaired short-term memory, long-term memory, memory recall and decision making. She was occasionally incontinent and was usually understandable and sometimes understood others. She was marked with falls and used a walker mobility device.

Record review on 02/01/23 of the combined "Negotiated Service Agreement" (NSA)/" Health Service Plan" (HSP) identified the following healthcare services to be provided: R3 would have an escort to all activities, receive shower assistance, assistance with dressing in the morning and evening, needs repeated reminders due to memory loss, facility staff to administer medications, and facility staff to perform safety checks every 2 to 3 hours.

Record review of the facility provided "Request for Authorized Electronic Monitoring" revealed the resident durable power of attorney signed the document on 02/01/23.

For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that

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S9999	Continued From page 10 the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		